

DISCLOSURE AND CONSENT TO MEDICAL AND SURGICAL PROCEDURES

To Our Patient:

You have the right as a patient to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be performed so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is an effort to make you better informed so you may give or withhold your consent to the procedure. I request admission to Fannin Surgicare and authorize the facility, staff and physicians to provide care. I request and consent to medical care and diagnostic procedures that my attending physicians, or his/her designees, determine are necessary.

I (we) voluntarily request Dr. _____ as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition, which has been explained to me as:

I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent to and authorize these procedures:

I (we) understand that my physician may discover other or different conditions, which require additional or different procedures than those planned. I (we) authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures, which are advisable in their professional judgment.

I (we) (Do) (Do not) consent to the use of blood and/or blood products or other fluids as deemed necessary.

I (we) understand the risks and hazards associated with the use of blood and blood products are: fever, transfusion reaction, which may include kidney failure or anemia, heart failure, hepatitis, AIDS (Acquired Immune Deficiency Syndrome) and other infections.

I (we) understand that each patient is admitted under the care of the patient's attending physician. I (we) understand that although all physicians practicing at Fannin Surgicare are members of Fannin Surgicare medical staff, they are not agents or employees of the facility and are not authorized to make representations on behalf of the facility. Specifically, I (we) understand radiologists, pathologists, anesthesiologists, and all other physicians, are independent contractors and are not agents or employees of Fannin Surgicare. I (we) further understand and agree that Fannin Surgicare is not liable or responsible for the care and treatment rendered to the patient by the physician members of the Surgery Center's medical staff.

I (we) understand that no warranty or guarantee has been made to me as to results or cure.

Just as there are risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, scarring, need for additional and or further procedures in the future, and even death. I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:

Risks and hazards as discussed by physician:

I (we) understand that anesthesia involves additional risks and hazards but I (we) request the use of anesthesia for the relief and protection from pain during the planned and additional procedures. I (we) realize the anesthesia may have to be changed possibly without explanation to me (us).

I (we) understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards, which may result from the use of general anesthetics, range from minor discomfort to injury to vocal cords, teeth or eyes. I (we) understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain.

I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

I (we) **(Do)** **(Do not)** authorize my doctor and/or such assistants as he/she may select to photograph or video tape me. I (we) understand that the photographs/video will be used only for medical and educational purposes and will not be released for publication in any other context without my expressed written permission.

I (we) **(Do)** **(Do not)** consent to the disposal of any tissues or parts that may be removed in accordance with customary practice.

For the purpose of advancing medical education, I (we) **(Do)** **(Do not)** consent to the admittance of students and persons required for technical support to the room in which the procedure is performed.

I (we) understand that I am scheduled to go home after my surgery and I must have a responsible adult drive me home and stay with me as advised by my physician.

I (we) understand the surgery is intended to be performed on an outpatient basis. I consent to my transfer to a hospital or other facility should my physician(s) deem it advisable or necessary.

I (we) understand the Surgery Center is not responsible or liable for the loss of or damage to any article of value that I have brought to this facility.

I (we) understand that Texas law provides and I (we) agree, that if any healthcare worker is exposed to my blood or other bodily fluid, to allow Fannin Surgicare to perform tests on my blood or other bodily fluid to determine the presence of any communicable disease, including but not limited to, hepatitis and human immunodeficiency virus (which is the causative agent of AIDS). I (we) understand that such testing is necessary to protect those who will be caring for me while I am a patient of the Surgery Center. I (we) understand that the results of such tests do not become a part of my medical record.

The nature, purpose, and possible complications of the procedure and medical services described above, risks and benefits reasonably expected, and the alternative methods of treatment have been explained to me (us) by the physician, and I (we) understand the explanation I (we) have received.

I (we) certify this form has been fully explained to me (us), that I (we) have read it or have had it read to me (us), that the blank spaces have been filled in, and that I (we) understand its contents.

I have explained the procedure, risks, hazards, and benefits to the patient and have obtained informed consent.

PHYSICIAN SIGNATURE: _____ Date: _____

I have received and understand this Surgery Center's Notice of Privacy Practices.

Signature _____
Patient Date Witness Time

If the patient is a minor or unable to sign, complete the following:

Patient is a minor
 Patient is unable to sign because _____

Patient Parent Legally Designated Representative

Relationship to patient if Patient Does Not Sign



7700 Fannin Street
Houston, Texas 77054
Phone (713) 796-3800



The following treatment and procedures require full disclosure by the physician or health care provider to the Patient or persons authorized to consent for the patient according to the Texas Medical Disclosure Panel.

