



# CONSENT FORM FOR UPPER GASTROINTESTINAL ENDOSCOPY

Med Rec. No.....

Surname:.....

Forename: .....

DOB:.....

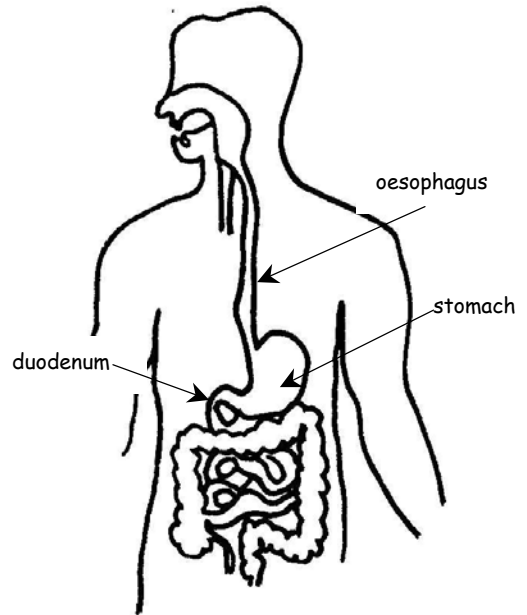
AFFIX LABEL HERE

### PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*) ..... have the following condition .....and that an **upper gastro-intestinal endoscopy** is proposed:

**This means examining the oesophagus (gullet), stomach and the first part of the small intestine (duodenum) using a flexible instrument (endoscope). The endoscope does not interfere with the patient's breathing.**

**Under sedation and after a local anaesthetic is sprayed onto the back of the throat, the endoscope is passed through the mouth into the oesophagus. As the instrument is passed down the oesophagus, the doctor can see the lining clearly. Some air is blown into the stomach to open it up to allow the doctor to inspect the stomach before finally passing the endoscope into the duodenum. At any point, small pieces of tissue (biopsies) may be taken for more detailed examination. The air is sucked out and the instrument removed.**



### RISKS

*These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your doctor if you have any general or specific concerns.*

I may have side effects from any of the drugs used. The commoner side effects include drowsiness, light-headedness and nausea.

I understand that **upper gastrointestinal endoscopy** has the following **specific risks and limitations**:

- The sedation used may cause some slowing or lightening of my breathing. In a few cases, where sedation is especially deep, there is a risk of inhalation of gastric contents. If this happens I may need to stay in hospital for treatment.
- In theory, the instrument may cause a perforation of the oesophagus, stomach or duodenum, but this is extremely rare. If it did happen, I would need to stay in hospital for treatment, which may include surgery.
- Not uncommonly, I may feel a little bloated for a short while afterwards.
- There is a very small risk dental crowns or bridgework may be damaged.
- There is a slight possibility I may have a sore throat for a short while afterwards.

I understand some of the above risks are more likely if I smoke, am overweight, have heart disease, high blood pressure or diabetes.

### INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my personal circumstances**, which I have considered in requesting this investigation:

.....  
.....

HOSPITAL

**CONSENT FORM  
FOR  
UPPER GASTROINTESTINAL  
ENDOSCOPY**

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**DECLARATION BY PATIENT**

- I acknowledge the doctor has informed me about the investigation and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the gastroenterologist any significant risks and complications **specific to my personal circumstances** that I have considered in deciding to have this investigation.
- I agree to **any other additional procedures** considered necessary in the judgement of my doctor during this operation.
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than a specialist gastroenterologist may perform the investigation. A specialist will still be responsible for my care.
- I have received a copy of this form to take home with me.
- If any staff member is exposed to my blood (needlestick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as Hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.

Signature of patient \_\_\_\_\_ Date \_\_\_\_\_

*If the patient is an adult and unable to give consent, a proxy form must be completed and attached*

**DECLARATION BY DOCTOR**

- I declare that I have explained the nature of the patient's condition, the procedure to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature \_\_\_\_\_

Doctor's name \_\_\_\_\_ Date \_\_\_\_\_  
*(please print)*

**INTERPRETER'S DECLARATION**

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's signature \_\_\_\_\_ Date \_\_\_\_\_

Interpreter's name \_\_\_\_\_  
*(please print)*