

GI Center – Informed Consent for ERCP

Direct visualization of the digestive tract and abdominal cavity with lighted instruments is referred to a gastrointestinal endoscopy. Your physician has explained why this type of examination is recommended. The following information is provided to help you understand the reasons for, and possible risks of, these procedures.

At the time of your examination, the inside lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissues (biopsy) may be removed for microscopic study, or the lining may be brushed and washed with a solution to be sent for special study for abnormal cells (cytology). Small growths can frequently be removed (polypectomy). Occasionally during the examination, a narrowed portion of intestine (stricture) will be stretched to a more normal size (dilatation).

The principal risks of these procedures are:

1. Injury to the intestine by the instrument, which may result in perforation of the bowel wall with leakage of intestinal juices into body cavities; if this occurs, surgery to close the leak and/or drain the region is usually necessary.
2. Bleeding, which if it occurs, is usually a complication of biopsy, polypectomy or dilatation. Management of this complication may consist of careful observation only or may require a blood transfusion or a surgical operation for control.
3. Failure to visualize a significant abnormality of the digestive tract examined with the endoscope.

I am aware that, as a result of my condition, the transfusion of blood products is or may become necessary. The reasonable benefits and some of the potential risks of this treatment have been explained to me. While the precautions taken by my physician and the testing and screening of donors and their blood products generally prevent complications of transfusion, I understand that I may still be subject to ill effects as a result of receiving blood products, such as rash, hives, chills, fever, nausea, allergic reactions, transmission of diseases such as Hepatitis, AIDS and other diseases, known and unknown, fluid overload, anaphylactic shock and death.

Other risks include drug reactions and complications from other associated diseases, which you may have such as a stroke or heart condition. You should inform your physician of all your allergic tendencies and medical problems.

All of the above complications are possible, but rarely occur. Your physician will discuss the frequency of complications with you, if you wish, with a particular reference to your own indications for gastrointestinal endoscopy.

A brief description of each endoscopic procedure follows:

1. **Esophagoscopy** – Examination of the esophagus from the throat to the entrance of the stomach. Biopsy, cytology specimen collection and dilatation of strictures may be necessary.
2. **Gastrosocopy** – Examination of the stomach pouch, usually combined with esophagoscopy and/or duodenoscopy.
3. **Duodenoscopy** – Examination of the small intestine just beyond the stomach (site of most ulcers) and frequently done at the same time as esophagoscopy and gastrosocopy.
4. **Coagulation** – Process of using electrocautery, laser or heater probe to control bleeding.
5. **Hemostatic Therapy** – Injection of sclerosing solution or placement of rubber bands.
6. **Duodenoscopy with endoscopic retrograde cannulation of common bile and pancreatic ducts (ERCP)** – Examination of duodenum with the placement of a small tube through the instruments into the duct entrances in the duodenum, allowing injection of dye and x-ray examination of an otherwise frequently inaccessible area. Inflammation of the pancreas and infection area additional recognized risks.
7. **a) Rigid Ano-Procto-Sigmoidoscopy** – Examination of the anus, rectum and lower colon (large intestine).
b) Flexible Sigmoidoscopy (Partial Colonoscopy) – Examination of a portion of the lower colon with flexible instrument.
8. **Coloscopy (Colonoscopy)** – Examination of all or portion of the colon requiring careful preparation with diet, enemas and medication. Older patients, those with previous surgery and those with extensive diverticulosis, possibly are more prone to complications.

