

# Upper, lower endoscopy and EUS consent form

DIAGNOSTIC & THERAPEUTIC ENDOSCOPY UNIT

PATIENT NAME: 

DATE: 1/2/2021

## **EUS (ENDOSCOPIC Ultrasound) EDUCATION AND CONSENT FORM**

### **DESCRIPTION OF PROCEDURE:**

EUS examination using a linear Echoendoscope Pentax EG3870UTK (HOYA Corporation, PENTAX Life Care Division, Showanomori Technology Center, Tokyo, Japan) connected to an ultrasound unit Hitachi AVIUS machine (Hitachi Medical Systems, Tokyo, Japan). All examinations were performed under deep sedation with IV propofol. For EUS-FNA, we used the Cook 19G and 22G needles (Echotip; Wilson-Cook, Winston Salem, NC). Prophylactic ceftriaxone (1gm) was administered before the procedure. Upper endoscopy and Colonoscopic procedure: colonoscopy was performed using high-definition scopes; Olympus scopes GIT 180, 170 & 190 with narrow-band imaging (NBI) modality. All the patients were subjected to written and verbal informed consent before the procedure. Bowel preparation using osmotic laxative as polyethylene glycol (PEG)-based electrolyte solution with split-dose preparation was advised to all patients. Printed instructions were given to and discussed with patients in advance.

### **WHAT ARE THE RISKS OF THIS PROCEDURE?**

The risks of an EUS include, but are not limited to, risks of sedation, bleeding which may require transfusions, perforation (puncture, tear or hole in the stomach, esophagus, duodenum or ampulla) which may require surgery, cholangitis (infection), pancreatitis (which may occur in 10 to 15% of procedures and may be mild, moderate, severe, or potentially life threatening). There is a very small (less than 1%) potential mortality associated with this procedure.

### **WHAT ARE THE BENEFITS OF THIS PROCEDURE?**

The benefit of a EUS is that it is a nonsurgical procedure for direct visualization of the biliary and pancreatic ducts that gives us the ability to perform necessary therapies/treatments as outlined above.

### **WHAT ARE THE ALTERNATIVES?**

A possible alternative to a EUS may be ERCP (ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY) or MRCP (magnetic resonance cholangiopancreatography) where pictures of your biliary and pancreatic ducts are taken and checked for abnormalities and is performed in the radiology department by an X-ray technologist. A needle for IV contrast will be placed in your arm prior to the procedure. The contrast is injected in the needle and then the X-ray pictures are taken. A radiologist (a doctor who specializes in interpreting X-rays) will study and interpret your MRCP and will send a report to your doctor.

### **WHAT ARE THE RISKS OF THE ALTERNATIVES?**

The risk of an MRCP includes the fact that this is only a diagnostic study with potential limited information with regard to the pancreas. The therapies/treatments outlined above cannot be performed with MRCP.

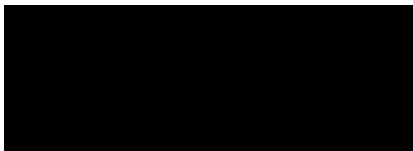
### **WHAT ARE THE BENEFITS OF THE ALTERNATIVES?**

The benefits of an MRCP is that it is a diagnostic test which requires no sedation, does not carry the risk of ERCP and you are able to leave shortly after the scan has been completed.

I have read, or had read to me, this education & consent form.

Patient himself

1/2/2019



\_\_\_\_\_  
Patient/Authorized Signature

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Relationship



nurse

Date

1/2/1019

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Witness Signature

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Title

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Date