BRYN MAWR MEDICAL SPECIALISTS ENDOSCOPY CENTER
PROCEDURE AND ANESTHESIA CONSENT

TO THE PATIENT: *You have the right to be informed about your condition and the recommended medical, or diagnostic procedure to be performed. You also have the right to be informed about the plan for sedation or anesthesia. This document will include the risks associated with both the procedure and anesthesia, as well as the benefits for each. This disclosure is not meant to scare or alarm you; it is simply to make you better informed, so you may give or withhold your consent to proceed.* ***IT IS IMPORTANT THAT YOU, THE PATIENT, READ THE ENTIRE CONSENT FORM CAREFULLY*** *(or have it read to you) and that you ask questions about any information that you may not fully understand.*

INFORMATION REGARDING YOUR PLANNED PROCEDURE:

I consent to allow my physician, _____, other assisting physicians,

_____ and surgical personnel as requested by my physician to perform the following procedure:

____ **UPPER ENDOSCOPY** - possible biopsy/ polypectomy/ hemostasis using cautery or clips/dilation of strictures

____ **COLONOSCOPY** - possible biopsy/ polypectomy/ hemostasis using cautery or clips/ hemorrhoid treatment

____ **FLEX SIGMOIDOSCOPY** - possible biopsy/ polypectomy/ hemostasis using cautery or clips/ hemorrhoid treatment

Other _____

My physician has explained to me the nature and purpose of the procedure that will be performed. I understand that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of this procedure. Additionally, I authorize the performance of any other procedures that in the judgment of my physician or other healthcare providers participating in the procedure deem necessary for my well-being, including such interventions as are considered medically advisable to remedy conditions discovered during the procedure.

My physician has explained to me the risks and/ or complications, benefits, and medically acceptable alternatives of the procedure. The potential risks or complications of this procedure include:

Infection	Adverse reaction to medication
Aspiration	Phlebitis, and/or nerve injury related to the IV catheter
Injury to organs	Bleeding
Perforation	Missed polyp or other lesion/mass/cancer

Rare, unexpected and *severe complications* can occur, such as cardiac or respiratory complications; stroke or death. In a small percentage of patients, a failure of diagnosis or a misdiagnosis may result. Other risks specific to this procedure may include: _____. In the rare event of a medical need during and /or after the procedure, you may require admission to the hospital.

I understand that there are risks with any procedure, and it is impossible for the physician to inform me of every possible complication.

My physician has reviewed the risks, benefits, and alternatives associated with performing the procedure in the Ambulatory Facility instead of a hospital.

Patient's Initials _____

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INFORMATION REGARDING SEDATION/ ANESTHESIA:

You, in consultation with your physician, have decided to undergo a procedure that requires anesthesia. The intended plan for anesthesia is:

MONITORED ANESTHESIA CARE (MAC) with IV Sedation- Your anesthesia provider will monitor you and may provide anesthesia by administering intravenous (injected through a catheter into your bloodstream) anesthesia drugs, such a Propofol, to produce semi-conscious state. Your level of consciousness may vary from semiconscious to unconscious depending on your response to the medications and your clinical needs.

All forms of anesthesia involve some risks. No guarantees or promises can be made that you will not suffer a side effect or complication from your anesthesia. The determination of what type of anesthesia is best for you depends on many factors including your physical condition, the type of procedure you are undergoing and the preferences of you and your physician. Rare, unexpected and severe complications can occur with all forms of anesthesia, including infection; *drug or allergic reactions, leading to cardiac arrest or death; nerve injury with loss of sensation or function; paralysis; stroke; bleeding; blood clots; damage to liver, kidney, lungs; heart attack; brain damage and even death.* Common side effects and specific complications of your planned anesthesia include but are not limited to those identified below.

