I hereby authorize Dr. _____and any needed assistants to perform the following procedure(s):

☐ **Gastroscopy with possible Biopsy** ☐ **Esophageal Dilation** ☐ **Esophageal Variceal Ligation**

☐ **Percutaneous Endoscopic Gastrostomy Tube** ☐ **Esophageal Manometry** ☐ **Bravo pH Monitoring**

☐ **Endoscopic Retrograde Cholangiopancreatography (ERCP) with possible Sphincterotomy**

☐ **Colonoscopy with possible Polypectomy** ☐ **Flexible Sigmoidoscopy** ☐ **Other**_____

The Sedation Plan may include: ☐ **Versed** ☐ **Fentanyl** ☐ **Monitored Anesthesia Care** ☐ **No Sedation**

I understand this procedure enables my doctor to examine directly by vision the surface lining and channels of different inner organs. This is important, since diseases affecting the lining of the various organs cannot always be seen by other methods.

I understand that this is generally a very safe procedure with only mild to moderate, temporary discomfort.

I understand that, although rare, risks associated with the procedure include, but are not limited to, the following: perforation, bleeding, and the consequences related to them.

I understand that although rare, a normal tooth may be damaged through the course of a normal uncomplicated upper gastroscopy procedure. Dental caps, veneers crowns, and bridges are never as strong as normal teeth and these are at risk of damage. Patients with loose, decayed, fractured, and severely worn teeth are at high risk of further damage. It is my responsibility to inform the Proceduralist of any dental problems to try to avoid damage understanding this does not guarantee there will not be dental damage.

Additional risks for ERCP include infection and/or pancreatitis.

I understand that the physician has offered procedural sedation in order to minimize my (the patient's) pain and /or anxiety during the planned procedure and I consent to the proposed sedation plan.

In addition, I understand there are risks associated with the sedation component of the procedure including, but not limited to, the following: impaired breathing, low blood pressure, aspiration causing pneumonia, adverse reaction to medication, abnormal heart rhythms, and the consequences related to the above. Any of which may require artificial life support.

If in the process of these procedures unforeseen events or complications occur, making alterations in the procedures necessary, I authorize my doctor to use his/her judgment in performing such revised or extended procedures.

I understand that medical science is not perfect, that many things are not predictable, and there is the possibility of missing a significant neoplasm. No one has given me a promise or guarantee of the result(s) of the procedure(s).

The doctor has discussed the reason for and nature of the above procedure(s) with me, including the risks, benefits, alternatives and sedation plan. I have had an opportunity to ask questions and have had questions answered to my satisfaction.

I understand it is important to my health and safety that I follow the advice and instruction given by my healthcare providers before, during and after the procedure(s).

I certify by my (consenting party's) signature that I have fully disclosed my medical history, as well as, any physical and emotional conditions that might influence my care. In addition, I have read (or have had read to me) and understand this consent form.

_____	_____	_____
(Signature of Patient or Consenting Party)	Date	Time (A.M. / P.M.)

***Where the patient is incapable of signing, complete the following to authorize consenting party signature**

☐ Minor – an unmarried person who has not reached the age of 18 or has not received emancipated status

☐ Unconscious ☐ Physical Condition ☐ Mentally Incompetent ☐ Other _____

_____	_____	_____
(Signature of Witness)	Date	Time (A.M. / P.M.)

The risks, benefits and alternatives have been explained to the patient and/or family.

_____	_____	_____
(Signature of Provider)	Date	Time (A.M. / P.M.)

McLaren
NORTHERN MICHIGAN

Gastrointestinal Procedures Consent

MNM 660.207

(5/24/2021)