

Gastroenterology Associates

Gastroenterology and Hepatology

INFORMED CONSENT FOR CAPSULE ENDOSCOPY

I consent to having 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 upper endoscopy or colonoscopy.

I understand that there are risks associated with any endoscopic examination, such as bowel obstruction. An obstruction may require immediate surgery.

I am aware that I should avoid MRI machines during the procedure 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 capsule procedure.

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

_____, M.D. has explained the procedure and its risks to me, along with alternatives of diagnosis and treatment and I have been allowed to ask questions concerning the planned examination.

I have read this consent form, or have had it read to me, and have chosen to undergo a capsule endoscopy.

Patient's Name (please print)

Patient's Signature

Date

Time

Witness Signature

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