

Consent Form for Agile Patency Capsule

I consent to having an Agile Patency Capsule Study.

The Agile Patency Capsule Study is intended to verify adequate patency of the gastrointestinal tract prior to administration of the Capsule Endoscopy in patients with known or suspected strictures.

I understand that there are risks associated with the Agile Patency Capsule study, such as BOWEL OBSTRUCTION. Patients with suspected or known intestinal strictures may be at increased risk for BOWEL OBSTRUCTION due to impaction of the intact patency capsule at the site of the narrowing or stricture. An obstruction may require immediate surgery.

THE POSSIBILITY OF COMPLETE OBSTRUCTION IS VERY MINIMAL.

I understand that the symptoms of bowel obstruction are abdominal pain, nausea, vomiting and distention. I must contact the physician and medical staff if these symptoms should occur.

I understand that the passage of an intact patency capsule does not exclude presence of an intestinal stricture of other pathology.

I understand that due to a great variability of patients gastrointestinal behavior, the agile patency capsule may occasionally disintegrate at a time outside the 30-100 hour range of most patients.

I am aware that I should avoid MRI machines during the procedure and until the capsule is excreted.

_____ has explained to me the procedure and its risks to me, along with alternative diagnosis and treatment. I have been allowed to ask questions and have received answers to my questions concerning the planned examination.

I authorize _____ to perform the Agile Patency Capsule Study.

Patient's Name (Please Print)

Patient's Signature

In the presence of: _____
Witness