

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 (PEG) PLACEMENT

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 percutaneous feeding gastrostomy is to insert a tube for feeding purposes through the abdominal wall into the stomach without need for 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 a place on the abdominal wall is carefully chosen for insertion of the tube. The abdominal wall is prepped with a sterilizing solution. Novocain is injected under the skin, a tiny 1 cm. incision is made, and a needle is passed through this into the stomach. When this needle is seen inside the stomach, using the endoscope, a wire is passed through it and grasped with the endoscope and pulled back out of the patient's mouth...Down this wire a feeding tube is then introduced into the stomach and pulled out of the abdominal wall. A friction-type retaining disc is then passed along the tube and placed against the abdominal wall and a cap is placed on the feeding tube. Following this, the endoscopic instrument is then passed back into the stomach to make sure that everything is in working order. The endoscope is then removed and the procedure is finished.

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: _____