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INFORMED CONSENT FOR ESOPHAGOGASTRODUODENOSCOPY(EGD)

Patient's Name: _____

Date of Birth: _____

EGD is a procedure in which your physician can look inside your esophagus, stomach and part of the duodenum with a flexible lighted tube. This tube is about the thickness of your index finger and is inserted into the mouth and advanced slowly into the stomach and beyond. A small amount of tissue (a biopsy) may be removed and sent to a pathologist for examination under a microscope. Abnormal tissue, which if left undetected may develop into cancer, will be removed and sent to a pathologist for examination.

The benefits of the procedure include the early diagnosis and assistance with treatment of diseases, including cancer, of the esophagus, stomach and duodenum.

There are risks to this procedure, although we believe that the potential benefits outweigh the risks.

1. Bleeding is uncommon when biopsy or removal of polyp is performed. With severe bleeding blood transfusion and/or surgery may be required. _____
2. Perforation (a small hole through the bowel wall) is rare, but if it occurs surgery may be necessary. _____
3. Medications adverse reaction. The medications that we give you to prevent pain and discomfort can cause adverse reactions such as suppression of breathing or cardiac arrhythmias. Also, there is also no guarantee that you will be free from pain during the procedure. _____
4. Infection is rare and may require administration of intravenous antibiotics. _____
5. Although rare, there is a remote risk of heart attack or stroke. _____
6. Any of the complications above may lead to hospitalization and death. _____

There are alternatives to EGD examination, including x-ray studies, but they do not allow the physician to biopsy of abnormal areas. In the course of the procedure pictures may be taken to document findings. EGD is the most accurate diagnostic test available for detection of diseases of the upper gastrointestinal tract. However, no test can guarantee 100% accuracy, and these lesions can be missed in the course of this exam.

If you want more time to consider this procedure or have further questions, please ask us. Please be aware that delaying the procedure can subject you to a delay in diagnosis of serious conditions such as cancer.

HAVING READ AND UNDERSTOOD THE ABOVE, I FEEL THAT THE BENEFITS OF THIS PROCEDURE OUTWEIGH THE RISKS. I HAVE DISCUSSED THE RISKS, ALTERNATIVES, AND HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS.

 Signature

 Date

In presence of: Spouse _____ Companion: _____ Staff : _____
 Parent _____ Patient alone: _____