Esophagoscopy

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. **If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."**

**Definition:**

Esophago = pertaining to the esophagus
-
scopy = an action involving the use of an instrument for viewing

This procedure involves placing an instrument between the upper and lower teeth and over the tongue to allow visualization behind the voice box and esophagus.

**Purpose of Procedure:** There are several reasons why this procedure is done: to remove foreign bodies, to biopsy abnormal tissue to check for cancer, or to stretch narrow areas of the esophagus.

**Preparation:** As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood ("blood thinners", aspirin, anti-inflammatory medicines, etc.) **Please refer to the attached list and tell us if you took any of these within the past 10 days.** If your medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative/pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

**Procedure:** This procedure involves placing an esophagoscope, which is an illuminated hollow metal tube, between the upper and lower teeth, over the tongue, along side of the voice box, and into the esophagus. This is done gently to avoid injury to the lining of the esophagus. If this is done to remove a foreign body, instruments are used to grasp the object and remove it. If the procedure is done to biopsy abnormal tissue, the location in the esophagus is determined to aid in future treatment. If the procedure is done to stretch the esophagus, the scope itself may be used. Sometimes other smaller instruments need to be used to slowly start the stretching process.

**Post Procedure:** Following this procedure, pain medication will be prescribed to manage discomfort. If any injury to the lining of esophagus was noted, then only a clear liquid diet will be allowed for 24hours. Your temperature should be checked regularly during this time to watch for signs of infection, which could be an indication of a perforation of the esophagus. Other signs of a perforation could include: increased heart rate or pain in the neck, back or above the stomach

Postoperative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication.

**Expectations of Outcome:** This procedure should result in complete removal of the foreign body or pushing it into the stomach. If the procedure was done for a biopsy, then treatment will be determined by the extent of involvement in the esophagus. Further studies will be needed to determine if there has been any spread of the cancer. If this procedure was done to dilate the esophagus, then it will probably need to be repeated as symptoms reoccur.
Possible Complications of the Procedure: This procedure is safe, however, there are uncommon risks associated with it. While we have discussed these and possible others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be make aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. The risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding
- Injury to teeth
- Infection involving tissues surrounding the esophagus, although this is rare
- Perforation of esophagus, although this is rare

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).

I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedure to be used, and I/we have sufficient information to give this informed consent. I/We certify this form has been fully explained to me/us, and I/we understand its contents. I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.

__________________________  __________________________
Patient/Guardian                Date

__________________________  __________________________
Physician                     Date                     Witness

The information contained in this Medical Informed Consent form ("Consent Form") is intended to inform and educate and should not be used as a substitute for medical evaluation, advise, diagnosis or treatment by a physician or other healthcare professional. While Biltmore ENT endeavors to ensure the reliability of information contained in its Consent Forms, such information is subject to change as new health information becomes available. Biltmore ENT cannot and does not guarantee the accuracy or completeness of the information contained in this Consent Form, and assumes no liability for its content or for any errors or omissions. Laws vary from state to state regarding the information that must be given to a patient for informed consent. Please be sure to check the laws regarding legal informed consent as they apply within your state. Please call your doctor or other healthcare provider if you have any questions.

Inteso, Judith A          02/24/1953     3464700