• 1 DIGESTIVE SYSTEM 1 •

- A. Cholecystectomy with or without common bile duct exploration.
 1. Pancreatitis
 2. Injury to the tube between the liver and the bowel
 3. Retained stones between the tube between the liver and the bowel
 4. Narrowing or obstruction of the tube between the liver and the bowel
 5. Injury to the bowel and/or intestinal obstruction

(Initials)

• 2 EAR PROCEDURES 2 •

- A. Stapedectomy
 1. Diminished or bad taste
 2. Total or partial loss of hearing in the operated ear
 3. Brief or long-standing dizziness
 4. Eardrum hole requiring more surgery
 5. Ringing in the ear

(Initials)

- B. Reconstruction of auricle of ear for congenital deformity or trauma
 1. Less satisfactory appearance compared to possible alternative artificial ear
 2. Exposure of implanted material

(Initials)

- C. Tympanoplasty with mastoidectomy
 1. Facial nerve paralysis
 2. Altered or loss of taste
 3. Recurrence of original disease process
 4. Total loss of hearing in the operated ear
 5. Dizziness
 6. Ringing in the ear

(Initials)

• 3 RESPIRATORY SYSTEM 3 •

- A. Rhinoplasty or nasal reconstruction with or without nasal septoplasty
 1. Deformity of skin, bone or cartilage
 2. Creation of new problems such as:
 - septal perforation
 - breathing difficulty

(Initials)

- B. Submucous resection of nasal septum or nasal septoplasty
 1. Persistence, recurrence or worsening of obstruction
 2. Perforation of nasal septum with dryness and crusting
 3. External deformity of the nose

(Initials)

- C. Excision of lesions of the larynx, vocal cords, trachea
 1. Infection
 (No other risks or hazards assigned at this time)

(Initials)

- D. Sinus Endoscopy
 1. Injury to the eye with possible visual impairment
 2. Cerebrospinal fluid leak
 3. Recurrence of original process

(Initials)

• 4 ENDOCRINE SYSTEM 4 •

- A. Thyroidectomy
 1. Injury to nerves resulting in hoarseness or impairment to speech
 2. Injury to parathyroid glands resulting in low blood calcium levels that required extensive medication to avoid serious degenerative conditions such as cataracts, brittle bones, muscle weakness and muscle irritability
 3. Lifelong requirement of thyroid medication

(Initials)

• 5 EYE TREATMENTS 5 •

- A. Eye Muscle surgery
 1. Additional treatment and/or surgery
 2. Double vision
 3. Partial or total loss of vision

(Initials)

- B. Reconstructive and/or plastic surgical procedures of the eye and eye region such as blepharoplasty, tumor, fracture, lacrimal surgery, foreign body, abscess or trauma
 1. Worsening or unsatisfactory appearance
 2. Creation of additional problems such as:
 - Painful or unattractive scarring
 - Impairment of regional organs such as eye or lip functions
 - Poor healing or skin loss
 - Nerve damage
 3. Recurrence of original condition
 4. Chronic pain
 5. Partial or total loss of vision

(Initials)

- C. Surgery for cataract with or without implantation of intraocular lens.
 1. Complications requiring additional treatment and/or surgery
 2. Complications requiring the removal of implanted lens
 3. Need for glasses or contact lenses
 4. Partial or total loss of vision

(Initials)

- D. Retinal or vitreous surgery
 1. Complications requiring additional treatment and/or surgery
 2. Recurrence or spread of disease
 3. Partial or total loss of vision

(Initials)

- E. Corneal surgery, such as corneal transplant, refractive surgery and pterygium
 1. Complications requiring additional treatment and/or surgery
 2. Possible pain
 3. Need for glasses or contact lenses
 4. Partial or total loss of vision

(Initials)

- F. Glaucoma surgery by any method
 1. Complications requiring additional treatment and/or surgery
 2. Worsening of glaucoma
 3. Pain
 4. Partial or total loss of vision

(Initials)

- G. Surgery for penetrating ocular injury, including intraocular foreign body
 1. Complication requiring additional treatment and/or surgery including removal of the eye
 2. Chronic pain
 3. Partial or total loss of vision

(Initials)

- H. Photocoagulation and/or cryotherapy
 1. Complications requiring additional treatment and/or surgery
 2. Pain
 3. Partial or total loss of vision

(Initials)

- I. Removal of the eye or its contents (enucleation or evisceration)
 1. Complications requiring additional treatment and/or surgery
 2. Worsening or unsatisfactory appearance
 3. Recurrence or spread of disease

(Initials)

• 6 FEMALE GENITAL SYSTEM 6 •

- A. Vaginal Hysterectomy
 1. Uncontrollable leakage of urine
 2. Injury to the tube (ureter) between the kidney and the bladder
 3. Injury to the bowel and/or intestinal obstruction
 4. Completion of operation by abdominal incision
 5. Injury to bladder
 6. Sterility

(Initials)

- B. All fallopian tube and ovarian surgery with or without hysterectomy, (including removal and lysis and adhesions)
 1. Injury to bowel or bladder
 2. Sterility
 3. Failure to obtain fertility (if applicable)
 4. Failure to obtain sterility (if applicable)
 5. Loss of ovarian functions or hormone production from ovary(ies)

(Initials)

- C. Removing fibroids (uterine myomectomy)
 1. Uncontrollable leakage of urine
 2. Injury to the bowel and/or intestinal obstruction
 3. Injury to the tube (ureter) between the kidney and the bladder
 4. Injury to bladder
 5. Sterility

(Initials)

- D. Uterine suspension
 1. Uncontrollable leakage of urine
 2. Injury to the tube (ureter) between the kidney and the bladder
 3. Injury to bladder
 4. Sterility
 5. Injury to the bowel and/or intestinal obstruction

(Initials)

- E. Repair of vaginal hernia (anterior and/or posterior colporrhaphy and/or enterocele repair)
 1. Uncontrollable leakage of urine
 2. Injury to the tube (ureter) between the kidney and the bladder
 3. Injury to the bowel and/or intestinal obstruction
 4. Injury to bladder
 5. Sterility

(Initials)

- F. Abdominal suspension of the bladder (retropubic urethroplexy)
 1. Injury to the tube (ureter) between the kidney and the bladder
 2. Injury to the bowel and/or intestinal obstruction
 3. Uncontrollable leakage of urine
 4. Injury to the bladder

(Initials)

- G. Conization of the cervix
 1. Hemorrhage with possible hysterectomy to control bleeding
 2. Failure of procedure to remove all of cervical abnormality
 3. Injury to the bladder
 4. Injury to the rectum
 5. Sterility

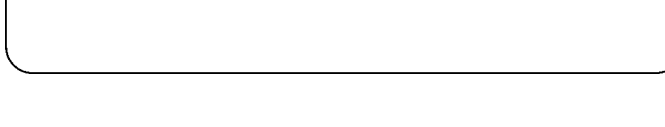
(Initials)

- H. (Empty box)

(Initials)

- I. (Empty box)

(Initials)



- H. Dilation and curettage of uterus (diagnostic / therapeutic)
1. Hemorrhage with possible hysterectomy to control bleeding
 2. Injury to the bowel and/or bladder
 3. Abdominal incision and operation to correct injury
 4. Perforation of the uterus
 5. Sterility
- _____ (Initials)
- I. Dilation and curettage of uterus (obstetric)
1. Hemorrhage with possible hysterectomy to control bleeding
 2. Abdominal incision and operation to correct injury
 3. Failure to remove all products of conception
 4. Perforation of the uterus
 5. Sterility
 6. Injury to the bowel and/or bladder
- _____ (Initials)
- J. Removal of the cervix
1. Uncontrollable leakage of urine
 2. Injury to the bladder
 3. Sterility
 4. Injury to the tube (ureter between the kidney and the bladder)
 5. Injury to the bowel and/or intestinal obstruction
 6. Completion of the operation by abdominal incision
- _____ (Initials)
- K. Operative Hysteroscopy
1. Cervical laceration
 2. Perforation of the uterus
 3. Possible laparoscopy and/or exploratory laparotomy
 4. Hemorrhage with possible hysterectomy
 5. Injury to the bowel and/or bladder
 6. Excessive fluid absorption
 7. Pulmonary and/or cerebral edema
- _____ (Initials)

- C. Breast Surgery
1. Hematoma
 2. Altered or diminished sensation of the breast
 3. Unfavorable scarring the incisions
 4. Excessive scarring around the implant
 5. Extrusion or deflation of implant
 6. Loss of skin and/or nipples
 7. Asymmetry of breast and nipples
 8. Recurrence of original condition
 9. Infection
- _____ (Initials)
- D. Liposuction
- | | |
|---------------------------|-------------------------------------|
| 1. Contour irregularities | 8. Bruising |
| 2. Skin sloughing | 9. Swelling |
| 3. Loss of feeling | 10. Loose skin |
| 4. Infection | 11. Scars |
| 5. Hematoma | 12. Spider Angiomas |
| 6. Shock | 13. Vein Thrombosis |
| 7. Bleeding | 14. Pulmonary emboli (blood or fat) |
- _____ (Initials)

• 11 MUSCULOSKELETAL SYSTEM 11 •

- A. Arthroplasty of all joints with mechanical device
1. Impaired function such as shortening or deformity of an arm leg, limp, foot drop
 2. Removal or replacement of any implanted device or material
 3. Fat escaping from bone with possible damage to a vital organ
 4. Blood vessel or nerve injury
 5. Pain or discomfort
 6. Failure of bone to heal
 7. Bone infection
- _____ (Initials)
- B. Mechanical internal prosthetic device
1. Impaired function such as shortening or deformity of arm or leg, limp, foot drop
 2. Removal or replacement of any implanted device or material
 3. Fat escaping from bone with possible damage to a vital organ
 4. Blood vessel or nerve injury
 5. Pain or discomfort
 6. Failure of bone to heal
 7. Bone infection
- _____ (Initials)
- C. Open reduction with internal fixation
1. Impaired function such as shortening or deformity of an arm or leg, limp, foot drop
 2. Removal or replacement of any implanted device or material
 3. Fat escaping from bone with possible damage to a vital organ
 4. Blood vessel or nerve injury
 5. Pain or discomfort
 6. Failure of bone to heal
 7. Bone infection
- _____ (Initials)
- D. Osteotomy
1. Impaired function such as shortening or deformity of an arm or leg, limp, foot drop
 2. Removal or replacement of any implanted device or material
 3. Fat escaping from bone with possible damage to a vital organ
 4. Blood vessel or nerve injury
 5. Pain or discomfort
 6. Failure of bone to heal
 7. Bone infection
- _____ (Initials)
- E. Ligamentous reconstruction of joints
1. Failure of reconstruction to work
 2. Continued loosening of the joint
 3. Degenerative arthritis
 4. Continued pain
 5. Increased stiffness
 6. Blood vessel or nerve injury
 7. Cosmetic and/or functional deformity
- _____ (Initials)
- F. Children's orthopedics (bone, joint ligament or muscle)
1. Growth deformity
 2. Additional surgery
- _____ (Initials)
- G. Closed reduction without the internal fixation
1. Blood clots of varying degree of severity
 2. Wound infection and bone infection
 3. Irritations to veins from IV solutions and medications
 4. Fat escaping from bones or soft tissue with possible damage to a vital organ(s)
 5. Pain and discomfort
 6. Manipulation of extremity(ies)
 7. Possible worsening of condition
- _____ (Initials)
- H. Arthotomy and arthroscopy
1. Persistent pain, swelling, discomfort and restricted motion in the involved joint or adjacent joints in spite of surgical repair
 2. Recurrence of joint symptoms unrelated to present problem
 3. Blood clots of varying degree of severity
 4. Wound infection and bone infection
 5. Irritations to veins from IV solutions and medications
 6. Fat escaping from bones with possible damage to a vital organ(s)
 7. Possible compartment syndrome
 8. Worsening condition
- _____ (Initials)

• 7 MALE GENITAL SYSTEM 7 •

- A. Orchidopexy (reposition of testis(es))
1. Removal of testicle
 2. Atrophy (shriveling) of the testicle with loss of function
- _____ (Initials)
- B. Orchiectomy (removal of testis(es))
1. Decreased sexual desire
 2. Difficulties with penile erection
- _____ (Initials)
- C. Vasectomy
1. Loss of testicle
 2. Failure to produce permanent sterility
- _____ (Initials)

• 8 URINARY SYSTEMS 8 •

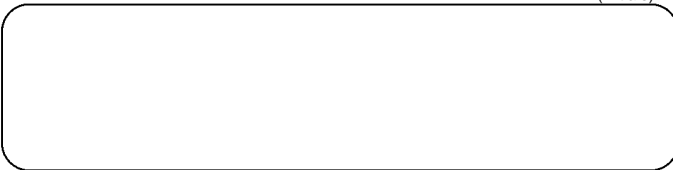
- A. Nephrolithotomy and pyelolithotomy (removal of kidney stone(s))
1. Incomplete removal of stone(s)
 2. Obstruction of urinary flow
 3. Leakage of urine at surgical site
 4. Injury to or loss of kidney
 5. Damage to the adjacent organs
- _____ (Initials)
- B. Ureterolithotomy (surgical removal of the stone(s) from ureter (tube between kidney and bladder))
1. Leakage of urine at surgical site
 2. Incomplete removal of stone(s)
 3. Obstruction of urine flow
 4. Damage to other adjacent organs
 5. Damage to or loss of ureter
- _____ (Initials)

• 9 INTEGUMENTARY 9 •

- A. Reconstruction and/or plastic surgical operations of the face and neck
1. Worsening or unsatisfactory appearance
 2. Creation of additional problems such as:
 - Impairment of regional organs such as eye or lip function
 - Poor healing or skin loss
 - Nerve damage
 - Painful unattractive scarring
 3. Recurrence of original condition
- _____ (Initials)
- B. Radical or modified radical mastectomy
1. Limitation or movement of shoulder and arm
 2. Swelling of the arm
 3. Loss of the skin of the chest, requiring skin graft
 4. Recurrence of malignancy, if present
 5. Decreased sensation or numbness of the inner aspect of the arm and chest wall
- _____ (Initials)

• 10 PLASTICS 10 •

- A. Correction of Diastasis Recti
1. Hematoma
 2. Altered or diminished sensation of the abdomen
 3. Unfavorable scarring of incisions
 4. Loss of skin or umbilicus
 5. Fat Necrosis
 6. Asymmetry of abdomen
 7. Recurrence of original condition
 8. Infection
- _____ (Initials)
- B. Chemical Peel
1. Infection
 2. Unfavorable scarring
 3. Permanent loss and/or blotchy pigmentation
 4. Recurrence of original condition
- _____ (Initials)



- I. Endoscopic Carpal Tunnel Release
 1. Blood clots of varying degree and severity
 2. Wound infection and bone infection
 3. Irritations to veins from IV solutions and medications
 4. Fat escaping from bone with possible damage to a vital organ(s)
 5. Pain, numbness or clumsiness
 6. Impaired muscle function
 7. Recurrence or persistence of the condition that required the operation
 8. Continued, increased or different pain
 9. Blood vessel, nerve or bone injury
 10. Failure of release to work
 11. Cosmetic and/or functional deformity
 12. Loss of functions by damage to involved tissue
 13. Damage of tissue secondary to swelling
 14. Possible worsening of condition

(Initials)

• 12 PODIATRY 12 •

- A. Podiatry Procedures
 1. Impaired function such as shortening of toe
 2. Blood vessel or nerve injury
 3. Pain or discomfort
 4. Fat escaping from bone with possible damage to a vital organ(s)
 5. Failure of bone to heal
 6. Bone infection
 7. Numbness
 8. Impaired muscle function
 9. Recurrence or persistence of the condition that required the operation
 10. Continued, increased or different pain
 11. Failure of reconstruction to work
 12. Continued loosening of joint
 13. Degenerative arthritis
 14. Increased stiffening
 15. Cosmetic and/or functional deformity
 16. Removal of implanted material

(Initials)

• 13 ORAL SURGERY 13 •

- A. Oral Osteotomy
 1. Blood vessel or nerve injury (numbness of face, lips, teeth tongue or gum)
 2. Pain or discomfort
 3. Problems with tempomandibular joint dysfunction with limitation of jaw opening
 4. Bone or teeth infection or teeth injury, possible need for root canal treatment
 5. Failure of bone to heal
 6. Removal or replacement of any implanted device or material
 7. Necessary to wire jaws together for 6-8 weeks if rigid fixation cannot be used (inability to place screws or plates)
 8. Relapse of jaw position
 9. Swelling, pain and bruising

- B. Extractions
 1. Postoperative discomfort and swelling
 2. Heavy bleeding that may be prolonged
 3. Injury to adjacent teeth and fillings
 4. Postoperative infection requiring additional treatment
 5. Stretching of the corners of the mouth with resultant cracking and bruising
 6. Restricted mouth opening for several days or weeks
 7. Breakage of jaw
 8. Injury to th nerve underlying the teeth resulting in numbness or tingling of chin, lip, cheek, gum and/or tongue. This may persist for several weeks, months, or in remote instances, permanently
 9. Dry Socket
 10. Hole into sinus cavity

