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Consent form for Esophago-Gastroduo-Denoscopy(EGD)

I, the undersigned _____, consent to have Dr. Terry C. Lin, perform an EGD on me with possible removal of tissue (biopsy, polyps, tumors, etc.) and any potential treatment that is deemed medically necessary.

I understand that the EGD is an examination of the wall of the esophagus, stomach, and duodenum (first part of the small intestine) using an upper endoscope (flexible tube with a camera). An upper endoscope, which measures about the size of a small finger in diameter, will be advanced through the mouth under direct visualization. During the procedure, polyps can be identified and removed. Polyps, as well as any other abnormalities found, will be sampled (biopsied) and examined by a pathologist. The aim behind performing an EGD is to identify and treat any structural abnormalities.

I also understand that the alternatives to an EGD is an Upper GI small bowel follow through, but this study does not allow abnormal tissues (polyps) to be removed if any are identified. We encourage you to ask questions to help with how you wish to proceed. There are some risks associated with the EGD, but generally, the benefits far outweigh the risks. The most common risks include but are not limited to:

Bleeding: This almost exclusively would occur after polyp removal and much less likely after biopsy. It may require the transfusion of blood, repeating the EGD to stop the bleeding, hospitalization, or surgery.

Perforation: Puncture of the upper GI tract, although exceedingly rare, can happen most likely in association with resection of a large lesion or dilation for cancer treatment. Hospitalization and surgery to repair the site of puncture may be required.

Reaction to medications: I will receive Fentanyl/Versed, and or Phenergan/Zofran unless I am allergic to those medications. These drugs could cause an allergic reaction, redness at the site of administration of the drug and may suppress breathing or cause irregularity in heartbeat. These medications will make the procedure more comfortable, but I understand that I may have some discomfort during the procedure.

Breathing problems: There are rare reports of strokes and heart attacks occurring during the EGD. I understand if I have a heart condition that is monitored by a cardiologist, I should inform my doctor that I will be having an EGD and would need the doctor to give me cardiac clearance to proceed.

The procedure will be preceded by sedation unless I choose not to be sedated. I understand that if I wish to be sedated, I will not be able to drive myself home after the procedure. I would thus need to arrange, ahead of time, appropriate transportation after the procedure is completed.

Having read the above, I have a good understanding of the benefits, alternatives, and risks of the EGD and sedation, and feel that my questions have been adequately answered.

Patient's Signature: _____

Date: _____

Witness' Signature: _____

Date: _____