

Consent for Sedation and Endoscopy Procedures for Women of Childbearing Potential

Endoscopy procedures have minimal risk when performed on healthy adults. However, it is unknown if there is a risk of injury to a fetus from the procedure or when the mother is given analgesics and sedatives for pain management during the procedure. It is extremely important for women to understand these risks before consenting to the procedure if they are, or if there is any possibility that they could be pregnant.

I am a woman of childbearing age (age 12 to 54), and I have no reason to believe that I cannot bear children (e.g. I have not had a hysterectomy or tubal ligation). I am scheduled to undergo a procedure. I understand that it is important that the IEC personnel know whether I am pregnant before this exam is performed because there are steps that may be taken to protect the fetus if I am pregnant, or the test could be delayed until after I deliver. Based on the above information, and my discussions with the IEC personnel, my decision is as follows:

_____ I wish to have a urine pregnancy test performed to determine whether I am pregnant. I understand that the urine pregnancy test performed at IEC may not be 100% accurate in determining if I am pregnant. I understand that I may have a blood pregnancy test done at my physician's office and reschedule my procedure when the results are known.

_____ I do not wish to have a pregnancy test performed. I understand that this decision may cause a risk of harm to my baby if I am pregnant, and I agree to assume full responsibility and liability for any harm or injury that could happen to my baby as a result of my decision. I understand and agree that neither IEC, its employees or agents, or any physicians participating in my care shall be liable or responsible for any such injury, and I agree to hold IEC, its employees or agents, or any physician participating in my care harmless from any and all such liability arising from of my decision.

By signing below, I acknowledge that I have read this document and that I understand it. I further acknowledge that I have a full opportunity to ask my questions that I may have concerning this consent form or the procedure, and that all of my questions have been answered to my satisfaction.

DATE: _____ **TIME:** _____

Signature by patient, parent, or legally authorized person

WITNESS: _____

Signature of Interpreter (if applicable)