

Buderim Gastroenterology Centre
Endoscopy Informed Consent

PATIENT LABEL

(This form must be read, understood, signed and returned to Buderim Gastroenterology Centre)

An Endoscopy is the examination of your upper gastrointestinal tract with a flexible, lighted scope. The reason these procedures are most often done is for:

- Diagnosis and treatment of bleeding, pain, reflux, indigestion, upper abdominal pain, chest pain, nausea, vomiting or difficulty swallowing.

The benefits of endoscopy allow for various procedures to be performed to aid in diagnosis or treatment. Such as:

- A biopsy, which is a small tissue sample about the size of a match head, may be taken and sent to pathology.
- If a polyp is noted, it may be removed using a small instrument that is passed through the scope.
- Abnormal bleeding may be treated with cauterisation, injection of constricting medicines or metal clips.
- If necessary, a narrowed area might be stretched during the endoscopy.

Endoscopy, performed by specially trained and experienced gastroenterologists, is a generally very safe procedure, but like any medical procedure, does carry some possible risks:

- Nausea, vomiting; Faintness or dizziness; Headache; Pain, redness or bruising at the sedation site; Muscle aches and pains.
- About 1 person in every 1,000 will experience bleeding from the oesophagus (food pipe), stomach and duodenum where a lesion or polyp was removed. This is usually minor and can usually be stopped through the endoscope. Rarely, surgery is needed to stop the bleeding.
- Reactions to the sedative medications given during the procedure may occur, although this is uncommon. Please see Anaesthetic consent form.
- Damage to your teeth or jaw due to the presence of instruments in your mouth.
- Very rarely, there can be unforeseen complications that include breathing or heart problems, stroke, infection in the blood, vomit in the lungs causing pneumonia, injury to other internal abdominal organs, perforation (making a hole or tear in the oesophagus, duodenum or stomach), or even death.
- Missed polyps or growths. While an endoscopy is considered to be the most accurate test of the digestive tract, there is a risk that an abnormality may not be detected (missed lesion).

Depending on the reason for your endoscopy, you should also know that there may be potential risks to **not having the endoscopy**, such as delayed diagnosis of cancer or missed diagnosis of disease.

There are alternatives to endoscopy are:

- Barium Swallow
- Barium Meal

If you desire to have a more thorough explanation of the procedure or have more questions regarding the procedure please ring BGC. We can answer your questions further or arrange a consultation on a separate day from the procedure to have a detailed discussion with the doctor or his staff.

By signing this consent form, I acknowledge that I have read and understand what is involved in an endoscopy procedure, including the benefits, risks, and alternatives. I consent to the administration of anaesthetics, medicines, blood transfusion or other forms of treatment normally associated with this procedure. I understand that other unexpected operations/procedures of admission to hospital may be necessary and I request that these be carried out if required.

I have been advised that I must have someone drive me home after my procedure and that I must have someone stay with me overnight following my procedure. I have also been advised that I should not drive, operate machinery, drink alcohol or make any important decisions within the first 24 hours after anaesthesia. I have been advised that I should not return to work until the following day. I also consent to a blood sample being taken should an injury occur to staff involving blood or body fluids. I agree to proceed with the endoscopy as all of my questions have been answered to my satisfaction.

NAME OF PATIENT	PATIENT SIGNATURE	Date
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NAME OF DOCTOR	DOCTOR SIGNATURE	Date
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Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)? Yes No

Location of the original or certified copy of the AHD:

Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: PH No:

Source of decision making authority (tick one):

- Enduring Power of Attorney or AHD

- Statutory Health Attorney

- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

PATIENT LABEL

I. Interpreter's statement

I have given a sight translation in

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(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of

Interpreter: