

1. Condition to be treated: Esophageal manometry for evaluation of contraction/relaxation of the esophagus and the lower esophageal sphincter (LES).

PROPOSED PROCEDURE

2. Description of the procedure: A thin flexible tube is inserted into the esophagus via the nose to study pressure contractions and relaxation of the esophagus lower esophageal sphincter.

3. Risks of the procedure: Inability to complete procedure, nose bleed, sore throat, perforation, pneumonia, aspiration, arrhythmia, improper placement.

4. Intended results of the procedure: Appropriate treatment for motility disorders or pre-surgical evaluation for hernia repair.

ALTERNATIVES TO PROPOSED PROCEDURE

5. Recognized alternatives to the proposed procedure: None

6. Risks and benefits associated with the alternatives: None

7. Risks associated with not undergoing any treatment or procedure: Worsening of condition, undiagnosed or untreated motility disorder.

8. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of Tripler Army Medical Center.

9. Exceptions to surgery or anesthesia, if any are: _____ None
(If "none", so state)

10. I request the disposal by the medical facility of any tissues or parts which it may be necessary to remove.

11. I understand that photographs and videos may be taken of this operation, and that they may be viewed by various personnel. I consent to the taking and hard copy and electronic storage of such pictures.

12. COUNSELING PROVIDER: I have counseled this patient regarding the condition to be treated, the description of the proposed procedure, the intended and anticipated results and the risks of the proposed procedure, alternative treatments, if any, the risks and benefits of the alternative treatments, and the risks of undergoing no treatment.

Signature of Counseling Physician/ Dentist