Optum

Optum Care Washington, PLLC (OCW)

Patient Sticker

CONSENT FOR GASTROINTESTINAL ENDOSCOPY

Washington State law guarantees that you have both the right and the obligation to make decisions regarding your health care. Your physician can provide you with the necessary information and advice, but as a member of the health care team, you must participate in the decision-making process. This form will acknowledge your acceptance of treatment recommended by your physician.

1. I request that Dr._____or their associates or assistants perform the following:

   ☐ **ESOPHAGOGASTRODUODENOSCOPY (EGD)** with possible biopsy

   ☐ **COLONOSCOPY** with possible polypectomy or biopsy (small samples of tissue being removed for further testing)

   ☐ **FLEXIBLE SIGMOIDOSCOPY** with sedation

   The potential benefits of this procedure include the possible diagnosis and treatment of certain gastrointestinal tract diseases. While esophagogastroduodenoscopy and/or colonoscopy are effective tests, not all gastrointestinal tract diseases or problems can be diagnosed or treated with this test.

2. **CONSENT FOR ADMINISTRATION OF INTRAVENOUS SEDATION ANALGESIA (IVSA) –**
   a. I understand that IVSA is a necessary part of the course of treatment for my procedure(s). (***For patients receiving anesthesia, please fill out Anesthesia Consent form CON-141)
   b. I have been informed how IVSA is performed. I understand that all sedation and anesthesia medications involve risks of complications and serious possible damage to vital organs such as the brain, heart, lung, liver, and kidney, and that in some cases use of these medications may result in paralysis, cardiac arrest, and/or brain death from both known and unknown causes. I have been informed of possible alternative forms of treatment, including non-treatment.
   c. I understand that, during the course of my procedure(s) and IVSA, post-operative care, medical treatment, or other procedure(s), unforeseen conditions may necessitate additional or different procedures than set forth above. I therefore authorize my below-named physician, and ther assistants or designees, to perform such procedures that are considered necessary and desirable, in their professional judgement. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time the medical or surgical procedure is commenced.

d. I consent to the administration of sedation or anesthesia by my attending physician, or other qualified party under the direction of a physician as may be deemed necessary.

☐ I request and authorize OCW to administer IVSA under the direction of my provider as deemed necessary.

3. I consent to taking photographs during the procedure. I understand that pictures taken will become part of the medical record.
4. I consent to other services involving pathology, laboratory and radiology procedures that are considered necessary by my physician.
5. Any tissue surgically removed will be disposed of by the clinic in accordance with customary practice.
6. If a health care provider involved in my care is exposed to my blood, I consent to withdrawal of a blood sample and testing including Hepatitis B and C and HIV. I do this with the understanding that the results of these tests will remain completely confidential and will be used only to determine if treatment is necessary. Costs of this testing will be paid for by the clinic. If this should occur, I will be notified and will have the right to request the results of these tests from my doctor.
7. ☐ I give my permission for my physician and staff at the Clinic to discuss my care at the surgery center with my driver, relatives, or caregiver.

   ☐ I do not give permission for my physician and staff at the Clinic to discuss my care at the surgery center with my driver, relatives, or caregiver.
8. I have chosen to undergo this procedure after considering the alternative forms of diagnosis and/ or treatment for my condition including non-treatment or other procedures or tests. Each of these alternative forms of diagnosis or treatment has its own potential benefits, risks and complications.
9. I understand that there are potential risks and complications associated with any medical or surgical procedure. Although it is impossible to list every potential risk and complication, I have been informed of some of the possible risks and complications of this procedure. These risks and complications could include but are not limited to the following: discomfort; reaction to medications if given; bleeding; and perforation of the esophagus, stomach, the small or large

intestine.

Although these risks and complications may occur only very rarely, they do sometimes occur and cannot be predicted or prevented by the physician performing the procedure. Although most procedures have good results, I acknowledge that no guarantee has been made to me about the results of this procedure.

These potential risks and complications could result in the need to repeat the procedure, additional medical or surgical treatment or procedures; hospitalization; blood transfusions; or very rarely permanent disability or death. I recognize that during the course of treatment, unforeseeable conditions may require additional treatment or procedures. I request and authorize my physician and other qualified medical personnel to perform such treatment or procedures as required.

10. Although most procedures have good results, I acknowledge that no guarantee has been made to me about the results of this procedure.
11. **CONSENT FOR ADMINISTRATION OF INTRAVENOUS IODINATED CONTRAST**- Your physician may feel you need additional testing based on findings which can help further diagnose your condition. A Computed Tomography (CT) Scan will likely require the use of an iodinated contrast or what is commonly referred to as contrast dye. This contrast dye is a liquid injected intravenously into a vein. The use of contrast makes it easier for the radiologist to interpret the CT images. We will place a needle with a small tube (catheter) into a vein and the contrast will be injected through this tube. The potential benefits of using IV contrast dye during your exam include the possible diagnosis of your condition. While a CT scan with contrast is often an effective test, not all diseases or problems can be diagnosed with this test.

    As with any medical procedure, there are potential risks. These risks and complications could include but are not limited to the following: infection; bleeding; allergic or adverse reaction to the contrast medium; inflammation of the blood vessels; leakage of the contrast outside of the blood vessels; and reaction to premedication drugs (if used). These potential risks and complications could result in the need to repeat the procedure; additional medical or surgical treatment or procedures; hospitalization; or very rarely permanent disability or death.

    ☐ ___ I request and authorize OCW to administer IV iodinated contrast (dye) to me if deemed necessary by my provider. (Please review your allergies with your clinical team)

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12. I certify that I have read or had read to me the contents of this form. I have read or had read to me and will follow any patient instructions related to this procedure. I understand the potential risks and complications involved with any medical or surgical treatment or procedure and have decided to proceed with this procedure after considering the possibility of both known and unknown risks, complications, and alternatives to the procedure. I declare that I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

I have read this form and been given the opportunity to ask questions.

Translated by (if applicable): _____

PATIENT NAME: _____

SIGNATURE OF PATIENT
OR PATIENT REPRESENTATIVE: _____*DATE*_____*TIME*_____

IF NOT PATIENT, RELATIONSHIP TO PATIENT: _____

WITNESS NAME / SIGNATURE (AS NEEDED) _____*DATE*_____*TIME*_____

****Patients receiving anesthesia will also need form CON-141: Anesthesia Consent, signed*

Optum Care Washington, PLLC

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