- C. Tempomandibular Joint Surgery
 1. Numbness of lips, facial area, teeth or tongue
 2. Swelling, pain and bruising
 3. Bleeding
 4. Infection
 5. Slow or poor healing of bone or soft tissue
 6. Decreased mobility of jaw or other TMJ dysfunction which may need further treatment
 7. Paralysis or or weakness of facial nerve
 8. Malocclusion, or change in bite that necessitates further treatment (dental restoration, orthodontics, or bite surgery)
 9. Failure of surgical repair especially if post-op instructions are not follow closely

- D. Tempomandibular Joint Arthroscopy and Lysis of Adhesions
 1. Weakness or paralysis of facial nerves, especially raising of forehead and closure of eyelid tightly
 2. Numbness of facial area
 3. Infection, swelling, continued pain dysfunction
 4. Change in bite which could need further treatment (dental restorations, orthodontics, or bite surgery)
 5. Failure of surgical repair especially if post-op instructions are not follow closely
 6. Damage to ear resulting in need for treatment
 7. Breakage of instruments requiring need to open joint to remove fragments
 8. Soreness or infection in parotid gland which may need treatment

(Initials)

(Initials)

(Initials)

(Initials)

• 14 NERVOUS SYSTEM 14 •

- A. Peripheral Nerve operation; nerve grafts decompression, transportation, or tumor removal; neurorrhaphy, neurectomy or neurolysis
 1. Numbness
 2. Impaired muscle function
 3. Recurrence or continuation or worsening of the condition that required this operation
 4. Continued, increased or different pain

- B. Spine Operation: Including: laminectomy, decompression, fusion, internal fixation or procedures for nerve root or spinal cord compression; diagnosis; pain; deformity; mechanical instability; injury; removal of tumor, abscess or hematoma. (Excluding coccygeal operations)
 1. Pain, numbness or clumsiness
 2. Impaired muscle function or paralysis
 3. Incontinence, impotence or impaired bowel function
 4. Unstable spine
 5. Recurrence or continuation of the condition that required the operation
 6. Injury to major blood vessel
 7. Hemorrhage

- C. Cerebral spinal fluid shunting procedure or revision
 1. Shunt obstruction, migration or infection
 2. Seizure disorder
 3. Recurrence or continuation of brain dysfunction
 4. Injury to internal organs
 5. Possible brain injury or hemorrhage

(Initials)

(Initials)

(Initials)

• 15 PAIN MANAGEMENT 15 •

- A. Epidural Steroid Injection
 1. Chronic pain
 2. Transient headache, nausea, vomiting
 3. Numbness
 4. Impaired muscle function
 5. Infection
 6. Hematoma
 7. Nerve Damage

- B. Stellate Ganglion Block
 1. Nerve Damage
 2. Vocal cord paralysis
 3. More pain
 4. Headache
 5. Seizure
 6. Blood vessel injury

(Initials)

(Initials)

• 16 ENDOSCOPY 16 •

- A. Proctosigmoidoscopy
 1. Perforation of the colon

- B. Colonoscopy/flexible sigmoidoscopy with biopsies, polypectomy, or Insertion of a decompression tube
 1. Perforation of the bowel, possibly requiring surgery
 2. Bleeding from the biopsy or polyp removal site, requiring cauterization (application of electrical current through the colonoscope)

- C. Abdominal endoscopy / Laparoscopy procedure
 1. Damage to the intra-abdominal structures (e.g., bowel, bladder, blood vessels or nerves)
 2. Intra-abdominal abscess and infectious complications
 3. Trocar site complication (e.g. hematoma/bleeding, leakage of fluid, or hernia formation)
 4. Conversion of the procedure to an open procedure
 5. Cardiac dysfunction

- D. PEG (percutaneous endoscopic gastrostomy tube placement)
 1. Aspiration
 2. Bleeding requiring transfusions, surgery or cauterizations through the scope
 3. Perforation of the esophagus, stomach, or duodenum, requiring surgery
 4. Reinsertion of the tube or surgery in the event of unintentional removal of the tube

- E. Bronchoscopy with or without biopsies
 1. Pneumothorax (lung collapse)
 2. Bleeding
 3. Swelling of the throat
 4. Respiratory failure
 5. Aspiration with/without pneumonia
 6. Cardiac arrhythmia
 7. Air embolus
 8. Stroke

- F. EGD (Esophagogastroduodenoscopy) with possible biopsies, Polypectomy, injection, or dilatation
 1. Aspiration
 2. Bleeding from the biopsy or polyp removal site, requiring transfusions Surgery or cauterization through the scope
 3. Perforation of the esophagus, stomach, or duodenum, requiring surgery

(Initials)

(Initials)

(Initials)

(Initials)

(Initials)

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