



Informed Consent for Endoscopic Procedures

This document explains the purpose, benefits, and risks of the endoscopic procedure you will undergo. Before your procedure, please carefully read the following information to ensure understanding.

After reading the information and consent form below, please choose the one option that applies:

- I consent to an endoscopic examination and any necessary procedures or treatments, including biopsy (tissue sampling), polypectomy (polyp removal), Helicobacter pylori rapid testing (urease/CLO test), and hemostasis (stopping of bleeding). I understand that air travel should be avoided for 7 days after a biopsy or polypectomy.
- The endoscopy physician will determine at the time of the exam, based on the findings, if a biopsy and/or polyp removal are necessary.
 - Some polypectomy devices are single-use products. If you are not under National Health Insurance (NHI) coverage, or if an item is not covered by NHI, out-of-pocket payment may be required.
- I consent only to an endoscopy.

About the Procedure

- Purpose: Endoscopic examination is performed to diagnose or follow up suspected lesions of the digestive tract, including of the esophagus, stomach, duodenum (the first part of the small intestine), and colon.
- Upper endoscopy: An endoscope (a thin, flexible tube with a camera at the tip) will be inserted into your mouth, then passed through the throat into the esophagus, stomach, and duodenum. The endoscopy physician will inspect for any abnormalities and take pictures if needed. On the day of the examination, usual preparations include:
 - An oral medication to decrease stomach gas and improve visibility.
 - A topical anesthetic spray to numb your throat.
 - An IV medication to reduce spasms of the digestive tract.
- Colonoscopy: An endoscope will be inserted from the anus into the rectum, then passed through the sigmoid colon, descending colon, transverse colon, ascending colon and cecum. The endoscopy physician will inspect for any abnormalities and take pictures if needed. On the day of the examination, usual preparations include:
 - An IV medication to reduce spasms of the digestive tract.
 - Sedation (optional): If clinically appropriate, you may opt to receive IV anesthesia for sedation based on your personal preference. This option is not covered by NHI. Please refer to “Endoscopic Exam Using Sedation and Anesthesia: Patient Health Information” and “Patient Information and Informed Consent: Anesthesia for Endoscopy Procedures.”

Benefits of the Procedure

- Lesion identification: Endoscopy enables direct visual diagnosis of most lesions. When necessary, pathological examination (biopsy) will be performed to confirm the nature of the lesion. If adequate tissue is not obtained, a repeat examination may be required.
- Polyp removal (polypectomy)


Risks of the Procedure

- Patients with any of the following conditions are not suitable for screening endoscopy:
 1. Within the past 1 year: myocardial infarction (heart attack), angina, stroke, transient ischemic attack, deep vein thrombosis, pulmonary embolism, coronary intervention or stent placement for coronary artery disease
 2. Within the past 6 months: intestinal perforation, acute diverticulitis, peritonitis, fulminant colitis, severe toxic megacolon.
 3. Within the past 3 months: intestinal anastomosis or repair surgery.
 4. History of heart valve replacement.
 5. Rheumatic valvular heart disease or thromboembolic disease (tendency to form blood clots).
 6. Atrial fibrillation with additional risk factors for thromboembolism (blood clots) such as heart failure, hypertension, diabetes, stroke, thromboembolic disease, peripheral arterial disease.
 7. Pulmonary tuberculosis currently under active treatment.
- Patients without the above conditions who are taking blood thinners (anticoagulants, antiplatelet agents), nonsteroidal anti-inflammatory drugs (NSAIDs), or diabetes medications should stop them before endoscopy according to the timing listed in “Precautions Regarding Colonoscopy Bowel Preparation and Medication Use (Bowklean Powder).”
- No procedure is completely free of risk. The following risks are known, but there may be other unanticipated risks not listed:
 - Before endoscopy:
 - The topical anesthetic spray may cause short-term side effects that include dizziness, nausea, or coughing.
 - The IV medication (an “anticholinergic”) may cause short-term side effects that include dry mouth, blurred vision, or trouble urinating. If you have glaucoma or an enlarged prostate (BPH), please tell the doctor; they may decide not to use this medication.
 - During endoscopy:
 - Serious complications are rare—less than 0.2% of cases. Possible complications include throat injury, choking, aspiration pneumonia, shortness of breath, arrhythmia (irregular heartbeat), heart attack, or stroke. If a serious complication occurs, the medical team may treat it using emergency measures such as intubation, defibrillation, or CPR.
 - After endoscopy:
 - Bleeding: About 0.03% after diagnostic endoscopy; 0.7-2.5% after polypectomy.
 - Perforation: Very rare after diagnostic upper endoscopy; 0.03-0.1% after diagnostic colonoscopy (<0.01% at our hospital); 0.2-0.4% after polypectomy (<0.05% at our hospital).
 - Abdominal pain: More common after colonoscopy (usually improves after passing gas).
 - Infection: Our hospital follows the standard disinfection protocols of the American Society for Gastrointestinal Endoscopy (ASGE). There have been no cases of infections due to inadequate disinfection reported at our hospital.
 - Allergic reactions to medications used.
 - Death: Extremely rare.

Other Important Information:

- Bowel preparation must be completed before a colonoscopy. Please follow the instructions exactly as inadequate bowel cleansing may affect the completeness of the examination.
- The use of anesthesia can help relieve pain and discomfort but may slightly increase the risk of complications. Possible serious complications of anesthesia include respiratory depression, allergic reactions, and the very rare events of brain death and death. Anesthesiology staff reserve the right to change the method of anesthesia or decide not to administer anesthesia based on patient safety and comfort.
- With the consent of the patient or a legally authorized representative, the endoscopy physician may, as clinically indicated during the examination, perform the following procedures:
 - Biopsy: A single-use long metal biopsy forceps is passed through the endoscope to collect a small tissue sample. This is sent to the lab for pathological examination. The same sample can also be tested for Helicobacter pylori.
 - Polypectomy: Polyps are removed through the endoscope via electrocautery; the polyp is sent for pathological examination.
 - Hemostasis: If bleeding occurs at a biopsy or polypectomy site, hemostatic clips or electrocautery are used to stop bleeding.

I have read and understood the above information and agree to proceed with the endoscopic procedure:

Ordering Physician:  _____
Signature _____
Date 20____/____/____/____ : ____ (YYYY/MM/DD/Time)

Endoscopy Physician (no need to complete if same as ordering physician):
Signature _____
Date 20____/____/____/____ : ____ (YYYY/MM/DD/Time)

Patient or Legally Authorized Representative:
Signature _____
Date 20____/____/____/____ : ____ (YYYY/MM/DD/Time)

Emergency Contact:
Name _____ **Telephone** _____

If the person signing is not the patient, please complete the following:
Name _____ **Relationship to Patient** _____
Unified ID/Resident Certificate/Passport No. _____
Address _____ **Telephone** _____