Admission Date ________________

THE VALLEY HOSPITAL
Ridgewood, New Jersey

CONSENT FOR SURGERY OR SPECIAL PROCEDURES - Esophagastroduodenoscopy

1. **Authorization.** I hereby authorize Dr. ____________________ ("my Doctor") and any such assistants or designees as may be selected by him/her to perform on ______________________________ (Name of Patient) the following procedure(s):

   **Technical name of procedure(s):** Esophagastroduodenoscopy with possible biopsy and possible polypectomy.

   **Right**  **Left**  **N/A**

   **Description of procedure(s) in lay terms:** A flexible lighted tube is passed into the mouth into the esophagus (food pipe) stomach and duodenum to view the inside of these structures. Biopsies may be performed, pictures may be taken, polyps may be removed and treatment of bleeding or potential bleeding sites may be done. The risks of this procedure include, but are not limited to, bleeding, infection, drug reactions, perforation, which could necessitate surgery, and the procedure may not improve my condition. Possible risks of sedation include, but are not limited to, an unconscious state, depressed breathing, cessation of respirations or change in blood pressure, heart rate or heart rhythm.

   **Other Risks or Special Risk Factors I should Know About:**

2. **Informed Consent.** The nature and intended purpose of the procedure(s); the benefits of the procedure(s); the significant risks and complications of the procedure(s); the possible or likely results of the procedure(s); the feasible alternatives to the procedure(s); and the prognosis if no treatment whatsoever is received, have been explained to and discussed with me.

3. **Acknowledgement.** I understand the practice of medicine and surgery is not an exact science, and that the procedure(s) may not have the benefit or results intended. I acknowledge that no guarantees or assurances have been made to me concerning the results of the procedure(s).

4. **Additional Procedures.** I understand that during the course of the procedure(s), unforeseen conditions may arise that require additional or different procedure(s) other than those set forth in Paragraph 1. I authorize and request that my Doctor, his/her assistants or designees perform such procedures as are necessary and desirable in the exercise of their professional judgment. The authority granted under this paragraph shall extend to treating all conditions that are not known to me at the time the procedure(s) is undertaken.

5. **Blood Transfusions.** Please complete Section A or B

   A. **NOT APPLICABLE**

   B. I understand that it is or may be necessary for transfusion(s) of blood and/or blood products to be given in connection with the procedure(s). I have received and have read the Patient Information Sheet on Blood Transfusions.

      (i) I will accept Blood/Blood Products: **Yes** **No** (If no is checked, offer registration in the Blood Alternative Program)
(ii) In connection with my consent to transfusion(s) of blood, my Doctor has provided me with information about, and has discussed and explained the following:

(a) The reason(s) for transfusion(s), a description of the transfusion(s), the benefits and significant risks of the transfusion(s), all alternatives including autologous, homologous and directed donation, as well as the risks and consequences of not receiving a transfusion(s).

(b) That a blood transfusion is not always successful and that no guarantee or assurance has been made to me or anyone concerning the results of a transfusion, and that I may be subject to ill effects as a result of receiving blood and/or blood products.

(c) That this consent applies to all transfusions I may receive during this hospitalization.

6. **Anesthesia.** I have received and have read the Patient Information Sheet on Anesthesia and I consent to the administration and management of such anesthesia as the anesthesiologist assigned to my procedure(s) deems appropriate. I have also received and have read the Patient Information Sheet on Conscious Sedation and I understand that conscious sedation may be administered by a doctor other than an anesthesiologist, or by a nurse under the direction of a doctor, and I consent to the administration and management of such conscious sedation as the doctor deems appropriate. I have been informed of the risks most commonly associated with the administration of anesthesia and conscious sedation. I am aware that complications from all forms of anesthesia and conscious sedation are rare, but may occur.

7. **Specimen.** I further consent to the examination and disposal of any specimen(s) and/or limb(s) removed in the performance of the procedure(s), as well as for the use of any specimen(s) for the advancement of medical science and education at the Hospital or any other institution the Hospital may designate.

8. **Certification.** By my signature below, I certify the following to be true:

A. I have read and fully understand the information in this consent form.

B. The information referred to in this consent form was explained to me.

C. I have had enough time to discuss my condition and the procedure(s), including blood transfusions and anesthesia, with my Doctor, his/her associate or designee.

D. All of my questions have been answered to my satisfaction.

E. I believe I know enough about the procedure(s), blood transfusions and anesthesia, and do hereby give my consent for surgery or special procedures.

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Witness to Signature(s)

Patient's or Authorized Representative's Signature

The patient was unable to consent because:

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<th>Doctor's Signature</th>
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During the course of your medical treatment it may become necessary for you to have a transfusion of blood or a transfusion of a component of blood. Transfusions can be homologous (blood that comes from the community blood bank), directed (donations from relatives or friends) or autologous (donations that come directly from you).

Autologous (self-donated) blood has the least risk of all. Directed donations are not recognized as being any safer than ordinary bank blood donations.

Autologous blood must be donated in advance of elective surgery. Directed donations also require advance notice. These options should be discussed with your Doctor.

All community blood bank products are obtained from volunteer sources who do not receive any payment for their blood. Before giving blood, each donor is screened. If relevant health problems are discovered, the donor is not accepted. The blood from each donor undergoes testing, including tests for AIDS (HIV), hepatitis, and syphilis. The medical community feels that our modern knowledge and technology have made transfusions safer today than they have ever been in the past.

