

Name of Patient: _____
 HKID: _____ M/F Age: _____ DOB: _____
 Dr.: _____ Date of Admission: _____
 Bed / Patient No.: _____ / _____

Consent for Endoscopic Procedure

(A) I, _____ (Patient's name), HKID / Passport No. _____, hereby voluntarily give my consent to undergo the procedure of:

OR

(B) I, _____ (Name of Signatory), HKID / Passport No. _____, the father / mother / guardian of _____ (Patient's name), hereby voluntarily give my consent for the Patient to undergo the procedure of:

- Gastroscopy ± Biopsy ± Polypectomy ± Haemostasis
- Colonoscopy ± Biopsy ± Polypectomy ± Haemostasis
- Sigmoidoscopy ± Biopsy ± Polypectomy ± Haemostasis
- Flexible Bronchoscopy
- Endoscopic Retrograde Cholangio-Pancreatography ± Sphincterotomy ± Stone Extraction ± Stent Insertion ± Haemostasis ± Biopsy
- Others: _____ (Name of Procedure)

to be performed by Dr. _____ under Local / Intravenous Sedation / Monitored Anaesthesia Care / No Anaesthesia / General Anaesthesia.

(1) The proposed Procedure, includes the following:

- (a) Indication for performing the Procedure.
- (b) General nature of the Procedure.
- (c) Potential general risks of complications and side effects, including but not limited to bleeding; wound infection; chest infection; other infection; heart attack; stroke; blood clot in the leg veins; blood clot travelling to the lungs; and death.
- (d) Potential specific risks of complications and side effects relevant to the Procedure and the Patient's condition.
- (e) Other treatment options, and consequences of no treatment.
- (f) Additional and/or consequential treatment(s) or management which may become necessary during or after the Procedure including:
Intensive care; blood and or blood product transfusion; _____.
- (g) I also consent to further or alternative operative measures as may be found to be necessary or advisable during the course of such Procedure.

(2) Possible risks / complications associated with anaesthesia:

(a) General risks / complications

- ◆ Minor problems are common, including but not limited to nausea and vomiting; general aches and pains; shivering; headache; dizziness; post-operative pain and pain at injection sites; and sore throat.

- ◆ Serious complications from anaesthesia are uncommon, including but not limited to breathing difficulties; stroke or brain damage leading to permanent disability; strain on the heart resulting in heart attack; anaphylactic drug reactions; awareness whilst under general anaesthesia and damage to teeth & lips.
- ◆ Some of this serious complication can be fatal.

(b) Any risks relevant to the patient

- ◆ Risks may be increased due to co-existing problems such as:-
Diabetes; high blood pressure; heart disease; kidney disease; respiratory disease including asthma; common cold or influenza; smoking; overweight and elderly.

(3) I understand that

- (a) before signing this consent form, I have been informed that the quoted complications / risks are not exhaustive. Rare complications may not be listed.
- (b) by necessity, Medical Practitioners other than the Doctor may assist in performing the Procedure;
- (c) if tissues or organs are removed during the Procedure, they may be submitted for pathological examination following which they will be disposed of / kept appropriately.
- (d) during the Procedure, photographs or other recording may be taken which may be used for medical documentation or teaching purposes. For the latter, the Patient's identity will not be disclosed or identifiable; and
- (e) there is no guarantee that the Patient's condition or prognosis will improve following the Procedure.

(4) I confirm that I have been provided with an Information Leaflet on the Procedure (copy given), and that I have reviewed the same, and that I fully understand the contents.

Patient/Parent/Guardian's full name in block letter

Witness full name in block letter

Patient/Parent/Guardian's signature

Witness's signature

Date: _____

Date: _____

DOCTOR'S DECLARATION: I have explained the nature, risks and benefits of the procedure to the Patient/Parent/Guardian and have answered the Patient/Parent/Guardian's questions. To the best of my knowledge, the Patient/Parent/Guardian has been adequately informed and has consented, and the details as such had been documented in the Patient's Clinical Record.

Doctor's full name in block letter

Doctor's signature

Date: _____

I, _____ (Interpreter's name), certify that I have truly, distinctly and audibly interpreted the contents of this document into _____ (insert language or dialect) to the Patient/Parent/Guardian.

Interpreter's signature _____

Date: _____