

INFORMED CONSENT FOR COLONOSCOPY

YOU HAVE BEEN SCHEDULED FOR A COLONOSCOPY FOR THE PURPOSE OF EXAMINING YOUR COLON (LARGE INTESTINE) AND (IF APPLICABLE) REMOVING A POLYP OR POLYPS. THE COLONOSCOPIC EXAMINATION IS DONE BY INSERTING A LONG FLEXIBLE TUBE INTO THE RECTUM AND BEYOND. IN MANY CASES, THE INSTRUMENT CAN BE INSERTED THROUGH THE ENTIRE EXTENT OF THE LARGE INTESTINE, PERMITTING A COMPLETE EXAMINATION. ABDOMINAL CRAMPS ARE USUALLY EXPERIENCED DURING THE EXAMINATION. HOWEVER, YOU WILL BE SEDATED WITH MEDICATIONS, WHICH SHOULD HELP WITH CRAMPING.

***** POSSIBLE COMPLICATIONS INVOLVED WITH THE COLONOSCOPY *****

A COLONOSCOPY IS GENERALLY A LOW RISK PROCEDURE. HOWEVER, ALL THE BELOW ARE POSSIBLE. YOUR PHYSICIAN WILL DISCUSS THEIR FREQUENCY WITH YOU, IF YOU DESIRE, WITH REFERENCE TO YOUR OWN INDICATIONS FOR A COLONOSCOPY. *YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR PROCEDURE.*

1. **PERFORATION-** PASSAGE OF THE INSTRUMENT MAY RESULT IN AN INJURY TO THE GASTROINTESTINAL TRACT WALL WITH POSSIBLE LEAKAGE OF GASTROINTESTINAL CONTENTS INTO THE BODY CAVITY. IF THIS OCCURS, SURGERY TO CLOSE THE LEAK AND/OR DRAIN THE AREA IS USUALLY REQUIRED. RARELY IT CAN RESULT IN THE NEED FOR TEMPORARY OR PERMANENT COLOSTOMY (A BAG TO RETAIN STOOL). A SURGERY WILL RESULT IN AT LEAST A WEEK IN THE HOSPITAL WITH AN AVERAGE RECOVERY AT HOME FOR ABOUT A MONTH. PAIN AND LOSS OF CONSORTIUM CAN BE EXPECTED.
2. **BLEEDING-** BLEEDING, IF IT OCCURS, IS USUALLY A COMPLICATION OF A BIOPSY, POLYPECTOMY, OR DILATATION. MANAGEMENT OF THIS COMPLICATION MAY CONSIST OF CAREFUL OBSERVATION, TRANSFUSION, REPEAT COLONOSCOPY OR A SURGICAL OPERATION.
3. **MEDICATION PHLEBITIS-** MEDICATIONS USED FOR SEDATION MAY IRRITATE THE VEIN IN OR NEAR THE SITE OF INJECTION. PHLEBITIS CAUSES A RED, PAINFUL SWELLING OF THE VEIN AND SURROUNDING TISSUE. THE AREA COULD BECOME INFECTED. DISCOMFORT IN THE AREA COULD PERSIST FOR SEVERAL WEEKS TO SEVERAL MONTHS.
4. **INFECTION-** INFECTION MAY OCCUR AT THE INTRAVENOUS SITE. MANAGEMENT IS SPECIFIC TO EACH SITUATION.
5. **OTHER RISKS-** INCLUDES DRUG REACTIONS AND COMPLICATIONS FROM OTHER DISEASES THAT YOU MAY ALREADY HAVE. DEATH IS EXTREMELY RARE, BUT REMAINS A REMOTE POSSIBILITY. YOU MUST INFORM YOUR PHYSICIAN OF ALL YOUR ALLERGIES AND MEDICAL PROBLEMS.
6. **DIAGNOSTIC ERROR-** A COLONOSCOPY IS THE MOST SENSITIVE AND ACCURATE METHOD TO EVALUATE THE COLON. HOWEVER, IT IS POSSIBLE TO MISS A GROWTH OR CANCER IN THE WALL OF THE COLON. THIS COULD OCCUR BECAUSE OF A POOR PREPARATION OR BECAUSE A GROWTH IS BEHIND A FOLD. ANOTHER LIMITATION OF COLONOSCOPY IS THAT A SPECIFIC DIAGNOSIS OR SOURCE FOR A PARTICULAR SIGN OR SYMPTOM MAY NOT BE FOUND, EVEN IF THE SOURCE IS IN THE COLON. THE EXAM MAY BE NORMAL IN CERTAIN CASES. IF YOUR SYMPTOMS SHOULD CONTINUE, FURTHER EVALUATION MAY BE NEEDED. IN THIS SITUATION IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR DOCTOR AND FOLLOW UP FOR FURTHER EVALUATION.
7. **CONSCIOUS SEDATION-** EVERY EFFORT IS MADE TO ENSURE A COMFORTABLE EXAM. CONTRARY TO POPULAR BELIEF SOME PEOPLE REMEMBER THE EXAM. THIS IS NOT DUE TO IMPROPER SEDATION PRACTICES. IT IS RELATED TO THE DOCTORS' NEED TO KNOW WHEN YOU ARE EXPERIENCING PAIN. TO MINIMIZE RISK. IN SOME PATIENTS, MORE SEDATION CANNOT BE GIVEN DUE TO A LOW BLOOD PRESSURE, LOW OXYGEN LEVEL, CHANGE IN VITAL SIGNS OR OTHER FACTORS. IN ADDITION, PATIENTS AT HIGHER RISK DUE TO MEDICAL PROBLEMS SUCH AS LUNG DISEASE, SOMETIMES CANNOT BE SEDATED AT THE LEVEL OF NOT REMEMBERING. ****** IF YOU ARE SCHEDULED TO HAVE TWO PROCEDURES ON THE SAME DAY THERE IS A GREATER CHANCE OF WAKING UP DURING THE SECOND PROCEDURE. ******
8. **NOTICE TO ALL MALE PATIENTS-** A COLONOSCOPY DOES NOT INCLUDE AN EXAM OF THE PROSTATE. YOU SHOULD CONTACT YOUR PRIMARY CARE PHYSICIAN OR UROLOGIST FOR THIS EXAM, IT IS GENERALLY RECOMMENDED YEARLY. _____ (INITIAL HERE)

