



Marwan A. Balaa, M.D.

Fellow American College of Gastroenterology

Claire Rai, PA-C

2520 Samaritan Drive, Suite 201

San Jose, CA 95124

Tel: (408) 402-9990

Fax: (408) 402-0330

Web: www.GutCare.com

Consent Form for Upper Endoscopy (EGD)

I, the undersigned _____, consent to have Dr. Marwan A. Balaa, perform an endoscopic examination of my esophagus, stomach and the first few inches of the small intestines (a procedure also known as an Esophago-Gastro-Duodenoscopy and abbreviated as EGD), with possible removal of tissue (biopsy, polyps, tumors...) during that procedure.

I understand that the EGD is performed using a flexible tube, a gastroscope, which measures about the size of a pencil, and which will be advanced under direct vision from my mouth, and will follow the natural path of food into the esophagus. This is done under sedation and with the numbing of the throat, if needed, to dull my gag reflex. During the procedure, areas of the esophagus, stomach and intestine that look abnormal can be sampled (biopsied) painlessly and analyzed under a microscope. In the case dilated blood vessels (varices) are identified, I understand that these varices will be rubber banded to prevent future bleeding. I also understand that if a narrowing is identified in the esophagus, stomach or duodenum, and if this narrowing is deemed to interfere with the passage of food, that the narrowing will be stretched to prevent future closure of the food passage. The main benefit of the procedure is to understand the cause of the complaints that I am having which will help in treating my complaints.

I also understand that the alternatives to EGD is an x-ray study (barium upper GI), but that study is less sensitive than the EGD in finding abnormalities, nor does it allow for tissue sampling for analysis. I have been encouraged to ask questions to help me make my mind up, and I have taken advantage of that and had my questions fully answered.

I understand that there are some risks associated with the EGD. The most common risks include, but are not limited to, bleeding, tearing of the wall of the esophagus, stomach or intestines, aspiration of fluid from your stomach into your lung, irregular heart beats, reaction to medications and very rarely death. If complications occur, this might require hospitalization, transfusion of blood or even surgery. I understand the above risks, had time to have my questions answered and agree to proceed with the evaluation.

The EGD will be preceded by sedation unless I choose not to be sedated. I understand that if I wish to be sedated, I will not be able to drive myself home after the procedure, and that I would need to arrange ahead of time for someone to transport me home after the completion of the procedure.

Having read the above, I have a good understanding of the benefits, alternatives to, and risks of the EGD and sedation, and feel that my questions have been adequately answered.

Patient's Signature: _____

Date: _____

Witness' Signature: _____

Date: _____