

GHS

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Outpatient Endoscopy Center

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CONSENT FROM AND INFORMATION REGARDING

GASTROINTESTINAL ENDOSCOPY/MODERATE SEDATION

Direct visualization of the digestive tract and abdominal cavity with lighted instruments is referred to as gastrointestinal endoscopy. Your physician has advised you of your need to have this type of examination. The following information is presented to help you understand the reasons for, and possible risks of, these procedures.

At the time of your examination, the inside lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed for microscopic study, or the lining may be brushed and washed with a solution that can be sent for analysis of abnormal cells (cytology). Small growths can frequently be completely removed (polypectomy). Occasionally during the examination a narrowed portion (stricture) will be stretched to a more normal size (dilation).

The following are the principle risks of these procedures:

1. Injury to the lining of the digestive tract by the instrument, which may result in perforation of the wall and leakage into body cavities; if this occurs, surgical operation to close leak and drain the region is often necessary.
2. Bleeding, if it occurs, usually is a complication of biopsy, polypectomy, or dilation; management of this complication may consist only in careful observation or may require blood transfusion or possibly a surgical operation for control.

Other risks include drug reactions and complications incident to other diseases you may have. You should inform your physician of all your allergic tendencies and medical problems. All of these complications are possible but occur with a very low frequency. Your physician will discuss this frequency with you, if you wish, with particular reference to your indications for gastrointestinal endoscopy.

**Moderate sedation/analgesia (conscious sedation):** A drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light, tactile stimulation. No interventions are required to maintain a patient airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Moderate sedation may involve the potential for risks. These risks may include, but are not limited to, such things as injury to teeth, damage to vocal cords, respiratory problems, minor pain and discomfort, loss of sensation, headaches, infection, allergic reaction, awareness during sedation and analgesia, jaundice, bleeding, nerve injury, blood clot, heart attack, brain damage, and even loss of bodily function or life.

**Intravenous Insertion** - Provide a rapid effective way to administer drugs. Peripheral IV access does pose some risks such as fluid infiltration, infection at the site, bleeding, phlebitis, nerve and tendon damage, and other irreversible adverse drug effects.

**PLEASE READ CAREFULLY THE BRIEF DESCRIPTION OF THE ENDOSCOPIC PROCEDURE(S) CHECKED BELOW:**

**Esophagogastroduodenoscopy:** Examination of the esophagus from the throat, including the stomach and examination of the small intestine just beyond the stomach (site of most ulcers). Biopsy, cytology, specimen collection, and dilatation of strictures may be necessary.

**YOU WILL RECEIVE SEDATION FOR YOUR PROCEDURE TODAY FOR YOUR SAFETY AND OTHERS**

**DO NOT** drive or operate any machinery. **DO NOT** consume any alcoholic beverages. **DO NOT** make critical decisions or sign legal documents for 24 hours. These instructions have been explained to me. I understand them and I have signed this form prior to receiving sedation.

I certify that I understand the information regarding procedure to be performed and that I have been fully informed of the risks and possible complications thereof.

**I also certify that no guarantee or assurance has been made to me as to results that may be obtained.**

Date and Time:

Patient's Signature and/or Authorized  
Parent/Person

Signature of Witness

Relationship

**I declare that I have personally explained the above information to the patient or the properly authorized representative and have obtained informed consent.**

Date and Time:

Translator or Reader:

Doctor's Signature

Provider:

Patient Name:

DOB:

Chart Number: