

## Gulf Coast Endoscopy Center of Venice

The following information explains the endoscopic procedures. Please read carefully. If you have any questions, please contact your nurse or physician.

INDICATIONS FOR PROCEDURE: \_\_\_\_\_

SCHEDULED PROCEDURE: \_\_\_\_\_

### FLEXIBLE SIGMOIDOSCOPY

This is the passage of a flexible fiber optic instrument into my rectum for one to two feet. Biopsies and photographs may be obtained. I understand that there is a small risk of bleeding or a tear in the intestine may occur and that may result in hospitalization, transfusion or possibly even surgery.

### RISKS AND BENEFITS OF ENDOSCOPY IN GENERAL

The purpose, risk, benefits, hazards, costs of these procedures have been explained to my full satisfaction. I understand that there are alternatives to the procedures including gastrointestinal x-rays or exploratory surgery. I recognize, however, that the x-rays frequently do not visualize the digestive tract as well as endoscopic procedures. I recognize that even under the best of circumstances complications may occur despite the skill of the doctor or his assistants. I understand that there is a 5-10% chance that my doctor could miss a significant finding. Potential complications associated with hemorrhoidal banding include but are not limited to: hemorrhage, fever, infection, nausea, urinary retention, stricture formation and obstruction.

The risk of a complication is very small and has been estimated to be anywhere from 1-5 chances out of 1,000. The most common complication is an allergic reaction to the medications. The most serious complication would be bleeding or a tear which would require surgery or blood transfusions. Other complications such as heart attack, stroke, respiratory arrest or pneumonia are exceptionally rare.

I authorize and consent to the presence of technical representative(s), students and observers in the room if my physician approves.

Any tissue removed may be examined, recorded and disposed of by pathology or the facility according to its custom and practice.

TYPE OF ANESTHESIA PROPOSED: \_\_\_\_\_

I have read and fully understand all of the above, I have been given an opportunity by my doctor to ask any questions that I may have about the procedure(s) and they have been satisfied.

\_\_\_\_\_  
Patient / Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Physician Signature