

TO THE PATIENT: You have the right to be informed about 1) your condition, 2) the recommended medical care or surgical procedure, and 3) the risks related to this care/procedure. This disclosure is designed to provide you this information, so that you can decide whether to consent to receive this care/procedure. Please ask your physician/health care provider any remaining questions you have before signing this form.

Date: 6/16/20 Time :3:34 PM

I understand that YOUR FACILITY is a teaching facility and that providers (Fellows, Residents, Allied Health Providers (AHP)) in approved post graduate training programs, may perform important tasks related to the recommended procedure(s). These providers perform surgeries/procedures under the supervision of faculty members of the teaching facility. Important tasks include, but are not limited to, opening and closing, dissecting tissue, removing tissue, harvesting grafts, transplanting tissue, administering anesthesia, implanting devices and placing invasive lines or other significant surgical/procedural tasks. These providers may perform portions of the surgery/procedure(s), based on their availability and level of competence. The operating Licensed Independent Practitioner (“LIP”) (teaching surgeon/provider), at the time of the surgery/procedure, will decide which provider(s) will participate and their manner of participation.

The operating “LIP”/teaching surgeon/provider, (based on the resident’s/fellow’s level of competence), may not be physically present in the same operating room for some or all of the surgical tasks performed by resident(s)/fellow(s), but will be readily available for consultation for critical portions of my surgery/procedure.

As permitted by Texas law, qualified medical practitioners who are not physicians may perform important parts of the surgery/procedure or administer the anesthesia. Such practitioners will perform only those tasks within the scope of practice for which they have been granted privileges by the facility and notice will be provided to the patient or Legal Authorized Representative (“LAR”).

Patient Name:

Date of Birth:

Description of Medical Care and Surgical Procedure(s)

I (we) voluntarily request my physician/health care provider [name/credentials], and other health care providers, to treat my condition which is:

Reason for Procedure: To examine the small intestine for disease or other abnormality. To treat any bleeding abnormalities and suspicious lesions.

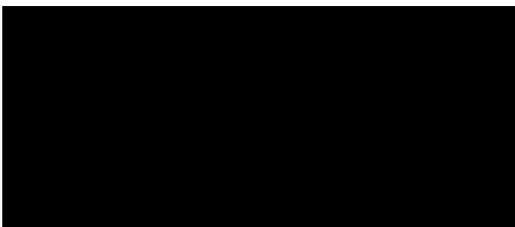
I understand that the following care/procedure(s) are planned for me:

PROCEDURE NAME: Enteroscopy with Possible Interventions (Moderate Sedation)

Procedure description This procedure involves using a scope to see inside your digestive tract. This is a thin, flexible tube with a light and camera on one end. It allows your doctor to see inside your digestive system. The camera will display images on a screen. Your doctor may use air to inflate your organs. This allows your doctor to see better. It also gives more room to work.

This procedure involves placing you in a state of sedation. Sedation helps you feel relaxed. It may be given together with light anesthesia. Anesthesia causes you to sleep and reduces your response to pain. Your provider will monitor your heart rate, breathing, and other vital functions.

You will be given moderate sedation. You will be sedated using medicines. Your healthcare provider may give these by mouth, by inhalation, or by injection. The medicine may be injected into a muscle or into your bloodstream. Your ability to move may be impaired. You will be sleepy and relaxed. Your provider may use a device to help you breathe.



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Your doctor may spray a numbing medicine into your throat. The scope will be passed through the mouth or nose. One or two balloons may be attached to the end of the scope to allow your doctor a better view. For a lower digestive system exam, the device will be passed through the rectum.

Your doctor may do any of the following during your procedure:

- * Remove growths (such as polyps), foreign bodies, or other abnormalities.
- * Stretch narrowed areas with balloons or other tools.
- * Place a hollow tube to keep a narrow area open. The hollow tube is called a stent.
- * Stop and control bleeding. Your doctor may use an electrical current or other heat source, clips, rubber bands, or injection of medicines.
- * Take images of your digestive system.
- * Shrink enlarged veins with rubber bands or injection of medicine(s).
- * Drain a buildup of fluid.
- * Mark certain areas to help locate them later. This is done using special clips or dye.
- * Take a tissue sample (biopsy).

When the procedure is complete, your doctor will remove the scope.

The disclosure and consent for Anesthesia and/or Perioperative Pain Management (Analgesia) is a separate form that will be explained to me by the responsible practitioner (s).

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:

Potential for Additional Necessary Care/Procedure(s)

I understand that during my care/procedure(s) my physician/health care provider may discover other conditions which require additional or different care/procedure(s) than originally planned.

I authorize my physicians/health care providers to use their professional judgment to perform the additional or different care/procedure(s) they believe are needed.

Risks Related to this Care/Procedure(s)

Just as there may be risks and hazards to my health without treatment, there are also risks and hazards related to the care/procedure(s) planned for me.

