

**INFORMED CONSENT FOR UPPER
GASTRO-INTESTINAL (UGI) ENDOSCOPY**

Name of the patient: Age/Gender:
Address: MR No:
Diagnosis:
Name of the Doctor:
Name of the Anaesthetist:

PROCEDURE BRIEF:

The procedure involves introduction of an endoscope (small flexible tube with camera and instruments) through the mouth and examination of inner linings of the digestive tract extending from oral cavity to the 2nd part of duodenum. If the physician suspects an abnormality, small tissue portions are removed (biopsy) for further microscopic studies. Certain treatment procedures/ emergency interventions shall also be performed at the same setting if needed like removal of foreign body/small growths such as polyps, dilatation/stenting of narrowed areas, haemostatic procedures such as electro cautery/ hemo-clips/ banding / sclerotherapy in case of bleeding ulcer/ vessel/varices. The procedure is done under local anaesthesia (spray) which makes your throat numb or intra venous (IV) sedation under which you remain calm and sleepy. You will be made to lie on left side and asked to hold a mouth guard between the upper and lower jaw, so as to protect the tooth and the scope. On advancing the scope to the throat, you will be asked to swallow, so that the scope moves along. The entire procedure takes 5-10mins.

ADVANTAGES OF UGI ENDOSCOPY:

- An upper GI Endoscopy is performed to evaluate for the causes of dyspepsia, abdominal pain, diarrhoea, anaemia, upper GI bleed, unexplained weight loss, etc.
- Since it provides direct visualisation, upper GI disorders such as Gastro Oesophageal Reflux Disease, Oesophageal diverticula's, Achalasia cardia, Esophagitis, Gastritis, Peptic ulcers, Vascular ectasia, Varices, Celiac disease and Cancerous and Non-Cancerous tumours shall be diagnosed.

POSSIBLE RISKS ASSOCIATED WITH THE PROCEDURE:

- During the examination, there is a possible chance of injury to bowels, which may amount to perforation (hole) of the oesophagus, stomach, or duodenum, necessitating surgical closure.
- Bleeding from interventional procedures such as biopsy, Polypectomy, or dilatation is usually minor, that can be usually controlled by endoscopic measures. However, failing may require surgical intervention.
- Aspiration of the GI contents may result in aspiration pneumonitis, which may require IV antibiotics.
- Minor side effects such as bloating, nausea or vomiting might be present after the procedure which are self-limiting.
- Medications used for local anaesthesia or sedation may cause allergic reaction in susceptible person. It may vary from mere itching, rash to life threatening anaphylaxis.

ALTERNATIVES:

- Alternative include Barium swallow, CT abdomen & thorax and Capsule Endoscopy. However upper GI endoscopy imparts better identification and provides feasibility of procedures like endoscopic variceal ligation/clipping/biopsy Non-Cancerous tumours shall be diagnosed.

CONSENT FOR THE PROCEDURE:

- I have been explained about my medical condition, the indication of the procedure based on clinical observations/ diagnostics performed and the disadvantages of not performing.
- My concerns regarding the procedure, costs, risk and other treatment options has been clarified for my satisfaction.
- I am aware of the above said possible complications, if any such event occurs; I consent to carry over appropriate treatment and care.
- I am aware of the probable anaesthetic related complications. I consent to provide IV sedation and supplementation with any other modalities if necessary.
- I admit photography and video recording of the procedure for future references. I also consent to publish them in scientific journals for medical education provided my / my patient's identity is not revealed by the pictures or description in the accompanying texts.
- I understand that the biopsy sample taken out shall be discarded after evaluation based on the statutory guidelines.
- I recognise that no guarantee is provided on the outcome of the procedure, I consent for further tests if situation warrants.
- I understood the above said and give my consent for undergoing upper GI Endoscopy at Ahalia Diabetes Hospital and absolve the said Hospital, its doctors, and the staff in the event of any complication.

CONSENT OF PATIENT REPRESENTATIVE / SURROGATE:

This Patient is unable to consent becauseand I,(name / relationship) to the patient), therefore, consent for the patient. I acknowledge that I have had an opportunity to discuss this procedure, as stated above, with doctor or doctor's designee, and hereby consent to this procedure.

Date:

Patient Sign:

Doctor Sign:

Witness Sign: