

Franklin Medical Group, PC

Digestive Disease Center

60 Westwood Ave. Waterbury, CT 06708 (ph. 203-574-3007) (fax 203-573-1739)
1154 Highland Ave. Cheshire, CT 06410 (ph. 203-709-4818) (fax 203-709-5234)
3801 East Main St. Waterbury, CT 06705 (ph. 203-709-4001) (fax 203-709-5290)

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Michele Pierce, PA-C

Please read and sign the consent
forms and complete the patient
information forms.

You can mail these forms to the
Waterbury address listed above or
they may be faxed to 203-573-1739.

Thank You

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PERCUTANEOUS ENDOSCOPIC GASTROSTOMY REPLACEMENT OR REMOVAL (PEG REPLACEMENT)

This is an explanation of the procedure you are going to have. After you have read it you will be asked to sign this form giving the doctor permission to perform the test.

The purpose of this procedure is to replace an existing feeding gastrostomy tube with a new feeding gastrostomy tube. The alternative is an open surgical procedure. The patient is first anesthetized with Xylocaine spray to numb the throat and given intravenous medications to make the patient sleepy. A flexible fiberoptic instrument is then passed through the patient's mouth into the stomach to carefully examine the inside of the stomach and make sure that there are no ulcers and there is no inflammation. Then through the inside of the endoscope a snare is passed. The crosspiece of the previous feeding tube is grasped with a snare. The abdominal wall is prepped with a sterilizing solution. The feeding tube is cut just outside of the abdominal wall, and using the snare, is pulled back into the stomach and out of the patient's mouth as the endoscope is withdrawn.

If an open tract between the skin of the abdominal wall and the stomach is intact and well developed, then another type of percutaneous feeding tube may be placed simply by inserting it through that tract. It may be held in place by a balloon inflated with sterile saline or by a retention device. Both of these new tubes can be removed from the outside if necessary. If there is no well-developed tract, or if inflammation in this area makes it impossible to use the existing tract, an entirely new percutaneous endoscopic gastrostomy may be required.

If the PEG tube is no longer needed, the tube can be removed and not replaced. The opening to the stomach will close on its own.

The benefits of this procedure are insertion of a feeding tube without use of the Operating Room, general anesthesia or open surgery. The risks are infection, bleeding, perforation, or drug reaction. The likelihood of this happening is small, but it exists. Likewise, complications from unrelated diseases such as heart attack or stroke, or in extreme cases, death, may occur but this is very remote.

I understand the benefits and possible risks associated with this procedure and give permission to Dr. _____ to perform the above test.

Patient Name (print) _____

Patient Signature (or legal guardian) _____

Witness: _____ Date: _____

Telephone Consent: _____ Responsible Party: _____

Phone#: _____ Date: _____ Time: _____

Witness: _____

**FRANKLIN MEDICAL GROUP, P.C.
DIGESTIVE DISEASE CENTER**

(PRINT) NAME: _____ DOB: _____

E-MAIL ADDRESS: _____

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race:

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Unknown
- Hispanic
- Mixed Racial Heritage (two or more race)

Signature: _____ Date: _____