

**San Luis Obispo CA Endoscopy ASC LP**  
**(DBA: Endoscopy Center of Central Coast and Templeton Endoscopy Center)**  
**Informed Consent for Gastrointestinal Endoscopy**

**Explanation of Procedure:**

Direct visualization of the digestive tract with lighted instruments is referred to as gastrointestinal endoscopy. Your physician has advised you to have this type of examination. The following information is presented to help you understand the reasons for and possible risks of these procedures. The lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of the tissue (biopsy) may be removed or the lining may be brushed. These samples are sent for laboratory study to determine if abnormal cells are present. Small growths (polyps), if seen, may be removed.

At the time of your examination, the lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed or the lining may be brushed. These samples are sent for laboratory study to determine if abnormal cells are present. Small growths (polyps), if seen, may be removed.

**Principle Risks and Complications of Gastrointestinal Endoscopy:**

Gastrointestinal endoscopy is generally a low risk procedure. However, all of the below complications are possible. Your physician will discuss their frequency with you, if you desire, with particular reference to your own indications. **YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR TEST.**

**Perforation:** Passage of the instrument may result in an injury to the gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs, surgery to close the leak and/or drain the region is usually required.

**Bleeding:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy, or dilation. Management of this complication may consist of careful observation, may require transfusions, or possibly a surgical operation.

**Medication Phlebitis:** Medications used for sedation may irritate the vein in which they are injected. This causes a red, painful swelling of the vein and surrounding tissue. The area could become infected. Discomfort in the area may persist for several weeks to several months.

**Other Risks:** Include drug reactions and complications from other diseases you may already have. Instrument failure and death are extremely rare, but remain remote possibilities. You must inform your physician of all your allergic tendencies and medical problems.

**Alternatives to Gastrointestinal Endoscopy:**

Although gastrointestinal endoscopy is a safe and effective means of examining the gastrointestinal tract, it is not 100 percent accurate in diagnosis. In a small percentage of cases a failure of diagnosis or a misdiagnosis may result. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you.

**Brief Description of Endoscopic Procedures**

**Esophagogastroduodenoscopy (EGD)** - Examination of the esophagus, stomach, and duodenum. If active bleeding is found, coagulation by heat may be performed.

**Esophageal Dilation**- dilating tubes or balloons may be used to stretch narrowed areas of the esophagus.

**Endoscopic Injection Sclerotherapy (EIS)** - Injections of a chemical into varices (dilated varicose veins of the esophagus) to sclerose (harden) the veins to prevent further bleeding. Injection is done with a small needle probe through the endoscope.

**Flexible Sigmoidoscopy**- Examination of the anus, rectum and left side of the colon, usually to depth of 60 cm.

**Colonoscopy**- Examination of all or a portion of the colon. Older patients and those with diverticulosis are more prone to complication. Polypectomy, if necessary, is performed with or without electrical current.

**Paracentesis**- Abdominal paracentesis involves withdrawal of fluid from the peritoneal space for diagnostic and therapeutic purposes, using a large-bore needle or trocar and cannula inserted in the abdominal wall.

**IV Conscious Sedation**- Conscious sedation involves additional risks and hazards but the use of sedation helps in the relief of pain during procedure(s). Certain complications may result from the use of conscious sedation including but not limited to respiratory problems and/or drug reaction.

In addition, the following conditions are mandatory:

1. I cannot drive or operate machinery for 8 hours.
2. I will be discharged only to a designated driver.
3. I should not make any critical decisions or sign legal documents until tomorrow.

**Please Note: You will be asked to sign the Informed Consent at the time you check in for your procedure. The purpose of providing this information in advance is to give you a chance to read over the consent prior to arriving for your procedure. Should you have any questions, please contact your physician or the center where you will be having your procedure performed.**

- Please complete this Health Questionnaire and bring it to your appointment at the Endoscopy Center
- Also please bring reading glasses, insurance card and a picture ID.
- You must have a responsible driver to take you home.

Patient Name: \_\_\_\_\_

Primary Care MD: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Please indicate your reason for visiting the Endoscopy Center**

<input type="checkbox"/> Colon screening	<input type="checkbox"/> Personal Hx of Cancer	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Reflux
<input type="checkbox"/> History of Polyps	<input type="checkbox"/> Change in Bowel Habits	<input type="checkbox"/> Pain	<input type="checkbox"/> Difficulty Swallowing
<input type="checkbox"/> Family Hx of Colon Cancer	<input type="checkbox"/> Constipation	<input type="checkbox"/> Crohn's Disease/Collitis	<input type="checkbox"/> Bleeding

