

Procedure Consent

(A) I acknowledge and understand that the following procedure(s) which has (have) been described to me is (are) to be performed on the patient at Kanis Endoscopy Center. (the "Facility"):

Possible Complications of The Procedure(s):

(1) Perforation: Injury to the digestive tract by the instrument which may result in a tear or perforation of the intestinal wall with leakage of intestinal juices into body cavities. If this occurs, admission to a hospital and/or surgery to close the leak and/or drain fluid or infection, is often necessary.

(2) Bleeding: Is a possible complication of this procedure from local incision, biopsy, polypectomy, or dilation. Management of this complication may consist of careful observation, or may require blood transfusion, or surgical operation for control.

(3) Reaction to Medications: These can be allergic reactions, low blood pressure, slowing of heart rate, slowing or stopping breathing. Patients are carefully monitored during these procedures to quickly identify any problems so they can be treated immediately. Serious reactions are uncommon. Medications used for sedation may irritate the vein, which can cause red, painful and swelling of the vein and surrounding tissue.

(4) Other Risks: Include complications related to other diseases which you may have such as heart disease, high blood pressure, diabetes, or emphysema. You should inform your physician of all your current medications, medication allergies, and medical problems. Instrument failure and death are extremely rare.

(5) Infection: Is a rare complication. Bacteria may enter the blood stream during certain procedures. In rare cases this could result in infection of a heart valve. This is generally not a serious concern unless the patient has a damaged heart valve or an artificial heart valve. Some patients need to receive antibiotics before undergoing endoscopy.

(B) Pregnancy Testing: If the Patient is female and unless I opt out below, I request and consent to the Facility performing a urine pregnancy test, as part of the Facility's routine pre-operative lab work due to the possible risks of anesthesia and certain medications on an unborn fetus, including birth defects and miscarriage. I understand a urine pregnancy test is generally accurate, but no pregnancy test is 100% reliable, and there is a possibility this test could miss an early pregnancy or have a false positive result. If the Patient believes she might be pregnant, it is her responsibility to notify her attending physician and anesthesiologist before any medication or anesthesia is given.

(C) If a Physician Has Signed and Issued DNR (Do Not Resuscitate) Order For You:

If I have consented to a do not resuscitate order ("DNR"), I UNDERSTAND AND ACKNOWLEDGE THAT my consent to a DNR order is temporarily suspended/canceled while I undergo any elective, invasive, interventional and/or operative procedure performed at this Facility. I WILL BE RESUSCITATED. This temporary suspension (cancellation) of a DNR order will remain in effect until I leave the recovery area after such procedures. It is my desire for all such previous do not resuscitate orders to be re-instated (be put back in effect) after I leave the recovery area after the procedure's completion.

(D) Photographs: I consent to the taking and publication of any photographs in the course of this operation for the purpose of treatment and/or medical education.

(E) Human Immunodeficiency Virus (HIV) and Hepatitis Testing: I understand that in the event a health care worker sustains a significant exposure to my blood or body fluids, I may be asked to undergo testing for HIV, the virus that causes AIDS, and/or hepatitis. The results of any test will be confidential and will be treated in accordance with Florida law. I understand that, in accordance with Florida law, a positive HIV test result will be reported to the county health department with sufficient information to identify me. Furthermore, I hereby authorize Kanis Endoscopy Center and/or my physician or other health care provider to disclose such HIV test results to any third party payor, as appropriate for processing and payment.

(F) No Guarantees: I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees or promises have been made to me as to the results of the care and treatment which I have hereby authorized.

(G) Use/Disposal of Tissue: At the time of your examination, the lining of the digestive tract will be inspected thoroughly, if an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed or the lining may be brushed. Polypectomy (removal of small growths called polyps) may be performed, if necessary, by the use of a wire loop and electric current.

(H) Colonoscopy: Examination of all or a portion of the colon. Older patients and those with extensive diverticulosis are more prone to complications. Polypectomy (removal of small growths called polyps) is performed, if necessary, by the use of a wire loop and electric current.

(I) Certification and Signatures:

I certify that I understand the information regarding my procedure and that I have been fully informed of the risks and possible complications thereof, as well as, medically acceptable alternatives to my procedure. I have been given ample opportunity to ask questions, and any questions I have asked have been answered or explained in a satisfactory manner. I hereby authorize and permit the physician and whomever he/she may designate as his/her assistants to perform upon me the named procedure(s).

If any unforeseen condition arises during the procedure calling in his/her judgment for additional procedures or medications, I further request and authorize him/her to do whatever he/she deems advisable.

I certify that I have been informed that I may receive a sedative for this procedure. I understand that I should not drive, operate machinery, make critical decisions, or drink any alcohol until the day after my procedure. I have signed this form prior to receiving sedation.

I voluntarily assume the risk of any injury or damage to me and my unborn child if I am pregnant. yes, no, n/a

I understand that certain procedures and/or drugs may be harmful to an unborn child. yes, no, n/a

I refuse the faculty urine pregnancy test yes, no, n/a