

ADVANCED GASTROENTEROLOGY OF SOUTH FLORIDA, PA
Karthik Mohan, DO
Board Certified Internal Medicine
Board Certified Gastroenterology
Palmetto Medical Plaza
7100 West 20 Ave, Suite 301
Hialeah, Florida 33016

Phone (305) 556-3727 Fax (305) 556-3711

**Informed Consent for Esophagogastroduodenoscopy (EGD)/
Percutaneous Endoscopic Gastrostomy (PEG) Tube Placement**

Name: _____ Procedure Date: _____ Time: _____

1. I, _____ (patient or guardian) give consent for Dr. Karthik Mohan or his/her associates to perform an EGD or upper gastrointestinal tract endoscopy with possible biopsy, polyp removal, dilation, esophageal band ligation and/or injection therapy of blood vessels or tissue, and control of bleeding if necessary. During this procedure, I will have an endoscopically placed feeding tube for nutritional access.

2. I understand this procedure involves the passage of a digital optic instrument through the mouth to allow the physician to visualize the interior of the esophagus, stomach, and duodenum (first several inches of the small intestines). If deemed technically feasible based on my anatomy, an endoscopically placed feeding tube will be inserted directly through my abdominal wall and into my stomach. Sedation and pain relieving medications may be given to minimize discomfort and relax me for the procedure. These medications may cause localized irritation and/or a drug reaction. I understand that with this procedure, I will likely be admitted to the hospital for observation and be discharged the following day. My physician will make these arrangements with the hospital.

3. I understand the reasons for the procedure that have been adequately explained to me by my physician. I understand I may call the office where I regularly see my physician with any questions about the preparation or procedure. I have had many opportunities to ask questions before signing this consent.

4. **RISKS:** Possible complications of this procedure include, but are not limited to bleeding and tearing or perforation of the esophagus, stomach, or small intestines. These complications, should they occur, may require surgery, hospitalization, repeat EGD, and/or a transfusion. Perforation of the esophagus, stomach, and duodenum are known, but rare complications that can occur at a rate of 1 per 1,000 endoscopies. Bleeding, usually after a polyp removal, can occur at a rate of less than 1 per 1,000 endoscopies and continue up to two weeks after a polyp is removed. Other extremely rare, but serious or possibly fatal risks include: passing the feeding tube through another organ such as a loop of small or large intestine or liver, infection, as well as difficulty breathing, heart attack, and stroke.

5. I understand there are no guarantees regarding the results of this procedure. Alternative options as deemed medically relevant have been discussed and may include radiological placement of feeding tube, nasogastric feeding tube (tube through the nostril into the stomach), surgically placed feeding tube and TPN (Total Parenteral Nutrition, or IV nutrition). I understand that these tests have their own limitations and benefits. 6. I have read and fully understand this consent form, and understand that I should not sign if all of my questions have not been answered to my satisfaction or if I do not understand any of the words or terms used in this form.

**IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PROPOSED
PROCEDURE OR TREATMENT, ASK YOUR PHYSICIAN NOW, BEFORE SIGNING THIS
CONSENT FORM. DO NOT SIGN UNLESS YOU HAVE READ AND
THOROUGHLY UNDERSTAND THIS FORM.**

Signature

Date

Witness

Date