Risks and common side effects of anesthesia/ sedation include:

Nausea and/or vomiting

Mild to moderate decreases in blood pressure and/or heart rate

Injuries to the mouth, lips and surrounding areas

Aspiration (inhaling stomach contents into the lungs,) asthma attacks, and pneumonia (lung infection and/or swelling)

Convulsions/seizure

Swelling, tenderness, bleeding and bruising at injection site

Infection, swelling or other damage to blood vessels

Soreness of the throat and hoarseness

Nodules, polyps, or other damage to the vocal cords or windpipe

Rarely, there can be awareness under anesthesia. Dreams during anesthesia may be confused with recall of real event.

Teeth and dental prosthetics (such as dental implants, veneers, caps, crowns, and bridges) may become loose, broken, or dislodged, regardless of the care provided. By signing this consent, you are acknowledging that neither your anesthesia providers, physician, the facility, nor the company employing or engaging the anesthesia providers will be responsible for any dental damage or repair costs.

I understand that the administration of anesthesia will be supplied under the direction of my physician. Your anesthesia provider will monitor you and may provide anesthesia by administering intravenous (injected through a catheter into your bloodstream) anesthesia drugs, such a Propofol, to produce semi-conscious state. Your level of consciousness may vary from semi-conscious to unconscious depending on your response to the medications and your clinical needs.

ANESTHESIA PROVIDER CERTIFICATION: I have personally explained the above information to the patient or patient's representative.

_____ _____
Anesthesia Provider's Signature Date / Time

Patient's Initials _____

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ADDITIONAL INFORMATION

In the event my physician, anesthesia provider, staff, or other patient is exposed to my blood, bodily fluids, or contaminated materials, I agree to allow testing that will determine the presence of HIV and Hepatitis. An accredited laboratory, at no cost to me, will perform all requires laboratory tests.

I consent to the photographing and publications, for medical, scientific, or educational purposes, of the procedure to be performed, which photographs may include appropriate portions of my body, provided no identity is revealed by the pictures or by descriptive context accompanying them. Permission is granted for a manufacturer's representative, for technical assistance, or a student, for continuing education, to be in attendance during my surgery or procedure if the situation arises.

I consent to the disposal of any tissue or foreign bodies, which may be removed as a necessary part of my care. All specimens will be sent to the lab for analysis.

Although the Center respects the patient's right to participate in decisions regarding their healthcare, i.e.: advanced directives, it is their policy that all patients undergoing endoscopic procedures will be considered eligible for life sustaining emergency treatment. In the event an emergency transfer to the hospital is necessary, patients presenting with an Advance Directive will further be informed that their Advanced Directive will follow them to the hospital, in which case the Advanced Directive will go into effect upon admission to a hospital.

I do hereby consent to the performance of the planned procedure and anesthesia; or changes to the plan as may be considered necessary or advisable. By signing below, I HEREBY CERTIFY that I have read this consent form (or had it read to me) and that my physician has fully explained it to me. I have reviewed and understand the risks, benefits and alternatives of the planned procedure and anesthesia. I have had the opportunity to ask questions, all of which were answered to my satisfaction.

The undersigned certifies that he/she has read the foregoing and the patient, the patient's legal guardian, or the patient's authorized representative accepts its terms. I have elected to proceed after being advised of this information and having all of my questions answered to my satisfaction. I attest that I am 18 years of age or older, my judgment is not impaired by any legal or illegal substance, and I am signing this consent of my own free will and have not been forced by any person to consent to this procedure.

_____ _____
Patient / Patient's Representative Signature / Relationship Date / Time

_____ _____
Witness' Signature Date / Time

<u>Physician Statement</u>

I certify that I have explained to the patient/ responsible adult the risks, benefits and alternatives of both the procedure being performed and the administration of anesthesia related to that procedure, as outlined in all three pages of this Procedure and Anesthesia Consent form. I have allowed the patient/ responsible adult to ask questions about both the procedure being performed and the administration of anesthesia related to that procedure.

_____ _____
Physician's Signature Date / Time