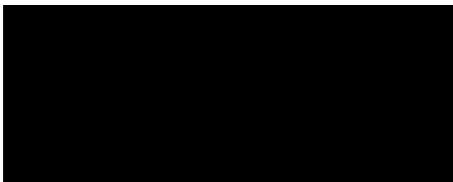
I understand that all care/procedure(s) involve some risks, ranging from minor to severe. These risks include infection, blood clots in veins, lungs or other organs, hemorrhage (severe bleeding), allergic reactions, poor wound healing, and death.

The chances of these occurring may be different for each patient based on the care/procedure(s) and the patient's current health.

Risks of this care/procedure(s) include, but are not limited to **[include List A risks here and additional risks if any]**:

Texas Risks (if applicable)

- * Stent migration (stent moves from location in which it was placed).
- * Esophageal/bowel perforation (creation of a hole or tear in the tube from the throat to the stomach or in the intestines).



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* Tumor ingrowth or other obstruction of stent.

Moderate sedation:

- * Memory dysfunction/memory loss.
- * Medical necessity to convert to general anesthesia.
- * Permanent organ damage.
- * Brain damage.

Prenatal/Early Childhood Anesthesia:

* Potential long-term negative effects on memory, behavior, and learning with prolonged or repeated exposure to general anesthesia/moderate sedation/deep sedation during pregnancy and in early childhood.

Risks and hazards

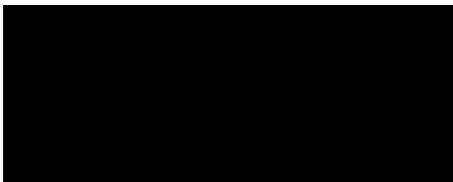
- * Abdominal or stomach pain.
- * Bloating.
- * Confusion, memory loss, or difficulty thinking (impaired cognitive function).
- * Headaches.
- * Nausea and/or vomiting.
- * Pain at the administration site.
- * Sedation may interfere with your ability to drive or operate machinery or make important decisions for up to 24 hours.
- * Sore throat.
- * You may have problems, diseases, or abnormalities, but this test may not find them.
- * Your doctor may not be able to make a proper diagnosis.
- * Breakage of teeth or trauma to the gums.
- * Infection including but not limited to endoscopic transmission.
- * Too little sedation. You may experience awareness, pain, or discomfort during the procedure.
- * Too much sedation. You may become unconscious. You may experience respiratory suppression. You may need additional medication or treatment.
- * You may need additional tests or treatment.
- * Bleeding. You may need blood transfusions, blood products, or other treatments. This may be discovered during the procedure or later.
- * Breathing problems. You may need a breathing tube or other treatment.
- * Lowering of blood pressure. This may lead to decreased blood supply to your body. It may cause dizziness, fainting, stroke, or heart attack.
- * Reactions to the anesthetic, sedation, or other medications used in the procedure.
- * Your doctor may not be able to complete the procedure under moderate sedation.
- * Allergic reaction. May include itching, hives, swelling, difficulty breathing, drop in blood pressure, and possible loss of consciousness.
- * Damage to the esophagus, stomach, small intestine, large intestine, or nearby structures, such as a tear, rupture, or perforation. This may be discovered during the procedure or later. This may require an urgent surgical operation.

My physician has discussed the likelihood of achieving care, treatment or service goals with me and any potential problems that might occur during recuperation.

I (we) have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

I (we) certify that this form has been fully explained to me (us), that I (we) have read it or have had it read to me (us), that the blank spaces have been filled in, and that I (we) understand its contents.

Potential Benefits of Procedure: This procedure may help your doctor find out what is wrong. This may allow your doctor to offer appropriate treatment. This type of sedation may relieve or control pain. It may also relieve anxiety. It may lower your risks compared to having general anesthesia. This may allow for faster recovery.

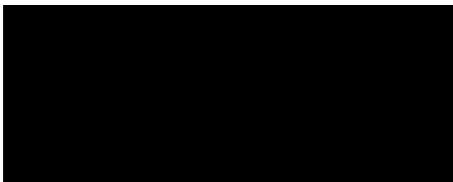


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Prognosis if Patient does NOT have this Procedure: If you choose not to have this procedure, your symptoms may continue. They may get worse. Your doctor may not be able to find out what is wrong. Without this information, you may not receive proper treatment. If you choose not to have moderate sedation, you may need another form of sedation or anesthesia. You may not be able to have your test or procedure.

Reasonable Alternatives to this Procedure are:

- * Watching and waiting with your doctor.
- * X-ray tests such as barium swallow (UGI series) or virtual colonoscopy. These procedures do not involve therapy, such as biopsies or removal of polyps.
- * Imaging methods such as magnetic imaging (MRI) or ultrasound.
- * A “capsule endoscopy,” or a small capsule you swallow that contains a video camera.
- * You may choose not to have this procedure.



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