



The Gastrointestinal Centre

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CONSENT FOR COLONOSCOPY/POLYPECTOMY

THE PROCEDURE

Colonoscopy is a visual examination of the colon (large intestine). A long flexible colonoscope is passed through the rectum and around the colon. A detailed image of the colon is then projected on a screen to allow any abnormalities to be visualized. If necessary small tissue samples (biopsies) can be taken during the examination for pathological analysis. Polyps are benign tumours which may have cancerous potential. They can usually be removed at colonoscopy using an electric snare wire.

PREPARATION

To allow a clear view the colon must be completely free of waste material. A separate set of instruction for bowel preparation is included in the preparation kit. Prescription medication may be taken with sips of water.

BLOOD THINNING AGENTS

You must advise The Gastrointestinal Centre at the time of your booking if you are taking any blood thinning medications. This includes aspirin, warfarin, plavix and iscover. You will be advised as to whether any changes with these medications are necessary.

WHAT WILL HAPPEN

You will be placed in a comfortable position on your left side and will be given medication by injection through a vein to send you to sleep. In the unlikely event that you feel any discomfort, further sedation will be provided. The doctor will pass the colonoscope through the anus into the rectum and then advance it along the colon. The examination usually takes 15-20 minutes. You should allow approximately **4 HOURS** for your total hospital stay. You should bring a book or magazine as delays may occur despite our endeavours to avoid them. They usually relate to a greater period of time than expected being required for individual patients.

AFTERWARDS

You will be transferred to the recovery area where you will remain until the effects of all medication have worn off. You may experience some wind discomfort following the procedure although this usually passes quickly. A light snack is provided.

A companion **MUST** be available to drive or accompany you home as the sedation impairs your reflexes and judgement. **YOU SHOULD NOT DRIVE A CAR, OPERATE MACHINERY OR MAKE IMPORTANT DECISIONS UNTIL THE DAY AFTER YOUR PROCEDURE.** We suggest that you rest quietly. You may return to your regular diet unless otherwise instructed.

You **MUST** have someone stay with you for the evening following the procedure.

RISK

Colonoscopy can result in complications although they are rare for simple inspection of the colon. The overall incidence rate is less than 1 in 1,000 examinations.

These complications include reactions to medication, perforation of the intestine and bleeding. The risks are higher when the colonoscope is used for interventional treatment including the removal of polyps. Cancer of the large bowel may rise from pre-existing benign polyps. It is advised that if polyps are found at the time of the examination, they should be removed to prevent their possible change to cancers. On occasions polyps may already be malignant. Polypectomy is achieved by placing a snare wire around the base of the polyp and using an electrical current to transect the stalk of the polyp.

Following polypectomy, bleeding may occur from the polyp site which usually settles spontaneously. Rupture of the spleen is also a remote complication. If you are taking blood thinning medication, this risk is increased. Since withholding these agents may compromise other medical conditions they should be continued in the period before and after your procedure unless you are advised otherwise at the time of your booking. Rarely a perforation of the bowel may occur in which case an open abdominal operation may be required. These complications are unlikely with the benefits of colonoscopy and polypectomy being significantly higher than the risks involved.

THE GASTROINTESTINAL CENTRE

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You should also be aware that despite the best endeavours of your doctor both benign polyps and even cancerous lesions may occasionally be missed. Colonoscopy however remains the best way of identifying these abnormalities. It is therefore particularly important that all of your bowel prep is completed as per the instructions to reduce this risk.

If you experience any significant pain, black tarry stools or persistent bright bleeding in the hours or up to 7 to 10 days following colonoscopy +/- polypectomy, you should immediately contact The Gastrointestinal Centre or the hospital where your procedure was performed. If a significant haemorrhage occurred, a blood transfusion may be required.

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

Both benign polyps and cancerous lesions may be missed although colonoscopy remains the best way of identifying these abnormalities. Death is a remote possibility with any interventional procedure.

You are welcome to attend for a consultation at an earlier time prior to your procedure if you wish to discuss the potential complications of colonoscopy in more detail. If on the day of your procedure you have any reservations or wish to discuss these matters further, please advise the Admissions Sister before your procedure. Your doctor will be pleased to discuss these matters with you.

You are advised that you should not drive a car, operate machinery return to work or sign legal documents for a period of **12 HOURS** following your procedure.

IMPORTANT REMINDER

You **MUST** advise The Gastrointestinal Centre immediately if you:

- **are diabetic taking either tablets or insulin**
- **take Warfarin, Coumadin, Plavix, Iscover, Aspirin or any other blood thinning medication**
- **may be pregnant**

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I hereby consent to the use of my personal information for the purposes indicated below:

- To assist other medical practitioners or institutions who may treat me in the future but only to the extent necessary to treat the particular condition for which I have consulted The Gastrointestinal Centre. This may include a requirement to forward relevant prior information including anaesthetic records.
- To help improve our processes, procedures and treatments, on occasion the doctors at The Gastrointestinal Centre take part in research and quality studies in conjunction with Medical Organisations including The Gastroenterological Society of Australia (GESA). Information in relation to you and your treatment and outcomes may be used, however every endeavour is made to use de-identified information.
- To inform next of kin identified in my admission form of the outcome of treatment or to obtain consent to necessary treatment when I am not able to provide such consent.
- To enable The Gastrointestinal Centre to provide access to my information to the health fund of which I am a member if requested by the health fund.
- To enable The Gastrointestinal Centre to obtain any medical records including pathology and radiology results.

I have read and understand the procedure description overleaf and agree to a colonoscopy being performed. I agree to the removal of any polyps and the taking of biopsies if considered appropriate by the doctor at the time of the procedure.

NAME:(Please print)

SIGNATURE: **DATE:**.....