



Affix Patient Label	
Patient Name:	Date of Birth:

Informed Consent: Percutaneous Endoscopic Gastrostomy Tube Placement with Possible Percutaneous Endoscopic Jejunostomy Extension Tube Placement

This information is given to you so that you can make an informed decision about having a **percutaneous endoscopic gastrostomy tube (PEG) placement with possible percutaneous endoscopic jejunostomy (PEJ) extension tube placement (feeding tube)**.

Reason and Purpose of this Procedure:

A **PEG/PEJ** is placed by creating a space through the skin in the abdomen to allow a feeding tube to be inserted directly into the stomach and small bowel. This is done to provide long-term access for food and medicines. A scope (tube with a camera) is inserted into the mouth, through the esophagus and into the stomach to help the provider see where the tube will be placed. Then a needle is passed through the skin and into the stomach and a wire is inserted through the needle into the stomach. The scope and wire are used to guide the PEG tube through the mouth into the stomach. You may also need a second tube, called a PEJ tube. It goes out of the stomach and into the small bowel. It is clipped to the wall of the small bowel to prevent it from moving. This procedure can be done at the bedside or in the operating room. The tube(s) must remain in place for a minimum of six weeks. If you are able, you can continue to eat as normal with the tube(s) in place.

Benefits of this Procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- More comfortable and secure access compared to having feeding tubes inserted through the nose
- Decreases risk of sinus infection due to feeding tubes placed through the nose
- Long-term access directly to your stomach for nutrition and medicine
- Provides a way to give food and/or medicines via stomach and/or small bowel

Risks of this Procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

- **Bleeding may occur.** If bleeding is excessive, you may need a transfusion.
- **Infection.** You may need wound care and antibiotics.
- **Injury to surrounding body parts.** You may need surgery or procedures to repair the injury.
- **Dislodgement.** If the tube accidentally comes out it may need to be replaced or it could cause an infection in the space between the stomach and abdominal wall. You may need surgery to repair the injury.

Risks Associated with Obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Specific to You:

Alternative Treatments:

Other choices:

- A surgically placed feeding tube.
- Do nothing. You can decide not to have the procedure.

If you Choose not to have this Treatment:

- You may need the feeding tube(s) to remain in your nose. This may increase your pain/discomfort and raise your risk for sinus infection.

General Information:

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure, the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical salespeople, and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be taken during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.



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By signing this form, I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **Percutaneous Endoscopic Gastrostomy Tube Placement with Possible Percutaneous Endoscopic Jejunostomy Extension Tube Placement** _____
- I understand that my doctor may ask a partner to do the procedure.
- I understand that other doctors, including medical residents or other staff may help with the procedure. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to procedure. If so, please obtain consent for blood/products.

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian/POA Healthcare

Reason patient is unable to sign: _____ Telephone Consent Obtained

First Witness Signature: _____ Second Witness Signature: _____ Date: _____ Time: _____
(One witness signature MUST be from a registered nurse (RN) or provider)

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back:

Patient shows understanding by stating in his or her own words:

_____ Reason(s) for the treatment/procedure: _____

_____ Area(s) of the body that will be affected: _____

_____ Benefit(s) of the procedure: _____

_____ Risk(s) of the procedure: _____

_____ Alternative(s) to the procedure: _____

OR

_____ Patient elects not to proceed: _____ Date: _____ Time: _____
(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____