



## Consent of Small Bowel Capsule Endoscopy

### **I CONSENT TO HAVING A SMALL BOWEL CAPSULE ENDOSCOPY.**

Small bowel capsule endoscopy is an endoscopic exam of the small intestine, and is not intended to examine the esophagus, stomach or colon specifically, unless otherwise deemed necessary as a special study determined by the physician. You will be informed of this special study if it applies to you. Small bowel capsule endoscopy does not replace upper endoscopy or colonoscopy.

I understand that people with a history of bowel obstruction or that have a pacemaker should not have this procedure. I consent that I do not have a history of bowel obstruction, nor a pacemaker.

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. Richard Hartle and/or Stephen Hawkins, PA-C 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 authorize Dr. Richard Hartle and/or Stephen Hawkins, PA-C to perform small bowel capsule endoscopy on me.

\_\_\_\_\_  
Patient's Name (please print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date