

INFORMATION FOR GASTROINTESTINAL ENDOSCOPY

Direct visualization of the digestive tract 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, & possible risks of these procedures. At the time of your examination, the inside lining of the digestive tract will be inspected & 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), using a wire loop & electrical current. Occasionally during the examination a narrowed portion (stricture) will be stretched to a more normal size (dilatation). Some cancers may be missed by endoscopy. Some cancers can develop and progress in a short period of time.

PATIENT STICKER

The following are the common risks of these procedures:

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

Other risks include possible drug reactions, complication due to other diseases you may have, or vein irritation caused by medication given into your vein during endoscopy procedure. This vein irritation may cause temporary soreness, numbness, or small bumps due to scar tissue in that arm. You should inform your physician of all your allergies and medical problems.

We ask that all jewelry & body piercings be removed prior to your procedure for your safety. The potential risks of wearing jewelry in the procedure room may include but are not limited to lacerations, pressure injuries, jewelry or tissue damage caused by entanglement of items (such as monitoring cables), and electrocautery burns. It is important to remove jewelry or piercings in or around the mouth or nose to avoid dislocation, injury, or aspiration into the lungs.

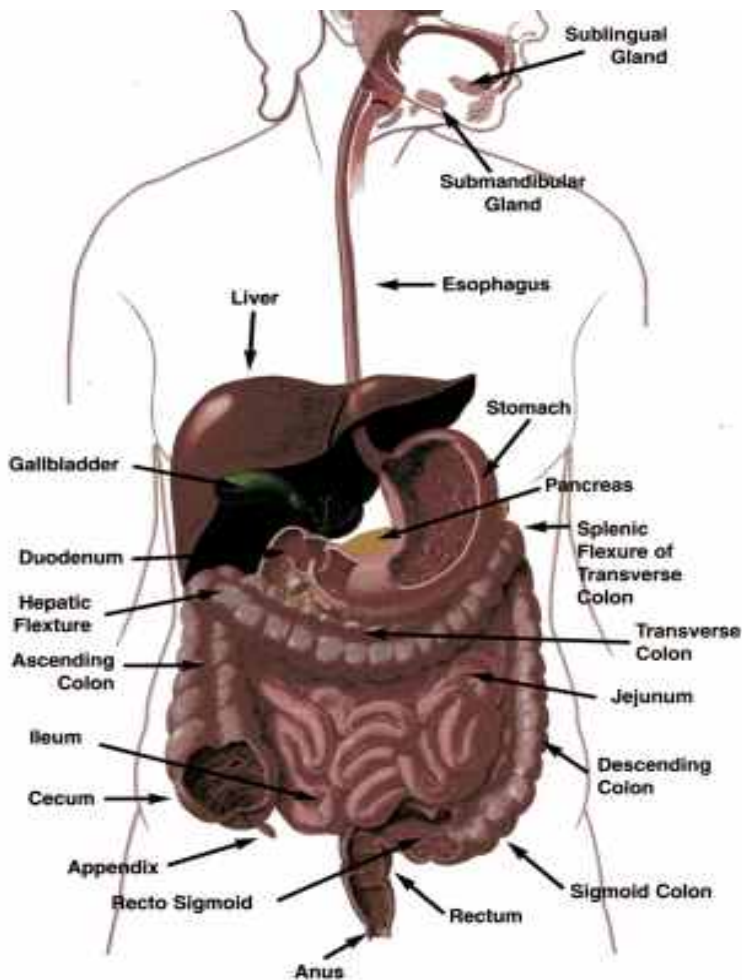
ALL OF THESE COMPLICATIONS ARE POSSIBLE BUT OCCUR WITH A VERY LOW FREQUENCY.

A brief description of each procedure follows:

1. ***ESOPHAGOSCOPY***: Examination of the esophagus from the throat to the entrance of the stomach. Biopsy, cytology, specimen collection, polypectomy and dilatation of strictures may be necessary.
2. ***GASTROSCOPY***: Examination of the stomach, usually combined with esophagoscopy and duodenoscopy. Biopsy, cytology, specimen collection, polypectomy and dilatation of strictures may be necessary.
3. ***DUODENOSCOPY***: Examination of the small intestine just beyond the stomach (site of most ulcers), frequently done at the same time as esophagoscopy and gastroscopy. Biopsy, cytology, specimen collection, polypectomy, and dilatation of strictures may be necessary.
4. ***PROCTOSCOPY OR RIGID SIGMOIDOSCOPY***: Examination of the anus, rectum, and lower colon (large intestine) usually to depth of 25 centimeters (10 inches). Biopsy, cytology, specimen collection, polypectomy, and dilatation of strictures may be necessary.
5. ***FLEXIBLE SIGMOIDOSCOPY***: Examination of the anus, rectum, and lower colon (large intestine) usually to depth of 60 centimeters (24 inches). Biopsy, cytology, specimen collection, polypectomy, and dilatation of strictures may be necessary.

6. **COLONOSCOPY:** Examination of all or portion of the colon requiring careful preparation with diet, enemas, and medication. Patients with previous pelvic surgery and those with extensive diverticulosis may be more prone to complications. Biopsy, cytology, specimen collection, polypectomy, may be necessary.
7. **ARGON PLASMA COAGULATION:** The use of argon gas through the flexible endoscope to treat bleeding, abnormal cells, reduce tumor size, and other conditions.
8. **SCHLEROTHERAPY:** The injection of medication into varicose veins of the esophagus and/or stomach, that causes them to shrink or stop bleeding.
9. **ENDOSCOPIC VARICEAL LIGATION:** Elastic bands are applied to esophageal or gastric varices to control bleeding. As indicated by condition, bands may also be applied to bleeding hemorrhoids.
10. **PARACENTESIS:** A procedure to remove fluid that has accumulated in the abdominal cavity. The fluid is removed using a needle inserted through the abdominal wall and sent to a lab for analysis. This is not an endoscopic examination.
11. **P.E.G. (Percutaneous Endoscopic Gastrostomy) TUBE:** This is a tube inserted through the abdominal wall that rests in the stomach and is used to give nutrients to patients who cannot swallow and/or who have the inability to consume enough food or liquids by mouth.

THE GASTROINTESTINAL TRACT



I have read and understand the above teaching.

Patient's Signature

Significant Other

Witness

Date: _____ Time: _____