

GRAND TETON GASTROENTEROLOGY, P.A.

2770 Cortez
Idaho Falls, ID 83404
(208) 522-4000

EGD

NS 2025

INFORMED CONSENT FOR PROCEDURES AND OTHER MEDICAL SERVICES

NAME OF PATIENT: _____

I authorize and direct Paul Hendrix, M.D. and/or Clint Behrend, M.D. and/or Todd Williams, M.D. and/or Ned Warner, D.O. to perform gastroscopy with possible biopsy, dilation, removal of polyps.

The purpose of this procedure is to directly visualize the inside of your upper digestive tract by passing a flexible tube called an endoscope through the mouth into the stomach. This examination enables the doctor to investigate the cause of your symptoms or explain abnormalities seen on x-ray.

It is important that you have nothing to eat or drink for at least 6 hours before the procedure. If you are allergic to any medications please be sure that your doctor and nurses are notified. Notify your doctor immediately if you are taking Coumadin or any other blood thinning agent.

THE PROCEDURE...

The nurse will place an intravenous line (IV). You may be asked to gargle a liquid which will numb your throat so that you will not feel the tube. You will lie on your left side for the procedure. The nurse, under direct orders from the doctor will administer sedatives to make you drowsy. The endoscope passes easily through the mouth and does not interfere with your breathing. Biopsies (taking a small piece of tissue) may be obtained or the doctor may prevent or stop bleeding using a coagulation device if required. A dilation of the intestinal tract may be performed if medical judgment deems it appropriate. These procedures are not painful.

Risks of gastroscopy include perforation, bleeding, sedation complications, and infection. These complications are uncommon, but when they do occur, they may require medical treatment or surgery.

Alternatives to the procedure are: No diagnostic testing or treatment. Radiologic or surgical diagnostic testing or treatment. Second opinion by the gastroenterologist of your choice.

AFTER THE PROCEDURE...

You will remain under observation until you are fully awake and alert. You may experience some belching and bloating because of air placed in your stomach through the endoscope. You will feel better if you pass this gas. It is recommended that you do not plan to sign any documents or make any important decisions for 24 hours after the procedure as the sedatives may impair your judgement. Please make provisions for someone to drive you home. Be sure to contact the physician on call for the practice at 522-4000 immediately if you should have severe pain, vomiting, bleeding, black stools or fever following gastroscopy.

The nature, risks, purpose and other alternatives to the procedure have been fully explained to me and no warranty or guarantee has been made as to the result.

I fully understand all of the above and wish to proceed with the procedure as outlined above.

Patient _____ Date _____

Witness _____ Date _____