9. **BLOOD THINNER CONSENT- I UNDERSTAND THAT BEING OFF OF BLOOD THINNING MEDICATION INCREASES A RISK OF HAVING A STROKE, HEART ATTACK OR BLOOD CLOT. EVEN IF IT HAS BEEN STOPPED IN THE PAST WITHOUT PROBLEMS, THE RISK STILL EXISTS. AFTER A POLYPECTOMY, RESTARTING MY BLOOD THINNING MEDICATION DOES INCREASE THE RISK FOR BLEEDING. I UNDERSTAND AND ACCEPT THIS RISK. _____ (INITIAL HERE)**

**** PLEASE DISCONTINUE THE FOLLOWING MEDICATIONS _____ DAYS PRIOR TO YOUR PROCEDURE:**

___ ADVIL ___ ALEVE ___ ANACIN ___ ASCRITPIN ___ ASPIRIN SUPP.
___ AGGRENOLX ___ ASPIRIN ___ BAYER ASPIRIN ___ BUFFADYNE ___ BUFFERINE
___ COUMADIN ___ DARVON COMOUND ___ DIET DRUGS ___ DRISTAN ___ DURAGESIC
___ ECOTRIN ___ EMPIRIN ___ EQUAGESIC ___ EXCEDRIN ___ FIORINAL ___ GINGER
___ GINGKO BILOBA ___ INDOCIN ___ IRON SUPPLEMENTS ___ MIDOL ___ MOTRIN
___ NAPROSYN ___ NAPROXEN ___ NORGESIC ___ PAMPRIN ___ PEPTO-BISMOL
___ PERCODAN ___ PERSANTINE ___ PLAVIX ___ ST. JOHNS' WART ___ TRIAMINICIN
___ VITAMIN E ___ ZOMAX

___ OTHER-

10. *ANTIBIOTIC USAGE PRIOR TO SURGICAL PROCEDURE*****

DO YOU REQUIRE ANTIBIOTIC USAGE PRIOR TO ANY SURGICAL OR DENTAL PROCEDURE?

_____ YES _____ NO

IF YOU INDICATE YES, WHAT IS THE REASON- _____.

WHAT MEDICATION IS PRESCRIBED? _____.

