

**Taiwan Adventist Hospital**

Name of Patient: \_\_\_\_\_ Birthday: \_\_\_DD\_\_\_MM\_\_\_YY Medical Record No#: \_\_\_\_\_

**Informed Consent for Upper Gastrointestinal (GI) Tract Endoscope**

I (patient or patient's family) \_\_\_\_\_, by signing this informed consent, acknowledge that the doctor has discussed and explained to me the examination (or medical treatment) purpose, benefits, procedure and potential risks, and I fully understand the explanation from the doctor and the written description on this informed consent. I sincerely believe that the medical personnel of Taiwan Adventist Hospital will conduct the procedure and medical treatment to the best of their abilities in case any complications occur.

- Agree  Disagree: To undergo the necessary special procedure or treatment, including biopsy, polyps excision, stanch bleeding, etc., due to necessary conditions that may occur during the examination.
- Agree  Disagree: To pay for the expenses for self-paid consumable material or treatment due to necessary conditions that may occur during the endoscopy examination without dispute.
- **Please check off the following boxes to let us know more about your condition.**
- Significant medical history in the past:  Glaucoma       Prostatic Hypertrophy  
 Hypertension       Diabetes       Other disease: (please specify) \_\_\_\_\_
- Drug allergy: name of the drug: \_\_\_\_\_
- Heart disease (including arrhythmia)  Artificial Valve       Artificial Vessel  
 Pacemaker
- Special drug intake  Anticoagulant       Aspirin       Ginkgo  
 Others: please specify: \_\_\_\_\_
- Pregnant  Yes       No

I do hereby consent to undergo the above procedure / treatment.

**Signature of the Patient/Patient's Family:** \_\_\_\_\_

**Relationship to the Patient:** \_\_\_\_\_

Signature of the Witness (medical personnel of the hospital/patient's family): \_\_\_\_\_  
\_\_\_\_\_DD\_\_\_MM\_\_\_YY

**Supplement from the doctor:**

Demonstrative doctor (sign): \_\_\_\_\_ Date: \_\_\_\_\_DD\_\_\_MM\_\_\_YY

This informed consent pertains to the purpose, potential risks and procedure regarding the examination (or medical treatment) you are scheduled to undergo. Please read the contents of this document carefully. You may wish to discuss this information with your doctor. If you still have any questions about the examination (or medical treatment), please discuss these with your doctor before signing this consent.

**Examination (or Medical Treatment):**

The examination is to observe possible lesions in the upper gastrointestinal tract (which includes the esophagus, stomach and duodenum, etc). The scope is inserted through the mouth to the pharynx, esophagus, stomach, then deep down to the duodenum. If necessary, the following procedures will be conducted with the consent of you or your family:

1. Biopsy: This is an examination to identify the nature of the lesions, which utilizes a long thin metal clamp to gather tissue during the endoscopy procedure.
2. Polyps Excision: This procedure is not only for examination purpose but also for treatment.
3. Hemostasis: In case of hemangioma or ulcer bleeding, the procedure of local injection, vessel ligation, therapeutic bougie, electrocautery excision or hemostat will be undertaken through the endoscope to stanch bleeding.
4. Removal of foreign bodies.

**Pre-Exam Preparation:**

1. Patients must fast for at least 8 hours before the procedure, and report to Gastrointestinal Center for examination preparation as scheduled.
2. Children undergoing sedation will have a catheter inserted in the arm for injecting the sedative.

**Examination Procedure:**

1. 20mg Butylscopolamine will be given by intramuscular injection, 5cc of Simethicone is given to the patient, and 10% Xylocaine is used as a local anesthetic for the throat.
2. Patients are asked to remove dentures, glasses and belt before starting the procedure. The patient will lie down on the examination table on his or her left side, drawing your legs up toward the abdomen. You will be asked to bite down gently on a mouthpiece through which the tube will be inserted.
3. Please follow the instruction of the medical personnel to maintain normal breathing, and to remain calm. The doctor will observe the esophagus, stomach and the duodenum. Photos and biopsy will be taken when necessary. After the observation, the gastroscope will be slowly removed.

**Examination Benefits:** (Through the examination, you may receive the following benefits. However, the doctor cannot guarantee any of the benefits. You should weigh the benefits and risks of the examination.)

1. Lesions diagnosis: Most of the lesions can be diagnosed through endoscopy examination. Biopsy will be undertaken if necessary. However, the procedure will need to be repeated if the tissue sample is insufficient.
2. Polyp excision.
3. Hemostasis: Perform local treatment to bleeding source.
4. Removal of foreign bodies.

**Examination Risks:** (The following risks have been commonly recognized while some unpredicted risks may not be included here.)

1. Some patients may suffer temporarily discomforts to local anesthesia (such as dizziness, nausea, cough, etc.). Some patients will temporarily suffer dry mouth or blurred vision due to Butylscopolamine injection. Patients with glaucoma or prostatic hypertrophy should avoid the injection.

2. Very few patients will suffer throat trauma, choke or aspiration pneumonia, dyspnea, arrhythmia, perforation, etc. The incident rate is less than 0.5%. Some few severe patients may need to undergo emergency treatments, such as endotracheal tube insertion, cardio massage, cardio electrical defibrillation, etc. Patients take (Ketamine or Dormicum) sedative injections may have nightmare or lethargy, only very few patients will suffer respiratory inhibition.
3. Biopsy may cause the possible complication of bleeding or perforation. The incident rate in these cases is 0.05-0.1%. Polyps Excision may also cause the complication of bleeding or perforation, with an incident rate of 0.05-0.2%. Patients may have perforation and re-bleeding after local hemostasis treatment (the possibility is re-bleeding in the initial lesion or ulcer bleeding caused by injection or ligation). Some patients may need to undergo additional examinations, angiography or even an operation. Other patients may need to undergo an emergency operation treatment due to local tissue trauma, perforation, difficulty of taking out endoscope or complication during the foreign body removal procedure.

**Alternative Treatment:**

According to individual symptom and indication, patient can choose alternative examination, such as upper gastrointestinal (GI) series.

**After The Examination:**

1. Patients can take food 1 hour after gastroscopy examination.
2. Some air will remain in the gastrointestinal tract during the procedure. Some patients will suffer abdominal distension after the examination. The symptom is normal, however, and will disappear after the air is exhausted.
3. Some patients will suffer sore throat or complication of light bleeding due to nervousness during the procedure which increases the friction between throat and the endoscope (the possibility is increased for patients who already have an upper respiratory infection). With this type of throat irritation, it is advised to avoid spicy foods or drinks, and take only soft food. The symptom should disappear in about three days.
4. Patients undergoing biopsy or polyps excision should observe the color of stool for the next 3-5 days after the examination as some patients with chronic disease or abnormal coagulation may experience tarry stool. Please contact the Emergency Room in case of continuous bleeding. The contact phone number of the Gastrointestinal Center is 02-27718151 ext. 2563.
5. It takes 7-10 days to complete the biopsy report. Patients are requested to return to inpatient clinic for the examination result, or for further treatment.