

Tavares Surgery LLC

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Patient Name:

DOB:

MRN:

DOS:

I authorize the diagnostic procedure(s) and such other therapeutic procedure(s) which may be necessary, including, anesthesia care and pathology. I understand and agree that the persons administering anesthesia or performing other professional services, such as pathology and the like, are independent contractors and may not be employees or agents of the attending physician or the facility. I acknowledge and understand that the following procedure which has been described to me is to be performed at Tavares Surgery LLC (the "Facility"):

Procedures and Possible Complications

- Colonoscopy
- Flexible Sigmoidoscopy
- Hemorrhoid Banding
- Enteroscopy
- Esophagogastroduodenoscopy
- Esophageal Dilatation/Balloon Dilatation
- PEG change/placement
- Foreign Body Removal
- Other Procedure: _____

Your procedure may also include possible: biopsy; polypectomy; ablation of tumor; cautery; injection to control bleeding; ulcer cauterization or injection; and/or ligation of esophageal varices.

Possible complications may include but are not limited to:

UPPER ENDOSCOPY: Mild pain or discomfort (in the abdomen that usually releases by walking and moving around to get rid of trapped air), Severe loss of blood, which may require blood transfusions or medications, nausea and vomiting, medication allergy, infection, stroke, sepsis, vein phlebitis, redness to the stoma, aspiration (fluid entering into the wrong track), difficulty swallowing or damage to teeth or dental work (whether capped, cracked, loose, weak/brittle or even normal teeth due to the presence of instruments in your mouth). There could be esophageal or intestinal perforation (i.e. puncture of an organ - injury to the esophagus, stomach, and/or duodenum) requiring surgical intervention, and cardiac arrest that can lead to death or permanent or partial disability which may be attendant to the performance of Enteroscopy and any additional risks that may be discussed with me by my physician. Bipolar fulguration (BiCap) may be used with possible risks to include but not limited to the risks stated above.

LOWER ENDOSCOPY: Mild pain or discomfort (in the abdomen that usually releases by walking and moving around to get rid of trapped air), Severe loss of blood, which may require blood transfusions or medications, shock secondary to rectal bleeding, medication allergy, infection, stroke, sepsis, or vein phlebitis. Missed Polyps/Tumors/Lesions (especially small or flat ones). There could be splenic trauma and/or intestinal perforation (i.e. puncture of an organ - injury to the bowel wall) requiring surgical intervention, and cardiac arrest that can lead to death or permanent or partial disability which may be attendant to the performance of gastrointestinal endoscopy requiring surgical intervention, and cardiac arrest that can lead to death or permanent or partial disability which may be attendant to the performance of gastrointestinal endoscopy and any additional risks that may be discussed with me by my physician. Bipolar fulguration (BiCap) may be used with possible risks to include but not limited to the risks stated above. Your physician may also want to repeat your colonoscopy if you have a poor prep or if it is required to remove large polyps.

Anesthesia Types and Complications

- Deep Sedation:** Including an unconscious or semi-conscious state with some degree of arousal, occasional purposeful movement. The use of a breathing tube in the windpipe and other airway devices is unlikely. Intravenous medications will provide most of the anesthesia. Risks include mouth or throat pain, hoarseness, injury to mouth or teeth, awareness of intraoperative events, injury to blood vessels, aspiration, and pneumonia. Although rare, unexpected severe complications may occur including difficulties breathing, cardiac arrest and death.
 - Moderate Sedation/Analgesia ("Conscious Sedation"):** A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Although rare, unexpected severe complications may occur including difficulties breathing, cardiac arrest and death. Risks may also include injury or damage to mouth, teeth or dental work.
 - Local/Topical Sedation:** Some of the more common complications of sedation include: toxicity from injected medication, injury from the needle used to inject the local anesthetic, hematoma at the injection site, nerve damage/phlebitis at the IV site and discomfort during the procedure. Until the effects (numbness) wears off patient should be careful not to injure the numbed area. Although rare, unexpected severe complications may occur including difficulties breathing, cardiac arrest and death.
- (A) **Understanding of the Procedure:** I understand the nature of the procedure, the expected benefits or effects of such procedure, the medically acceptable alternative procedures or treatments. I have a general understanding of the procedure to be performed on me. 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.
- (B) **Possible Risks of The Procedure(s):** I understand and consent to the possible complication(s) of the scheduled procedure as they have been explained to me.
- (C) **Consent for the Administration of Anesthesia:** In addition to the foregoing, I consent to the administration of Anesthesia as required for the procedure. I understand and acknowledge that all forms of anesthesia involve some risks and the facility can make no guarantees or promises concerning the results or outcome of the anesthesia plan of care. I acknowledge that I have made arrangements to have a responsible person to drive me home after the administration of anesthesia. I acknowledge that impairment of full mental alertness may persist for several hours following the administration of anesthesia, and I will avoid making decisions or taking in activities, which depend upon full concentration or judgment during this period. If you have ever had a severe allergic reaction to ANY substance or environment (including latex or a bee sting) you must tell your physician and the anesthesia provider before we give you medication or other substances. I understand the possible complication of the planned anesthesia care as they have been explained to me.
- (D) **Pregnancy Testing:** 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 to a 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 you believe that you might be pregnant, it is your responsibility to notify the attending physician and anesthesia provider before any medication or anesthesia is given.

