

INFORMED CONSENT FOR CAPSULE ENDOSCOPY

Capsule Endoscopy is an endoscopic exam of the small intestine (duodenum, jejunum and ileum). It is NOT intended to examine the esophagus, stomach or colon. It does NOT replace an upper endoscopy or colonoscopy.

I, \_\_\_\_\_, understand that there are risks associated with any endoscopic examination, such as a BOWEL OBSTRUCTION. An obstruction may require immediate surgery. With capsule endoscopy there is also a remote risk of capsule ASPIRATION (capsule going into the wrong 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 based on the rate of my digestion, the capsule may only image part of the small intestine. It is also possible that due to interference, some images may be lost which may result in the need to repeat the capsule procedure.

I understand that there is a risk of missing a significant finding by the 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 that a significant finding, even cancer, may be overlooked if not tests are done.

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

I acknowledge that my provider 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to signature