

A brief description of each endoscopic procedure follows:

1. EGD / GASTROSCOPY Examination of the esophagus, stomach, and first part of the small intestine. Biopsy, cytology, specimen collection, removal of polyps, and cautery can be performed during this procedure. Whenever possible, the back of the throat will be sprayed with a numbing medication to help prevent gagging.
2. DILATION Mechanical stretching of a narrowing (stricture). May be done in the upper or lower G.I. tract. Rubber and balloon dilators are used.
3. FLEXIBLE SIGMOIDOSCOPY Examination of the colon up to 60cm (24 inches) from the anus. Biopsy, removal of a polyp and cautery can be performed.
4. COLONOSCOPY Examination of the entire large intestine from the anus to the cecum. Biopsy, removal of the polyps or cautery can be performed.
5. PERCUTANEOUS GASTROSTOMY / JEJUNOSTOMY (PEG / PEJ) A non-surgical technique for placement of a feeding tube into the stomach or small bowel via a small cut in the abdomen. An endoscopy is needed for proper placement of the tube.
6. ABDOMINAL PARACENTESIS Withdrawal of peritoneal fluid for diagnostic and / or therapeutic purposes using a large bore needle, syringe / suction and / or gravity drainage. (This is not an endoscopic procedure).

### CONSENT FOR GASTROINTESTINAL PROCEDURE

I certify that I understand the information regarding Gastrointestinal Endoscopy and that I have been fully informed of the benefits and risks. I hereby acknowledge that all of my questions regarding these procedures have been answered to my satisfaction. I consent to the taking and reproduction of photographs I the course of this procedure for professional purposes. I hereby authorize and permit:

\_\_\_\_\_, and whomever he / she may designate as his / her assistants to perform upon me the following procedure:\_\_\_\_\_

The Endoscopy Center will not honor any previous advanced directives as it pertains to my condition. Resuscitative measures will be taken in case of emergency.

If any unforeseen condition arises during this procedure calling for additional procedures, operation or medication, I further request and authorize him / her to do whatever he / she deems advisable in my interest.

I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the procedure.

\_\_\_\_\_  
(Signature of patient or person legally authorized to consent for the patient)

\_\_\_\_\_  
(Printed name of patient or person legally authorized to consent for the patient)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Time)

\_\_\_\_\_  
(Witness)