There are risks from transfusions, but risks of serious or fatal complications are very rare. For instance, the risk of acquiring the AIDS virus through a transfusion is much less than it was several years ago because of the available screening tests. The incidence of acquiring AIDS today through a transfusion has been estimated at 1:2,000,000\(^1\) which is probably much less than one's chances of being a fatality in a motor vehicle accident. Other risks include hepatitis, fever, hemolysis (a breakdown of red blood cells due to an immune reaction which may cause anemia and kidney injury), and heart failure due to an excessive amount of fluids.

Transfusion risks must be weighed against benefits, and criteria have been established to aid your Doctor in making a decision about whether or not to transfuse.

In summary, the safest transfusion is autologous (self-donated), but autologous transfusions require the luxury of advance notice, and are usually suited only to elective surgery. While directed and community transfusions have more risk, the medical community is trying to make them safer than they have ever been before. Your Doctor must make the decision to transfuse or not, based on medical science and judgment.

If you or your Doctor decide to utilize autologous and/or directed blood, please call the Bergen Community Blood Center for further information at (201) 444-3900.

The purpose of surgical anesthesia is to relieve pain during surgery through the use of various medications or drugs known as anesthetic agents. Along with the delivery of the anesthetic agent, life support measures are often undertaken in order to maintain the well-being of the patient. These measures might include the administration of blood or blood products (unless such blood or blood products have been refused); use of medications and equipment to support the heart, lungs or other systems of the body; antibiotics (drugs used to prevent or treat infection); and medications to counteract disease states or correct imbalances.

Surgical anesthesia may be general, regional or local with intravenous conscious sedation. The type of anesthesia selected in a given case will depend on the medical condition of the patient, the nature of the procedure to be performed, and the preferences of the patient and of the surgeon.

**General anesthesia** is a method of surgical anesthesia in which the patient is rendered unconscious and insensitive to pain (will be asleep) through the use of anesthetic agents administered by inhalation (breathing an anesthetic gas through a mask) and/or by intravenous injection (using a small tube (catheter) to place the anesthetic agent into a vein and, thus, into the patient's bloodstream). The anesthetic agent, the route of administration, the dosage, and the depth of general anesthesia are dependent on the nature of the surgery to be performed, the medical condition of the patient, and other considerations. Endotracheal intubation, in which a breathing tube is placed into the windpipe, is often necessary. Occasionally, patients complain of a sore throat, nausea and/or vomiting after undergoing general anesthesia. Strokes, brain damage and heart attack are rare complications of general anesthesia.

**Regional anesthesia** is a method of surgical anesthesia in which anesthetic agents are used to numb a group of sensory nerve fibers in order to make an area of the body insensitive to pain. Sometimes a tourniquet is used on an arm or leg and an anesthetic agent is injected into a vein of that arm or leg. During this type of anesthesia a sedative to relax and calm the patient during the surgery is used. Occasionally, for technical reasons, it is not possible to produce this type of anesthesia or it is not completely satisfactory. When this occurs another type of anesthesia, usually a general anesthetic, is added. Two of the commonly used types of regional anesthesia are epidural and spinal anesthesia.

**Local anesthesia** with intravenous sedation is where a local anesthetic agent is injected into the site to be operated on by the surgeon to block sensory nerves. This makes that area of the body insensitive to pain or numb. During this type of anesthesia, a sedative to relax and calm the patient is often given intravenously.

**In epidural anesthesia** an anesthetic agent is injected into the epidural space to anesthetize (numb) the legs, pelvis, abdomen, or other area of the body. With this type of anesthesia a small tube (catheter) is inserted into the epidural space so that additional anesthetic agent can be injected as needed. Rare complications of epidural anesthesia include infection and paralysis.

**In spinal anesthesia** the lower part of the body is made insensitive to pain by injecting an anesthetic agent into the fluid which bathes the spinal cord. Infrequently, a post-spinal headache may occur. Rare complications of spinal anesthesia include infection and paralysis.

On the day of surgery, your anesthesiologist will speak with you to answer any questions you may have. If you wish to speak with an anesthesiologist prior to this, please call the Anesthesiology Department at (201) 447-8700.
This patient information sheet has been developed to explain conscious sedation.

Conscious sedation is a controlled state of extreme relaxation often resulting in little memory of the procedure. This type of sedation reduces pain and awareness of the procedure while allowing the patient to breathe on his/her own and to respond to verbal commands and/or gentle stimulation. Many times a patient will not even recall having spoken to the staff during the procedure. Conscious sedation allows a patient to tolerate the procedure by relieving anxiety, discomfort and/or pain. For procedures that require children not to move conscious sedation will help them to remain still.

Informed consent must be obtained before the procedure and before the patient receives conscious sedation. In children, the informed consent must be obtained from a parent or guardian of the child before conscious sedation is administered. A physician or a nurse may administer conscious sedation. The patient is monitored before, during and after the procedure.

If the patient is going home, arrangements should be made for a responsible adult to take the patient home.

There are some risks with conscious sedation. The risk is dependent upon many factors including the type of procedure and the medical condition of the patient. Fortunately, adverse events are rare.