

# Informed Consent For Endoscopic Ultrasonography (EUS)

## Explanation Of Procedure

Your physician has determined that EUS is necessary for further evaluation/treatment of your condition. EUS is a specialized technique used to examine your stomach lining as well as the walls of your upper and lower gastrointestinal tract. It is also used to study internal organs that lie next to the gastrointestinal tract. A thin flexible tube (endoscope) that has an ultrasound probe at the tip is used and samples can be obtained as needed.

## Principal Risks And Complications

Serious risks and possible complications may include, but are not limited to, the below. Your physician will discuss their frequency with you if you desire with particular reference to your own indications for EUS. **YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR TEST.**

- 1. PERFORATION:** Passage of the instrument may result in an injury to the gastrointestinal wall with possible leakage of gastrointestinal contents into the body cavity. Perforations can be small requiring 4-5 days hospitalization, but could be severe requiring prolonged hospitalization and/or additional procedures including surgery.
- 2. BLEEDING:** Bleeding, if it occurs, is usually a complication of biopsy, or fine needle aspiration. Management of this complication may consist only of careful observation, may require transfusions or possibly a radiologic or endoscopic procedure or a surgical operation.
- 3. INFECTION AND PHLEBITIS :** Infection or irritation resulting in inflammation (phlebitis) may occur at the intravenous site and may require treatment. Rarely, passage of the endoscope and manipulations may cause infection elsewhere in the body. Needle biopsy could possibly cause a serious infection.
- 4. CONSCIOUS SEDATION:** Sedation and analgesia are given to produce "conscious sedation" a state that helps you relax and minimizes unpleasant sensations while maintaining adequate heart and lung function and the ability to respond to verbal stimulation and/or touch. Potential complications of conscious sedation include: breathing problems (decreased respiration, aspiration, airway blockage), heart problems (low blood pressure, or irregular rhythm) for which you will be monitored and treated if necessary.
- 5. INACCURATE DIAGNOSIS:** Although Endoscopic Ultrasound is a valuable tool for the diagnosis of gastrointestinal, pancreatic, and biliary conditions, a missed lesion such as a cancer--particularly if it is small, or inaccurate staging of cancer, can occur up to 20 percent of the time, even in expert hands. Information gained through this test will be combined with other information to make the best decision possible in your individual case.
- 6. PANCREATITIS:** If a needle biopsy of a lesion or tumor of the pancreas is performed, this can result in pancreatitis (inflammation of the pancreas) which could rarely result in prolonged hospitalization and need for surgery or other procedures.

- 7. OTHER RISKS:** Include drug reactions and complications from other diseases you may already have. Instrument failure could occur rarely and require a repeat procedure. There is a remote possibility of a heart attack or stroke. A serious complication could result in death or a permanent disability. **You must inform your physician of all your allergic tendencies and medical problems.**

## Alternatives to EUS

Although EUS is a safe and effective means of examining the GI tract and surrounding organs, it is not 100 percent accurate in diagnosis. In a small percentage of cases a failure of diagnosis or a mis-diagnosis 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.

The presence of any known medical allergies  Not present  Present

If present, please list: \_\_\_\_\_

**My pregnancy status:**  I am pregnant  I am not pregnant  This does not apply

***I consent to the taking and publication of any photographs made during my procedure for use in the advancement of medical education. I certify that I understand the information regarding EUS. I have been fully informed of the risks and possible complications of my procedure. I hereby authorize and permit:***

- L.J. Ferrin, MD
- T.J. Attaway, MD

***and whomever he may designate as his assistant to perform this procedure on me.***

***If any unforeseen condition arises during this procedure calling for (in the physician's judgement) additional procedures, treatments or operations, I authorize him to do whatever he deems advisable. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the result of this procedure.***

***I am aware that in the event of a life-threatening emergency, the Center will perform any necessary emergency procedures and transfer me to an acute care facility.***

DATE \_\_\_\_\_ SIGNED (by patient or legally authorized person) \_\_\_\_\_ TIME \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

- YVMH
- YRMC

Patient Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_