 UNC HOSPITALS  
CHAPEL HILL, NORTH CAROLINA 27514

REQUEST AND AUTHORIZATION FOR  
Percutaneous Endoscopic Gastrostomy Tube Placement  
MIN #179

I request and authorize Dr. _____________ and/or associates or assistants of his/her choice at The University of North Carolina Hospitals to perform a percutaneous endoscopic gastrostomy tube placement on ______________________________.

Patient’s Name

Description of the Procedure: The percutaneous endoscopic gastrostomy tube placement will involve the insertion of a long, flexible, video/fiberoptic instrument called an endoscope through my mouth and into my stomach. The endoscope will allow physicians to determine a site for the placement of a feeding tube. After physicians select an area on my abdominal wall, they will inject a local anesthetic, make a small incision, and place the feeding tube using the endoscope. The endoscope will be used to check the position of the feeding tube inside my stomach.

Because there is a risk that the feeding tube may be accidentally pulled out during the first ten days following surgery, I may be placed in an abdominal binder. An abdominal binder is a broad bandage that goes around the abdomen.

Topical anesthetics are applied to the back of the throat to minimize any discomfort from inserting the endoscope. I understand that sedatives such as midazolam, droperidol, demerol, or morphine will be given by intravenous line to cause relaxation and drowsiness. These medications also may cause a brief period of memory loss and result in my not having a recollection of the procedure. Many patients sleep through the procedure, which typically takes 20-40 minutes.

Risks: I understand that complications are rare. The following risks have been associated with percutaneous endoscopic gastrostomy tube placement.

1. Slowing of breathing and abnormal heart rhythms: Intravenous medications may cause a slowing of breathing, and in rare cases may cause breathing to stop. They also may cause lowering of blood pressure and/or abnormal heart rhythms. I will be carefully monitored for changes in my breathing and blood pressure and heart rhythms. Respiratory or cardiac arrest (sudden stopping of breathing or heart action) may occur and be fatal.

2. Wound infection: Fluid can leak from the stomach into the abdomen, which may result in an infection and require surgery to repair. Wound infections can occur and rarely can be life threatening.

3. Bleeding: Bleeding may follow tube placement. Cases of excessive bleeding may require a blood transfusion or surgery.
4. Aspiration of stomach contents: Aspiration of stomach contents into the lungs occurs rarely in patients undergoing this procedure. Pneumonia may result. Use of the tube for feeding may also lead to aspiration pneumonia. Pneumonia can be fatal.

5. Other complications may occur: Patients may experience an unexpected adverse drug reaction to the medications. Inflammation or infection at the intravenous site, a sore throat, and dental injury are other possible complications of the procedure.

Benefits: I understand that the purpose of the procedure is to place a feeding tube into my stomach without surgery. The procedure is generally very safe and is well tolerated by most patients.

Alternative options: I understand that a feeding tube also can be placed in the stomach by use of fluoroscopy (x-rays) or by mean of surgery. A feeding tube placed in the abdominal wall is an alternative to the continued use of a feeding tube which passes through the nose into the stomach, which may be uncomfortable for the patient, and may carry a higher risk of aspiration of stomach contents into the lungs and pneumonia.

Statement of Voluntary Participation:

I have read the information contained in this form, and have had sufficient opportunity to discuss my medical condition and treatment with the undersigned physician. All of my questions have been answered to my satisfaction, and I believe that I have been given adequate information upon which to base an informed consent for a percutaneous endoscopic gastrostomy tube placement.

I am consenting to have a percutaneous endoscopic gastrostomy placement performed. I understand that I can withdraw my consent at any point. My consent for this procedure is voluntary.

I understand that during the course of the endoscopic gastrostomy placement something may arise which may necessitate procedures in addition to or different from those described above. If such unexpected circumstances arise I further request and authorize the performance of additional operations or procedures which may be considered necessary or advisable by the undersigned physician and/or his/her associates or assistants.

I further request the administration of such anesthetics as may be considered necessary, desirable, or advisable by the physician responsible for this service.

I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made concerning the performance, results or interpretation of the percutaneous endoscopic gastrostomy tube placement.

For the purpose of advancing medical education I give my permission for observers to be admitted to the operating room or procedure room, and UNC Hospitals and the UNC School of Medicine staff to make and use any photographic or other illustrations of me for diagnostic, scientific, educational, or research purposes, provided that my identity is not revealed. I further authorize UNC Hospitals and the UNC School of Medicine staff to examine and dispose of any tissues or parts which may be removed and to use them for teaching, educational, or research purposes, provided that my identity is not revealed.
I confirm that I have read this form, or it was read to me, and that all blank spaces were filled in
and all inapplicable paragraphs, if any, were stricken before I signed below.

_____________________________________________ Date: ___________________
Signature of Patient/Person Authorized to Sign for Patient

____________________________________  ________________________
Printed Name      Relationship to Patient

________________________________________
Hospital Number

PHYSICIAN CERTIFICATION

I hereby certify that the patient has read, or had read to him/her, this form and I have
explained the nature, purpose, usual and most frequent risks, benefits, and alternatives to the
proposed percutaneous endoscopic gastronomy tube placement. I have offered to answer
questions, and fully answered any questions by the patient about the procedure. I believe that the
patient understands this form and what I have explained, and has consented to the proposed
procedure.

________________________________________  __________________________
Physician Signature    Physician Name
Date: ____________________________

WITNESS CERTIFICATION

I hereby certify that the patient has acknowledged to me that he/she has requested a
percutaneous endoscopic gastrostomy tube placement, has received an explanation of the nature,
purpose, benefits, usual and frequent risks and hazards of, and alternatives to the procedure, has
had all of his/her questions answered, given his/her consent, and has signed the form above.

________________________________________  __________________________
Witness Signature     Witness Name
Date: _____________________________