

INFORMED CONSENT FOR COLONOSCOPY

My physician/ Physician Assistant/Nurse Practitioner has explained to me that a Colonoscopy is necessary for the evaluation of my current medical problems. It is my understanding that this procedure where by a special flexible instrument, called a Colonoscope is used to examine the large intestine which is approximately 5 feet in length. The Colonoscope is 64 inches in length and approximately ½ inch in diameter.

The day before the procedure I will be instructed to be on a clear liquid diet and asked to drink a cleansing solution to clean by Colon so that it can be thoroughly examined.

Upon arrival to the Endoscopy Center, I will sign some paperwork and a nurse will escort me to the pre procedure area. I will change into a patient gown and my vital signs will be checked. I will have an IV placed for the administration of medication for my sedation. I will speak with my physician and CRNA (anesthesia) and I will be taken to the procedure room where I will be placed onto monitors that will monitor my blood pressure, heart rate and pulse oximetry, I will also be given supplemental oxygen.

Once I am sufficiently relaxed, the physician will perform a rectal exam and then the Colonoscope will be inserted and advance through my entire colon and a thorough inspection will be performed. If any abnormality is seen to the lining of the colon, a biopsy forcep will be passed though the colonoscope and a sampling will be taken so that it may be examined under the microscope by a pathologist. Should a polyp be seen, it will be removed and sent to the pathologist. A polyp is removed by passing a forcep or snare through the colonoscope channel and removing the polyp using the force or snare, sometimes using cautery. Upon completion of the procedure, I will be taken to the recovery area and be discharged when I am awake and my vital signs are stable, generally within 30 minutes of completion of the procedure. Discharge instructions will be discussed with myself and my responsible driver, should any prescriptions be necessary for treatment based on findings from the procedure, they will be given to me that day. A follow up with my physician will be necessary to discuss pathology results. It is understood that a small percentage of lesions/polyps could be beyond detection or missed.

I understand that complications, including death are possible during this procedure. The medications given through my vein may cause redness/swelling (phlebitis), which can be treated with warm compresses. Major complications, which occur approximately 1% of the time, are perforation and bleeding. Perforation occurs when a small tear is made in the colon wall, hospitalization and possible surgery may be needed for this. If bleeding occurs, hospitalization or surgery may be needed until it resolves. The medication used for sedation can lower my blood pressure, heart rate and breathing.

I have read the above statement, my physician/physician assistant or Nurse Practitioner have discussed it with me. I understand and accept the risk of the procedure and give my consent to proceed.

Patient Name _____ Patient Signature _____

Patient Representative (if applicable) _____ Date/Time _____

Witness _____

Physician Signature _____