



NAME _____ SEX M F
 MR# _____
 AGE / DATE OF BIRTH _____
 ACCOUNT# _____
 (PATIENT PLATE IMPRINT)

**GASTROENTEROLOGY SECTION
 CONSENT FOR UPPER G.I. ENDOSCOPY**

INTRODUCTION: Your doctor, _____, has scheduled you for an examination of the esophagus, stomach, and duodenum using a flexible, fiberoptic instrument. The procedure is being performed for the following reason(s): _____. We are asking you to read this form so that we can be sure you understand the procedure and the risks. Please ask questions about anything on this form you do not understand.

PROCEDURE: Briefly, with the aid of mild, intra-venous sedation the instrument will be passed through your mouth, into your esophagus, stomach and duodenum. These structures will be examined in detail and samples (biopsies) may be taken. The examination takes usually less than 30 minutes with a 30-60 minute recovery period. The following additional procedures may be performed during the examination: _____

RISKS: In general, UGI Endoscopy is a very safe test, but does have some risks associated with the procedure and with the anesthesia. The risks associated with the procedure range from minor discomforts to significant medical problems. The minor problems include: 1) sore throat lasting less than 24 hours 2) bloating and gas. The more important risks include: 1) bleeding (less than 3/10,000) 2) tearing or perforation of the GI tract (less than 1/1,000) 3) aspiration or inhaling stomach contents (less than 1/1,000). The risks of performing therapeutic procedures in general are greater than diagnostic exams and are listed here: _____

The risks associated with anesthesia include: 1) inflammation or bruising at the site of the intravenous (phlebitis); 2) allergic reaction (such as hives, wheezing, anaphylaxis); 3) problems with cardiac and pulmonary function (irregular heartbeat and slowed breathing).

Although the overall risks to the procedure are quite small, occurring in less than 2/1,000 patients, there have been reports of serious, unpredicted complications that include death. The possibility of missing a diagnostic finding also exists.

ALTERNATIVES: There may be other alternatives that your physician could use to help diagnose your problem, including x-ray and ultrasound. If you are reluctant to have the Upper G.I. Endoscopy, please discuss this with your physician.

AGREEMENT: I understand the information on this form and have had an opportunity to ask my physician any other questions I might have. I agree to have the procedure performed and accept the risks.

The University of Pennsylvania Health System routinely suspends the resuscitative aspects of living wills, and Do Not Attempt Resuscitation Orders, during the pre-procedure, procedural and post-procedural period, unless you specifically tell us otherwise. This applies to all invasive and operative procedures.

Signature: _____ Date: _____ Time: _____
 Patient or Relative

Signature: _____ Date: _____ Time: _____
 Witness

Signature: _____ Date: _____ Time: _____
 Physician



DO NOT USE UNAPPROVED ABBREVIATIONS