# ADVANCED GASTROENTEROLOGY

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## INFORMED CONSENT FOR CAPSULE ENTEROSCOPY

**Explanation of Procedure:**
A capsule endoscopy is a procedure that uses a tiny wireless camera to take pictures of your digestive tract. The camera sits inside a vitamin-sized capsule that you swallow. As the capsule travels through your digestive tract, the camera takes thousands of pictures that are transmitted to a recorder that you wear on a belt around your waist or over your shoulder. This procedure will allow the doctor to see inside your small intestines. _____(initials)

**Risks:**
Possible complications of this procedure include, but are not limited to; aspiration, or passage of pill into the lungs, and bowel obstruction. This can occur if the pill gets caught in a narrowing within the gastrointestinal tract. These complications, should they occur, may require surgery, hospitalization, and/or transfusions. _____(initials)

**Alternatives to Capsule Endoscopy:**
Although a capsule endoscopy is a safe and effective means of examining the small intestines, it is not 100 percent accurate in diagnosis. In a small percentage of cases, a failure of diagnosis or misdiagnosis may result. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray, and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you. _____(initials)

The presence of any known medical allergies: ☐ Present ☐ Not Present

If present, please list:

_____

My pregnancy status: ☐ I am pregnant ☐ I am not pregnant ☐ Does not apply

I certify that I understand the information regarding a capsule endoscopy. I have been fully informed of the risks and possible complications of my procedure.
If any unforeseen condition arises during this procedure calling for additional procedures, treatments or operations, I authorize him to do whatever he deems advisable. I am aware that the practice of medicine is not exact science and I acknowledge that no guarantees have been made to me concerning the result of this procedure.

_____
Signed Date Time

_____
Witness Date Time

_____
Physician Date Time