



Hôpital général juif
Jewish General Hospital

UNIVERSITÉ
MCGILL
UNIVERSITY



DEPARTMENT OF MEDICINE
DIVISION OF GASTROENTEROLOGY

PERCUTANEOUS ENDOSCOPIC GASTROSTOMY CONSENT FORM

The gastroscopy will be followed by the placement of a gastrostomy feeding tube to replace the nasogastric feeding tube. This procedure is characterized by the following risks:

1. hemorrhage at the puncture site of the abdomen where a tube will be inserted.
2. A local incisional infection (3 - 5% of cases).
3. Severe diffuse peritonitis (approximately 1%).
4. Regurgitation and aspiration into the lungs of gastric contents (a usual risk for an immobile person) followed by certain complications related to this aspiration such as pneumonia or asphyxia.

I have read the proceeding and I permit Dr. _____
to perform the gastroscopy and to insert a percutaneous gastrostomy feeding tube.

PATIENT _____

DATE _____

WITNESS _____

DOCTOR _____