

Digestive and Liver Disease Center of San Antonio

Setting the standard of quality, personalized care.

Robert M. Narváez MD, MBA

Consent to Performing a Procedure, Administering Moderate Sedation and Rendering of other Medical Services

*This document authorizes **Robert M. Narváez MD, MBA** to perform procedures, administer sedation and render medical services.*

1. I hereby authorize **Robert M. Narváez MD, MBA** and associates or assistants of his choice to perform the following operation and any other procedure he may deem necessary or advisable to me:

2. The physician has explained the basic steps of my procedure, the advantages and disadvantages, risks and possible complications of this procedure and any alternative treatments to me. Although it is important for the doctor to inform me of every possible complication that may occur, the doctor has answered all of my questions to my satisfaction. As with ALL types of procedure, there is the possibility of other complications due to drug reactions or other factors, to include potential for infection, blood clots in veins and lungs, hemorrhage, allergic reaction and death.
3. I hereby authorize and direct **Robert M. Narváez MD, MBA** to arrange for such additional services for me, as he may deem necessary or advisable, including but not limited to the administration and maintenance of sedation and the performance of services involving pathology.
4. I hereby authorize a pathologist to use his discretion in the disposal of any severed tissue or membrane.
5. I acknowledge the Surgery Center/Hospital personnel have advised me that I should not drive until the effects of any medications that I receive have worn off. This means I understand I should not drive until the day after my procedure, at the earliest. I further understand that it is my responsibility to arrange for a responsible adult to drive me home after the procedure, and it is recommended that a responsible adult stay with me for twelve (12) hours following my procedure.
6. Should **Robert M. Narváez MD, MBA** make such a request, I agree to the possible presence of a scientific observer in the operating room during my procedure. I understand that said observer is not in any way associated with the Surgery Center/Hospital. I hereby release the Surgery Center, its agents, and successors from any and all liability that may result from the presence of a scientific observer in the operating room.
7. I hereby consent to the use of photography of my procedure at **Robert M. Narváez MD, MBA** discretion and release the Surgery Center/Hospital from all liability from claims of any kind for the taking of these photographs.
8. I hereby consent to the withdrawal of blood to be tested for HIV, Hepatitis B antibodies and Hepatitis C. I am aware that the blood withdrawal will only be required if there is an exposure. I understand that all testing is confidential.
9. I have been given the opportunity to ask **Robert M. Narváez MD, MBA** questions and feel that I have received sufficient counseling and know whom to ask should I require more information.

Initials

_____ **EGD (Esophagogastroduodenoscopy)**

After administering IV sedation, **Robert M. Narváez MD, MBA** passes a lighted, flexible instrument (endoscope) through the mouth and back of the throat to allow examination of the esophagus, stomach and duodenum. Biopsies, polypectomies or coagulation by heat of an active bleeding site may be performed if indicated. These procedures are accompanied by a risk of bleeding and /or perforation.

_____ **Esophageal Dilation**

Dilating tubes or balloons are used to stretch narrow areas of the esophagus. This usually results in improvement of the act of swallowing though accompanied by a risk of bleeding and/or perforation.

_____ **Colonoscopy**

After administering IV sedation, a flexible instrument is passed into the rectum to allow examination of all or a portion of the colon. Polypectomy (removal of small growths call polyps) is preformed if necessary by the use of a wire loop and electric current or by biopsy. If a bleeding site is found, coagulation by heat may be performed and if indicated biopsies may be obtained. Both procedures create a risk of bleeding and/or perforation. Complications may include, but are not limited to, perforation of the colon requiring hospitalization, transfusion, and or surgery to include a colostomy. In addition, there is a chance that a significant lesion, polyp or growth may not be visible.

_____ **Sclerotherapy/Banding**

Small rubber band ligators or injection of a sclerosing agent may be used to treat esophageal varices. Therapy will be performed though the biopsy channel of the endoscope. Both therapies are accompanied by a risk of bleeding, perforation, aspiration, pneumonia and infection. Any chest discomfort and minor difficulty in swallowing is usually resolved in 24 hours.

_____ **Percutaneous Endoscopic Gastrostomy (PEG)**

A peg tube may be inserted in the stomach for long-term nutritional support. This procedure is associated, but not limited to, with the risk of local or systemic infection and perforation.

_____ **IV Sedation**

I/we understand that moderate sedation is produced by the administration of medication which results in a depressed level of consciousness while maintaining my respiratory effort and the ability to respond appropriately to physical stimulation and/or verbal command. I consent to the use of intravenous moderate sedation, understanding the adverse effects may include, but are not limited to, slurred speech, unarousable sleep, low blood pressure, agitation, combativeness, decrease in respiration effort, and/or absence of respiration.

Today's Date _____

Time _____ am/pm

Patient's Printed Name _____

Patient / Guardian Signature _____

Patient is unable to sign due to: _____

Name of Translator, if needed: _____

Witness to signature _____

Physician Signature _____