



CONSENT FORM
FOR
COLONOSCOPY ±
POLYPECTOMY

Med Rec. No.....

Surname:.....

Forename:.....

DOB:.....

AFFIX LABEL HERE

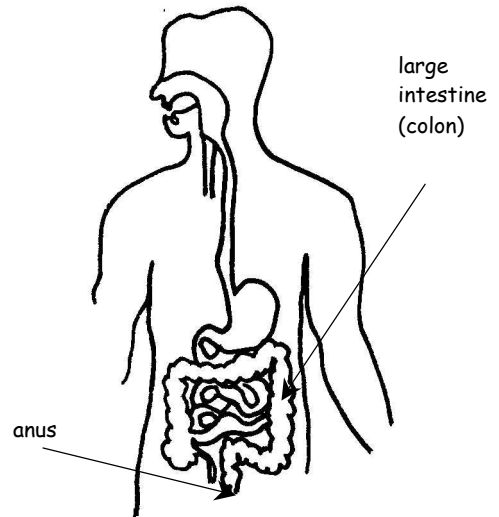
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*) have the following conditionand that a **colonoscopy ± polypectomy** is proposed:

This means examining the large intestine (colon) using a flexible instrument (colonoscope). If abnormal growths from the lining of the colon (polyps) are found, they are removed. Polyps vary in size from a tiny dot to several inches. Most are noncancerous (benign), but the doctor cannot always tell a benign from a cancerous polyp just by looking at it. For this reason, polyps are sent for detailed examination.

Under sedation, the patient lies on his/her left side. The lubricated instrument is passed through the anus and then gradually passed along the bowel while the doctor watches the progress of the examination on a nearby screen.

In order to create a space for the instrument and to show the lining of the bowel clearly, some gas is gently blown into the bowel. At any point, small pieces of tissue (biopsies) or polyps may be cut out for more detailed examination. At the end of the examination, as much air as possible is sucked out and the instrument removed.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your doctor if you have any general or specific concerns.

I may have side effects from any of the drugs used. The commoner side effects include drowsiness, light-headedness and nausea.

I understand that **colonoscopy** has the following **specific risks and limitations**:

- The sedation used may cause some slowing or lightening of my breathing. In a few cases, where sedation is especially deep, in a few cases there is a risk of inhaling stomach contents. If this happens, I would need to stay in hospital for treatment.
- Uncommonly, there may be some bleeding from sites where polyps have been removed. If this is persistent, I may need a second colonoscopy or an operation to enable the doctor to deal with the bleeding.
- Serious problems arising from a colonoscopy are rare, but include perforation (making a small hole) of the bowel. If this should happen, I would need an operation to repair the hole.
- The instruments are cleaned according to a very strict protocol between examinations to prevent the theoretical risk of infection.

SIDE EFFECTS

- Some patients are not able to tolerate the bowel preparation.
- Some abdominal discomfort or bloating occurs not uncommonly for a short while after the procedure due to some remaining air.

I understand some of the above risks are more likely if I smoke, am overweight, have heart disease, high blood pressure or diabetes.

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my personal circumstances** that I have considered in requesting this procedure:

.....
.....

HOSPITAL

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FOR
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DECLARATION BY PATIENT

- I acknowledge the doctor has informed me about the investigation and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the doctor any significant risks and complications **specific to my personal circumstances** that I have considered in deciding to have this investigation.
- I agree to **any other additional procedures** considered necessary in the judgement of my doctor during this operation.
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than a specialist gastroenterologist may perform the investigation.
- I have received a copy of this form to take home with me.
- If any staff member is exposed to my blood (needlestick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as Hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.

Signature of patient

Date

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature of the patient's condition, the procedure to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature

Doctor's name

(please print)

Date

INTERPRETER'S DECLARATION

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

**Interpreter's
Signature**

Date

Interpreter's name

(please print)