ALTERNATIVES TO A COLONOSCOPY

ALTHOUGH A COLONOSCOPY IS AN EXTREMELY SAFE AND EFFECTIVE MEANS OF EXAMING THE COLON, IT IS NOT 100 % ACCURATE IN DIAGNOSIS. IN A SMALL PERCENTAGE OF CASES, A FAILURE OF DIAGNOSIS OR MISDIAGNOSIS MAY RESULT IN OTHER DIAGNOSTIC OR THERAPEUTIC PROCEDURES, SUCH AS MEDICAL TREATMENT, X-RAY, AND SURGERY. ANOTHER OPTION IS TO CHOOSE NO DIAGNOSTIC STUDIES AND/OR TREATMENT. YOUR PHYSICIAN WILL BE HAPPY TO DISCUSS THESE OPTIONS WITH YOU.

BRIEF DESCRIPTION OF PROCEDURE (S)

COLONOSCOPY-

THIS IS AN EXAMINATION OF ALL OR PORTIONS OF THE COLON. OLDER PATIENTS OR THOSE WITH EXTENSIVE DIVERTICULOSIS OR PREVIOUS PELVIC SURGERIES ARE MORE PRONE TO COMPLICATIONS. A POLYPECTOMY (THE REMOVAL OF POLYPS) IS PERFORMED IF NECESSARY USING A WIRE LOOP AND AN ELECTRICAL CURRENT. COLON DECOMPRESSION MAY BE PERFORMED IF NEEDED.

GASTROINTESTINAL DILATATION-

IN SOME CASES DILATING TUBES OR BALLOONS ARE USED TO STRETCH NARROW AREAS OF THE GASTROINTESTINAL TRACT.

I CERTIFY THAT I UNDERSTAND THE INFORMATION REGARDING A COLONOSCOPY. I HAVE BEEN FULLY INFORMED OF THE RISKS AND POSSIBLE COMPLICATIONS OF MY PROCEDURE. I HEREBY AUTHORIZE GARY M. ANNUNZIATA D.O. / ANH T. DUONG, M.D./ JONATHAN LIN M.D AND WHOMEVER HE MAY DESIGNATE AS HIS ASSISTANT (S) TO PERFORM UPON ME A:

COLONOSCOPY

IF FOR ANY UNFORESEEN CONDITION SHOULD ARISE DURING THIS PROCEDURE CALLING FOR, IN THE PHYSICIAN'S JUDGEMENT, ADDITIONAL PROCEDURES, TREATMENTS OR OPERATIONS, I AUTHORIZE HE TO DO WHATEVER HE DEEMS ADVISABLE. I AM AWARE THAT THE PRACTICE OF MEDICINE AND SURGERY IS NOT AN EXACT SCIENCE. I ACKNOWLEDGE THAT NO GUARANTIES HAVE BEEN MADE TO ME CONCERNING THE RESULT OF THIS PROCEDURE.

PATIENT NAME-PRINT

PATIENT SIGNATURE

DATE

WITNESS

AFTER THE PROCEDURE

- FOLLOWING YOUR PROCEDURE, THE DOCTOR WILL SPEAK TO YOU ABOUT THE FINDINGS. DUE TO THE SEDATION YOU MAY NOT REMEMBER THIS DISCUSSION. IF THERE IS NO BIOPSY TAKEN, YOU WILL BE NOTIFIED BY MAIL OR YOU WILL RECEIVE A PHONE CALL FROM THE OFFICE REGARDING EXAM FINDINGS AND TIME OF YOUR NEXT APPOINTMENT. IF YOU DO NOT RECEIVE NOTIFICATION FROM THE OFFICE, IT IS YOUR RESPONSIBILITY TO CONTACT THE OFFICE.
- IF THERE WERE BIOPSIES TAKEN DURING YOUR PROCEDURE, THE OFFICE STAFF WILL CONTACT YOU AT LEAST 7-10 DAYS AFTER THE PROCEDURE WITH THE RESULTS. IF YOU DO NOT HEAR FROM US, DO NOT ASSUME "NO NEWS IS GOOD NEWS" AND PLEASE CONTACT THE OFFICE.

PATIENT SIGNATURE

BILLING REGARDING THIS PROCEDURE

THIS IS TO INFORM YOU THAT YOU HAVE THE POSSIBILITY OF RECEIVING THREE BILLS WHEN UNDERGOING THIS PROCEDURE. THE BILLS WILL CONSIST OF THE PHYSICIAN BILL FOR PERFORMING THE PROCEDURE (FROM OUR OFFICE), A BILL FROM THE FACILITY THAT THE PROCEDURE IS BEING PERFORMED AT (MIRAGE ENDOSCOPY CENTER OR EISENHOWER MEDICAL CENTER), AND IF THERE ARE BIOPSIES RETRIEVED THEN YOU WILL BE SUBJECT TO A BILL FROM PATHOLOGY.

