

1. Condition to be treated: Capsule Endoscopy (Pill Cam) for evaluation of the small bowel.

PROPOSED PROCEDURE

2. Description of the procedure: Exam of the small intestine via a pill-shaped camera.

3. Risks of the procedure: Bowel obstruction requiring surgery, incomplete exam depending on intestinal motility, interference and need for repeat procedure.

4. Intended results of the procedure: Appropriate treatment of small intestinal problems; identify bleeding sources that cannot be seen via endoscopy (EGD).

ALTERNATIVES TO PROPOSED PROCEDURE

5. Recognized alternatives to the proposed procedure: Push enteroscopy.

6. Risks and benefits associated with the alternatives:

Risks: Anesthesia risks, perforation.

Benefits: Immediate treatment is possible.

7. Risks associated with not undergoing any treatment or procedure: Symptoms or problems may worsen or treatment may be ineffective.

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