

CONSENT FOR CONSCIOUS SEDATION ENDOSCOPY

Purpose of Examination	<p>The purpose of conscious sedation is to facilitate the performance of endoscopies. By helping a patient relax during the procedure, there are advantages that it alleviates a patient's anxiety and pain and leads to his or her cooperation safely during endoscopy. It is not an anesthesia, and therefore a patient could respond to the medical personnel.</p>
Method	<p>This method is a technique to reduce the level of a patient's alertness through intravenous injection of sedatives or sleep-inducing medication. However, a patient might wake up during the endoscopic procedure or experience some pain since this method is not an anesthesia.</p>
Cautions	<p>Please make sure you should fast more than 8 hours before the test. If you have any respiratory, renal, liver, and heart diseases, extra cautions will be required and please consult a physician prior to the examination about your conditions.</p> <p>If you are currently getting treated for shaking teeth, a denture, or temporary teeth, we recommend endoscopy without sedation.</p>
Possible Complications	<p>Most people get into the sedative state without experiencing much problem, but some people might experience complications such as dyspnea, hypoxia, hypotension, tachycardia. Dizziness, allergic reaction, and local vasculitis by the injection for sedative, nausea, vomiting can occur. These usually settle down with appropriate treatment. Vary rarely, an emergency treatment such as an insertion of artificial airway might be necessary to secure the patient's breath.</p>
Cautions after conscious sedation	<p>Please make sure to rest on the day of the examination for your complete recovery. You should not drive on the day of the examination, and please avoid any important appointment or tasks.</p>

Patients should be aware of the information provided above. Please make sure that a patient is liable for problems caused by his or her decision (**e.g. a car accident happened while a patient who had a conscious sedation endoscopy drives a car by him or herself**)

I have been fully informed of the necessity, nature, possible complications of the conscious sedation, and I fully understand risks of a complication beyond human control or any unexpected accidents caused by allergies. I hereby consent to the performance of conscious sedation endoscopy.

Date: _____ (mm/dd/yyyy)

Examinee: _____ (Signature)

Relationship to the examinee:

Parent/Guardian: _____ (Signature)