PATIENT SIGNATURE

I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS ENTIRE CONSENT TODAY.

PATIENT SIGNATURE

DATE

Desert Gastroenterology Consultants

The office of:

Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D. / Jonathan C. Lin, M.D., MPH

Patient Name- _____
Anesthesia Waiver

Most patients who undergo endoscopic procedures are generally comfortable and do not recall the procedure with a standard sedation technique called **conscious sedation (CS)**. This involves the use of a short acting narcotic and a Valium-like medicine that creates sedation that is generally tolerable and safe. **Conscious sedation** is the standard care for endoscopic procedure.

Although we make every attempt to ensure that you are comfortable during the procedure we cannot always predict in advance of an endoscopic procedure who is going to experience pain, discomfort, or other reactions to the CS.

There is another type of sedation available called **deep sedation (DS)**. Insurance companies traditionally do not pay for this; however, it assures that there is generally no recollection of the procedure. **Deep sedation** is done under the care of an anesthesiologist.

You have the option to request DS in advance of your procedure; however, this cannot be done during the procedure in the event that you experience pain that is not responding to the traditional sedation method.

Therefore, we are asking you to choose deep sedation or conscious sedation.

If you want **DS**, we will arrange to have your procedure done under anesthesia; cost estimates will be provided in this circumstance. Please notify the scheduling office staff.

If you do choose to use a deep sedation technique during your procedure there may be an increased risk of complications related to deep sedation and an increased risk of perforation of the gastrointestinal tract. By signing below, you are agreeing to this increased risk and that you have a copy of this document.

I am waiving my option to the deep sedation; I am requesting conscious sedation, signed:

_____/_____/_____/_____ Print/Signature/Date/Time

I am requesting deep sedation as done by an anesthesiologist and accept the associated risk:

_____/_____/_____/_____ Print/Signature/Date/Time

Desert Gastroenterology Consultants

Gary M. Annunziata, D.O., F.A.C.P.

Anh T. Duong, M.D.

Jonathan C. Lin, M.D., MPH

PREVENTIVE OR SCREENING COLONOSCOPY EXAM

VS.

DIAGNOSTIC COLONOSCOPY EXAM

Please be advised that if you are being seen today for a preventive or screening colonoscopy, it will not necessarily be billed as a preventive or screening procedure. When the doctor performs the procedure, should there be polyps found or the need for biopsies to be taken it will change the procedure from a Preventive or Screening Colonoscopy (G0121 or G0105) to a Diagnostic Colonoscopy (45378). If the doctor performs the procedure and there are no biopsies or polyps removed, then it will be billed as a preventive or screening procedure.

We advise that you please check with your insurance company to ensure that you have coverage for either of these procedures. We do obtain prior authorization for the colonoscopy; however, **PRIOR AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT BY YOUR INSURANCE COMPANY.**

By signing below, you are stating that you will contact your insurance company to verify coverage for either procedure.

Patient Name- Please Print

Witness

Patient Signature

Date

**DESERT GASTROENTEROLOGY CONSULTANTS
A MEDICAL CORPORATION**

PATIENT MEMORANDUM

TO: OUR PATIENTS

FROM: GARY ANNUNZIATA, D.O., ANH DUONG, M.D.,
JONATHAN C. LIN, M.D., MPH,

SUBJECT: DISCLOSURES

FINANCIAL DISCLOSURE

Gary Annunziata, D.O., Anh Duong, M.D. and Jonathan C. Lin, M.D., (collectively the “Physicians”) have ownership interest in DESERT GASTROENTEROLOGY CONSULTANTS, a Medical Corporation which owns and operates the clinical pathology laboratory located in the Physician’s office. The Physicians generally refer their clinical pathology laboratory work to the on-site clinical pathology laboratory operated by DESERT GASTROENTEROLOGY CONSULTANTS, a Medical Corporation. You have the right to choose another clinical pathology laboratory for the purpose of having any of your pathology work or assignment performed. If you desire to choose another clinical pathology laboratory to have pathology work or assignment performed, please let the office manager or your Physician know.

Acknowledgment of Receipt:

Patient Name- Please Print

Dated: _____

Patient Signature