



PARTICIPANT INFORMATION AND INFORMED
CONSENT: ANESTHESIA FOR ENDOSCOPIC PROCEDURES

I. I understand that anesthesia for endoscopic procedure is a sedation process to lessen anxiety and discomfort during the procedure, but sedation doesn't guarantee total amnesia and is not risk free. I have read the following informed consent regarding risks and limitation associated with sedation process and my questions regarding sedation for endoscopic procedure have been answered by the anesthetic staff.

1. Examinees with history of cardiovascular or cerebrovascular disease are at higher risk of heart attack or stroke during or after the procedure. Depending on the severity of the attack, the condition could be mild or as serious as disability and death.
2. Examinees may develop unexpected allergic reaction or asthma to medications used for sedation. Such reactions, when severe, could lead to major disability or even death.
3. Examinees who did not fast according to instructions, or those with high pressure within the abdomen (e.g. intestinal blockage, bleeding within the abdomen) may have vomiting during anesthesia, which could lead to aspiration pneumonia.
4. It's possible for examinees to experience different degrees of amnesia, drowsiness and short term memory loss after sedation process. These effects could last for 12-24 hours because of variation in how body metabolizes and clears sedative medications.
5. After sedative procedure, examinees could become more inattentive, unfocused and indecisive from drugs' side effects. These could be dangerous and places the examinee at risk. Therefore **driving any forms of vehicle after sedative procedure is prohibited and a responsible adult to accompany home is highly recommended.**

II. This informed consent should be filled out by the examinee himself/herself.

III. Informed Consent:

1. I certify that I understand the option of intravenous sedation, its potential risks, and alternative means of pain control.
2. I hereby authorize the administration of intravenous sedation, as considered appropriate after anesthesia evaluation.

I acknowledge that I have read the above document, and that I fully understand it.

Signature of patient _____ Telephone number _____

(If not signed by patient)

Name _____ Relation to patient _____ ID number _____

Emergency contact _____ Telephone number _____

Date (YYYY/MM/DD) _____

Anesthesiologist/Nurse of anesthesia signature _____ / _____

Date (YYYY/MM/DD) _____