

# CONSENT IN ENDOSCOPY

## CONSENT IN ENDOSCOPY

Approximately 1% of medical negligence claims in the USA relate to the practice of endoscopy . Many of these could have been avoided by a careful explanation of the procedure, including an honest discussion of the risks and benefits. Therefore, obtaining informed consent is a cornerstone of good endoscopic practice. It preserves a patient's autonomy , facilitates communication and acts as a shield against future complaints and claims of malpractice. The most important aspect of the consent procedure is that a patient understands the nature, purpose and risk of a partic - ular procedure, in addition to potential alternatives. Current guidelines w ould suggest that a patient should be informed of minor adverse events with a risk of more than 10% and serious events with an incidence of more than 0.5%. The ke y risks . British of endoscopy are summarised in Summary box 9.2 Society of Gastroenterology Guidelines for Consent have been published (see Further reading). - Summary box 9.2 The risks of endoscopy /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF -

Sedation-related cardiorespiratory complications Damage to dentition Aspiration Perforation or haemorrhage after endoscopic dilatation/ therapeutic EUS Perforation, infection and aspiration after percutaneous endoscopic gastrostomy insertion Perforation or haemorrhage after /f\_l exible sigmoidoscopy/ colonoscopy with polypectomy Pancreatitis, cholangitis, perforation or bleeding after endoscopic retrograde cholangiopancreatography

## CONSENT IN ENDOSCOPY

Approximately 1% of medical negligence claims in the USA relate to the practice of endoscopy . Many of these could have been avoided by a careful explanation of the procedure, including an honest discussion of the risks and benefits. Therefore, obtaining informed consent is a cornerstone of good endoscopic practice. It preserves a patient's autonomy , facilitates communication and acts as a shield against future complaints and claims of malpractice. The most important aspect of the consent procedure is that a patient understands the nature, purpose and risk of a partic - ular procedure, in addition to potential alternatives. Current guidelines w ould suggest that a patient should be informed of minor adverse events with a risk of more than 10% and serious events with an incidence of more than 0.5%. The ke y risks . British of endoscopy are summarised in Summary box 9.2 Society of Gastroenterology Guidelines for Consent have been published (see Further reading). - Summary box 9.2 The risks of endoscopy /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF -

Sedation-related cardiorespiratory complications Damage to dentition Aspiration Perforation or haemorrhage after endoscopic dilatation/ therapeutic EUS Perforation, infection and aspiration after percutaneous endoscopic gastrostomy insertion Perforation or haemorrhage after /f\_l exible sigmoidoscopy/ colonoscopy with polypectomy Pancreatitis, cholangitis, perforation or bleeding

after endoscopic retrograde cholangiopancreatography

## CONSENT IN ENDOSCOPY

Approximately 1% of medical negligence claims in the USA relate to the practice of endoscopy . Many of these could have been avoided by a careful explanation of the procedure, including an honest discussion of the risks and benefits. Therefore, obtaining informed consent is a cornerstone of good endoscopic practice. It preserves a patient's autonomy , facilitates communication and acts as a shield against future complaints and claims of malpractice. The most important aspect of the consent procedure is that a patient understands the nature, purpose and risk of a partic - ular procedure, in addition to potential alternatives. Current guidelines w ould suggest that a patient should be informed of minor adverse events with a risk of more than 10% and serious events with an incidence of more than 0.5%. The ke y risks . British of endoscopy are summarised in Summary box 9.2 Society of Gastroenterology Guidelines for Consent have been published (see Further reading). - Summary box 9.2 The risks of endoscopy /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF -

Sedation-related cardiorespiratory complications Damage to dentition Aspiration Perforation or haemorrhage after endoscopic dilatation/ therapeutic EUS Perforation, infection and aspiration after percutaneous endoscopic gastrostomy insertion Perforation or haemorrhage after /f\_l exible sigmoidoscopy/ colonoscopy with polypectomy Pancreatitis, cholangitis, perforation or bleeding after endoscopic retrograde cholangiopancreatography

---

Revision #1

Created 2025-12-31 15:32:02 UTC by Omar Ayman

Updated 2025-12-31 15:32:02 UTC by Omar Ayman