



SURNAME		MRN
OTHER NAMES		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION		
AFFIX PATIENT LABEL HERE OR COMPLETE ALL DETAILS		

### CONSENT FOR COLONOSCOPY

Date

D D M M Y Y

Please read this carefully and bring this form into the Day Surgery Unit when you attend for the procedure. If there is anything you do not understand, please raise this with the nursing and medical staff at the time of your procedure. We will attempt to quantify the risks of the procedure from the literature and our own experience. **The risk of not having the procedure (missed cancer etc) may significantly exceed the risks from the procedure.**

Colonoscopy is a relatively safe and well tolerated method of examining the large intestine or colon. It is usually performed with mild intravenous sedation following adequate preparation of the bowel. Alternative methods for examining the bowel include CT scanning or barium enema however these are significantly less accurate (more likely to miss lesions such as polyps) and they do not allow for intervention such as removal of polyps if they are found.

Colonoscopy is not perfect and it is possible to miss polyps, although the risk of missing significant sized polyps is quite small, if you have a good bowel preparation. Polyps are present in about 50% of patients undergoing this procedure (in our experience) and, if found, are removed for histology. These are the first stage of an abnormal growth which usually goes through a "benign" phase before turning malignant.

The risks associated with colonoscopy are very small and primarily related to polyp removal. These include:

- Bleeding - 1/500. Very rarely (1/10 000) significant bleeding can result from biopsies.
- Suspected perforation/puncture of the bowel - 1/3000
- Death due to colonoscopy - 1/25 000
- Injury to surrounding structures (eg spleen) - very rare
- Sedation related complications including drug allergy - very rare
- Aspiration of stomach contents into lungs - rare
- The rare possibility that polyps or other things may be missed, or that the procedure may be technically difficult and unable to be completed, particularly if there is poor preparation

**Most complications settle spontaneously and do not require any specific intervention.** Very rarely they may be life threatening and require a blood transfusion or open surgery. If you would rather not have polyps removed, or not have interventions such as a blood transfusion (in a life threatening situation), please inform the nursing and medical staff on admission. **Should you have any symptoms of concern following the procedure such as abdominal pain, fever, shortness of breath, bleeding etc, please notify us immediately.**

If there is a chance that you could be pregnant, or have very serious heart, lung (e.g. requiring home oxygen), kidney disease, or if you have difficulty walking up one flight of stairs without stopping, please notify us before the procedure. These issues may increase the risk of sedation. **If you are on anticoagulants, anti-platelets or 'blood thinning' medications please discuss this specifically with us prior to signing this document.**

I \_\_\_\_\_ have read and understood the above advice and I have received satisfactory answers to my questions about the procedure. I consent to colonoscopy and any associated procedure necessary. I agree not to operate a motor vehicle or machinery for at least 24 hours after the procedure, and not to make any important decisions or sign any contracts within 24 hours of the procedure, if given sedation for the procedure.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Doctor:** I have asked the patient whether they understand the consent form and I have answered any questions or concerns about the procedure or the consent form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

BINDING MARGIN - NO WRITING  
FILE IN CLINICAL RECORD

CONSENT FOR COLONOSCOPY

LHR 0000



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### What is Colonoscopy?

Colonoscopy is a procedure which uses a tube-like camera to examine or inspect the bowel and allows for a variety of operations to be carried out through the colonoscope. These operations may include taking small tissue samples (biopsy) and removal of polyps. An alternative method of examining the large bowel is barium enema or CT scanning. Colonoscopy has the advantage over radiological imaging for allowing tissue samples such as biopsies to be taken or polyps to be removed.

### How are you prepared?

Prior to the colonoscopy you will be provided with full instructions. The day before your procedure you will need to be on clear fluids only throughout the day. On either the evening before and/or the morning of the procedure you will need to drink a quantity of salty tasting solution which completely cleanses the colon. Some people find the prep quite unpleasant and it may cause nausea, vomiting and abdominal pains. If you have any symptoms which concern you while drinking the prep, please phone the Day Surgery Unit at Lifehouse.

You will be given a sedative through a vein in the arm or hand before the procedure to make you more comfortable.

### Special Considerations

As drugs are used, and x-ray screening is occasionally used following the procedure, it is essential for female patients that there is no possibility of pregnancy. You must advise the nursing staff if you have any doubts about this.

You should advise the nursing staff if you are sensitive (allergic) to any drug or other substance.

You should have ceased iron tablets and drugs to stop diarrhoea at least seven days before the procedure. Please do not stop any blood thinners or anti-coagulants unless directly advised to by us. If you are on anticoagulants/antiplatelet drugs (blood-thinning drugs) you should have discussed this with us prior to signing the consent form. You should have also informed us if you have heart valve disease or have a pacemaker implanted.

### What do we do?

The colonoscope is a long and highly flexible tube about the thickness of your index finger. It is inserted through the rectum into the large intestine to allow inspection of the whole large bowel. As cancer of the large bowel arises from pre-existing polyps (a benign wart-like growth), it is advisable that if any polyps are found they should be removed at the time of examination. Most polyps can be burnt off (polypectomy) by placing a wire snare around the base and applying an electric current.

### Safety and risks

For inspection of the bowel alone, complications of colonoscopy are uncommon. Most surveys report complications in 1 in 1,000 examinations or less. Complications which can occur include an intolerance of the bowel preparation solution or reaction to sedatives used. Perforation (making a hole in the bowel) or major bleeding from the bowel is extremely rare but if it occurs, may require surgery. When operations such as removal of polyps are carried out at the time of examination there is a slightly higher risk of perforation or bleeding from the site where the polyp has been removed.

Complications of sedation are uncommon and are usually avoided by administering oxygen during the procedure and monitoring oxygen levels in the blood. Rarely however, in patients with severe cardiac or chest disease serious sedation reactions can occur.

A number of rare side effects can occur with any endoscopic procedure. Death is a remote possibility with any interventional procedure. If you wish to have full details or rare complications discussed, you should indicate to your doctor before the procedure that you wish for all possible complications to be fully discussed.

Because of the risk of cancer, it is recommended that all polyps found at the time of colonoscopy be removed. However, it will not be possible to discuss the removal with you at the time of examination as you will be sedated. Therefore, if you agree to having removed any polyps found during the procedure, please sign the consent form. If you have any queries or reservations about this, please inform your doctor.

In the unlikely event of haemorrhage occurring, blood transfusion may be necessary.

### Afterwards

The sedative painkiller you are given before the procedure is very effective in reducing any discomfort. However, it may also affect your memory for some time afterwards. Even when the sedative appears to have worn off, you may find you are unable to recall details of your discussion with the doctor. **You will need a friend or relative to accompany you home after the procedure.** If you do not recall discussions following the procedure, you should contact the doctor who performed your test (see discharge information sheet).

If you have any severe abdominal pain, bleeding from the back passage, fever or other symptoms that cause you concern, you should contact us immediately.

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Revised March 15