Naugatuck Valley
Gastroenterology
Consultants, LLC

Robert I. Leventhal, MD
Thomas A. Rockoff, MD
Anthony N. Schore, MD
Sara Miceli, PA-C

Eileen S. Paradis, MBA
Administrator

166 Waterbury Rd
Suite 104
Prospect, CT 06712

203.756.6422 office
203.756.2448 facsimile

www.planetgi.com

PANENDOSCOPY

This is an explanation of the procedure you are going to have. After you have read this consent, you will be asked to sign it giving the Doctor permission to perform the procedure.

A flexible fiberoptic instrument called an endoscope is passed through the mouth and the back of the throat into the upper intestinal tract. Biopsies (small tissue samples) of suspicious areas can be taken through the instrument and sent to the laboratory.

You will be asked to have nothing to eat or drink after midnight the night before the test. The Doctor will tell you whether to take any of your regular medications.

Medications will be given through the intravenous line to help relax and sedate you. **It is important to let the Doctor know if you have any allergies**. Your throat will be sprayed with an unpleasant tasting liquid, which numbs the throat so that you will not gag.

As with any test, there may be complications. We want you to be aware of these possibilities:

1. If bleeding from the site of biopsy or polyp removal occurs, cautery may be needed. Rarely, severe, uncontrolled bleeding may require blood transfusions or even surgery.
2. Perforation or a tear in the lining of the throat, esophagus, stomach or duodenum may occur. This may be managed conservatively by observation, antibiotics, simply aspirating the fluid until the tear closes or may require surgical closure.
3. Inflammation of the vein (phlebitis) may occur from the intravenous line or or the medications. This may produce a tender lump which may last for several weeks to months. This eventually goes away.
4. Allergic reaction, drug reactions, and complications from unrelated diseases such as heart attack or stroke may occur. Extremely rare is the remote possibility that death may occur.

NO PATIENT RECEIVING SEDATIVE MEDICATION WILL BE ALLOWED TO DRIVE HOME

Occasionally you may have a sore throat, or feel bloated and gassy for 24 hours after the test. **Any symptoms of concern should be reported to the Doctor immediately**.
If you have any questions about this test they will be answered for you before you sign this form and the hospital permission form. Our office staff will be happy to discuss the cost of this test, our method of billing, and insurance coverage.

I understand the benefits and possible risks associated with this procedure and give permission to the Doctor to perform the above test.

Signature: _____ Date: _____

Print Name: _____

Witness: _____ Date: _____

The Corporation reserves the right to designate the individual to perform the service on its behalf.