



SOUTHEAST VALLEY GASTROENTEROLOGY

Capsule Endoscopy Consent

Capsule endoscopy is an endoscopic exam of the small intestine. It is not intended to examine the esophagus, stomach or colon. It does not replace upper endoscopy or colonoscopy.

I understand that there are risks associated with any endoscopic examination, such as Bowel Obstruction. An obstruction may require immediate surgery.

I am aware that I should avoid MRI machines during the procedure and until the capsule passes following the exam.

I understand that due to variations in a patient's intestinal motility, the capsule may only image part of the small intestine. It is also possible that due to interference, some images may be lost and this may result in the need to repeat the capsule procedure.

I understand that images and data obtained from my capsule endoscopy may be used, under complete confidentiality, for educational purposes in future medical studies.

Dr. _____ has explained the procedure and its risks to me, along with alternatives of diagnosis and treatment, and I have been allowed to ask questions concerning the planned examination.

I consent to having the capsule endoscopy procedure:

Patient's Name (Please Print)

Patient's Signature

Date

Witness Signature

Date