



**2979 Squalicum Parkway\*Suite 301\*360-734-1420**

**Informed Consent for Small Bowel Capsule Endoscopy (PillCam)**

**Explanation of Procedure:**

Your physician has recommended the Small Bowel Capsule Endoscopy for assessment of your gastrointestinal tract, specifically looking for problems with the Small Bowel. Capsule Endoscopy is an endoscopic exam of the small intestine. It is not intended to examine the esophagus, stomach, or colon. It does not replace upper Endoscopy or Colonoscopy.

The risks associated with the capsule are that the capsule may become lodged in the gastrointestinal tract creating blockage, which may require surgical removal. The capsule could also find a fistula or small defect in the bowel and become lodged or perforate the intestine, also requiring surgical removal and/or resection of that area of the bowel.

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. If appropriate, my doctor has discussed with me the issues involved in performing Capsule Endoscopy with a pacemaker; I understand that the procedure should not be performed if I in fact have a defibrillator device.

\*I agree to return the Capsule Endoscopy equipment to Northwest Gastroenterology.

**YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR TEST.**

**YOU MUST INFORM YOUR PHYSICIAN OF ALL YOUR MEDICAL PROBLEMS**

**I certify that I understand the information regarding the Small Bowel Capsule Endoscopy. I have been fully informed of the risks and possible complication of the procedure. I hereby authorize and permit \_\_\_\_\_, MD, and whomever he may designate as his assistant(s), to perform upon me the SMALL BOWEL Capsule Endoscopy.**

\_\_\_\_\_  
SIGNED (by patient of legally authorized person)

\_\_\_\_\_  
Witness of Office Representative

Date \_\_\_\_\_

Time \_\_\_\_\_