

INFORMED CONSENT FOR CAPSULE ENDOSCOPY

Capsule Endoscopy is an endoscopy exam of the small intestine (duodenum, jejunum, and ileum). It is NOT intended to examine the esophagus, stomach, or colon. It does NOT replace upper endoscopy or colonoscopy. Below is a discussion of the more common complications that can occur, recognizing that not all complications can be anticipated.

I, _____, understand that there are risks associated with any endoscopic examination, such as BOWEL OBSTRUCTION. An obstruction may require immediate surgery. With capsule endoscopy there is also a remote risk of capsule ASPIRATION, (capsule going into the passageway leading to the lungs), which would require emergent intervention.

I am aware that I should avoid MRI machines and any metal detective devices during and until the capsule passes following the exam.

I understand that due to variations in a patient’s intestinal motility, the capsule may only image part of the small intestine. It is also possible that due to interference, some images may be lost, and this may result in the need to repeat the capsules procedure.

I understand there is a small risk of missing a significant finding by physician interpreting the data.

I understand alternatives to capsule endoscopy include small bowel follow-through x-ray or small bowel enteroscopy with or without surgery. I may also choose not to undergo any further diagnostic studies understanding a significant finding, even cancer, may be overlooked if no tests are done.

I understand that images and data obtained from my capsule endoscopy may be used, under complete confidentiality, for educational purposes in the future medical studies.

I acknowledge that, Dr Donna Powell has explained to me the procedure and its risk, along with alternative forms of diagnosis and treatment, including non-treatment.

I attest that I have read or had read to me this consent form. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

I CONSENT TO HAVING CAPSULE ENDOSCOPY.

Patient’s signature

Date

Witness to signature