**Please complete the following information related to your health history**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Hepatitis/Cirrhosis	<input type="checkbox"/> Dentures	<b>Please list significant hospitalizations/surgeries</b>
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Renal Failure/Dialysis	<input type="checkbox"/> Smoke How much?	
<input type="checkbox"/> COPD, short of breath	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Alcohol How much?	
<input type="checkbox"/> Sleep Apnea	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Recreational Drugs How much?	
<input type="checkbox"/> Irregular heart beat	<input type="checkbox"/> CVA/Stroke/TIAs	Last Menstrual period _____	
<input type="checkbox"/> Pacemaker/AICD	<input type="checkbox"/> Syncope	If you are of child bearing age, you will be asked to take a pregnancy test or sign a waiver	
<input type="checkbox"/> Past Heart Attack	<input type="checkbox"/> Seizures		
<input type="checkbox"/> Angina	<input type="checkbox"/> Anemia		
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Bleeding Tendency		
<input type="checkbox"/> CABG/Stent	<input type="checkbox"/> Cancer _____		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chemotherapy		

Medications	Strength	How Often Taken

**Advanced Directives**

I understand that advance directives are NOT honored at the Endoscopy Centers of the Central Coast and in the event of a life threatening situation, emergency medical procedures will be instituted in every instance and patients will be transferred to a higher level of care where the decision to continue or to terminate emergency measures can be made by the attending physician and family.

I have a Living Will/Advance Directive

If yes, where located: \_\_\_\_\_

**Allergies: Please list any medication or other substances that you are allergic to and the reaction**

Allergic to eggs, soy, or sulfites?

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Pre-Op Nurse Signature

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Date and Time

**ON THE DAY OF YOUR PROCEDURE**  
**PLEASE BRING THE FOLLOWING ITEMS TO THE ENDOSCOPY CENTER**

- **Completed Health Questionnaire including complete list of current medications**
  - **Blue Cross covered patients, complete back of this form & bring with you to procedure**
  - **Health Insurance Card(s)**
  - **Government Issued Photo ID/ Driver's License**
  - **Facility Co-pay and/ or Deductible**
  - **Glasses (if you wear them)**
- 

**MEDICAL BILLING AND INSURANCE**

**What is my financial responsibility?**

Our centers are in-network with most insurance plans. There will be a separate bill for the facility that is not included in the physician's charge. If specimens are taken, there will also be pathology charges. Charges for anesthesia services (CRNA) are separate from and in addition to charges for endoscopic services rendered by your physician. These charges are generally covered by your health insurance policy. In the event that your insurance will not cover anesthesia (CRNA) administered Propofol IV sedation for your endoscopic procedure, payment arrangements must be made with the Endoscopy Center.

If you wish to inquire about your coverage and benefits, please contact our billing department with your insurance and procedure information. We are happy to verify benefits on your behalf. A deposit may be requested upon admission to the surgery center which will be credited towards your financial responsibility. The billing department can be reached at (805) 541-1021.

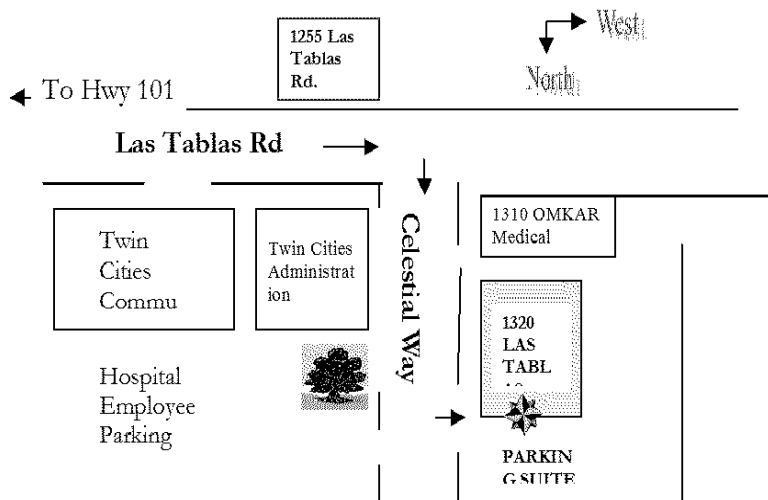
If you have questions specific to our insurance coverage for the anesthesia portion of your bill, please contact Billing Office at 866-809-1220. They will be happy to answer any questions you may have.

**What about financial assistance?**

Payment plans are available to all patients. The centers accept cash, checks, and all major credit cards as forms of payment.

**What if I don't have health insurance?**

Please contact our billing department at (805) 541-1021 to discuss discounted cash fees.



\* **TEMPLETON ENDOSCOPY CENTER** \*

**1320 Las Tablas, Suite A**  
**Templeton, CA 93465**  
**(805) 434-9950**