

INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY

I hereby authorize, consent and request NGC Endoscopy Services, LLC to perform the Gastrointestinal procedure (s) checked below. I have been given an opportunity to have all my questions or concerns relating to the procedure answered or addressed.

BRIEF DESCRIPTIONS OF ENDOSCOPIC PROCEDURES

The purpose of Gastrointestinal (GI) procedures is to examine and diagnose conditions affecting the digestive system, such as the esophagus, stomach, and intestines. It helps identify problems such as ulcers, inflammation, bleeding, or tumors. During the GI procedure, a flexible tube called an endoscope is inserted through the mouth or rectum to visualize the digestive tract. This allows the physician to examine the lining of the digestive tract and may involve taking tissue samples or treating certain conditions.

- Upper Endoscopy (EGD) is an examination of the esophagus, stomach and duodenum with the endoscope.
- Colonoscopy is an examination of the entire colon with the endoscope, which is inserted through the rectum into the colon.
- Flexible sigmoidoscopy is an examination of the anus, rectum and left side of the colon.
- Ileoscopy/ pouchoscopy is the examination of the ileum through the anus or an ostomy.
- Enteroscopy is the examination of the upper small intestine via the mouth.
- Possible biopsy, polypectomy, or dilation - Biopsy is the removal of a tissue sample. Polypectomy is the removal of a polyp, or growth of extra tissue. Forceps or a snare may be used to take a biopsy, or to remove a polyp. Heat may be used to stop bleeding when tissue is removed. Medications may be injected to control bleeding or to shrink abnormal vessels. A dilator may be passed to stretch narrow areas if needed.

PRINCIPAL RISKS AND COMPLICATIONS OF ENDOSCOPY

Gastrointestinal endoscopy is usually safe, but there are risks involved. These complications could lead to hospitalization and extra costs that you, as the patient, would have to cover. Your doctor can talk to you about how often these complications occur given your reasons for needing the endoscopy.

PERFORATION- a puncture of the digestive tract which could cause leakage of gastrointestinal contents into the body cavity. If this occurs, hospitalization and surgery may be required.

BLEEDING- if bleeding occurs, it is usually caused by actions like biopsy, polyp removal, or dilation during the procedure. If this happens, it may be managed by observation, repeating the procedure to control the bleeding, receiving blood transfusions, surgery, or a radiology procedure. If bleeding is seen during the procedure, your physician may use heat to stop the bleeding or place clips to control the bleeding.

MEDICATION REACTIONS- There are risks associated with taking any medication. These risks may include minor swelling or irritation at the injection site, feeling sick, and/or vomiting. There is also a small chance of having an allergic reaction to the medications used, experiencing seizures, or in rare cases, encountering complications with the heart or breathing.

MISSED POLYP OR INCOMPLETE PROCEDURE- your doctor will try their best to find and identify all polyps, lesions, and cancers. However, there's always a possibility that some may not be detected, possibly because they're hidden behind folds in the intestines or residual stool. Your doctor will make every effort to complete the examination, but sometimes it may not be possible due to your anatomy or discomfort.

INFECTION- the risks of infection during endoscopy are low. They include pneumonia from inhaling stomach contents into the lungs, infections of the heart valve, and infections from bacteria.

OTHER RISKS- Mild sore throat and abdominal bloating are common. A local wound infection at the IV site is possible, but unlikely. As with any medical procedure there is a small risk of heart complications (such as irregular heart rhythm, angina, or even cardiac arrest) and lung complications (such as aspiration pneumonia) but more so in patients with underlying heart or lung disease. If a complication would occur you may be transferred to the closest hospital by ambulance for advanced care. There is a small risk of overlooking a problem which is present.

ALTERNATIVES TO ENDOSCOPY

Alternative options to the GI procedure may include:

- Observation without intervention
- Other diagnostic tests, such as imaging studies or blood tests
- Different treatment approaches depending on the condition diagnosed

I have been informed about the procedures, risks, and alternatives mentioned above. I have received guidance on the potential benefits and side effects of the alternatives, including the possible outcomes if I choose not to receive care, treatment, or services. I have had the opportunity to ask questions, and all my concerns about the procedures, risks, and alternatives have been addressed to my satisfaction.

I have been briefed on potential issues that may arise during my recovery and the likelihood of achieving desired outcomes. I understand that unforeseen circumstances during the procedures may require additional or different procedures than those initially discussed. I authorize the physician/credentialed provider and other practitioners to perform such additional procedures as they deem necessary and appropriate.

I acknowledge that no assurances or guarantees have been given to me regarding the outcome or cure of the procedure(s).

I CONSENT TO THE ABOVE PROCEDURE(S)

(Patient's Signature*)

(Date and Time)

(Authorized Consenter's Signature)

(Date and Time)

(Relationship to Patient)

(Printed Name)

(Witness' Signature) [Only required for telephone consent]

(Printed Name)

I EXPLAINED THE ABOVE PROCEDURE(S) TO THE PATIENT OR AUTHORIZED CONSENTER

(Physician's Credentialed Providers Signature)

(Date and Time)