## **Buderim Gastroenterology Centre Colonoscopy Informed Consent**

## PATIENT LABEL

(This form must be read, understood, signed and returned to Buderim Gastroenterology Centre)

A Colonoscopy is the examination of your colon with a flexible, lighted scope. The reason this procedure is most often done is for:

- colon cancer investigation following for example, a positive faecal occult blood test (FOBT), family history.
- follow up and removal of polyps (abnormal growths), and
- investigation and possible treatment of iron deficiency anaemia, bleeding, diarrhoea or other bowel problems.

The benefits of colonoscopy allow for various procedures to be performed to aid in diagnosis or treatment. Such as:

- A biopsy, which is a small tissue sample about the size of a match head, may be taken and sent to pathology.
- If a polyp is noted, it may be removed using a small instrument that is passed through the scope. If a polyp is too large to be removed or if cancer is suspected, the site can be "tattooed" by injecting sterile ink. This is an aid for future follow up or for surgical resection of the polyp.
  - The removal of polyps has been shown to greatly reduce the risk of developing colon cancer.
- Abnormal bleeding may be treated with cauterisation, injection of constricting medicines or metal clips.

Colonoscopy performed by specially trained and experienced gastroenterologists is generally a very safe procedure, but, like any medical procedure does carry some possible risks:

- Nausea, vomiting; Faintness or dizziness; Headache; Pain, redness or bruising at the sedation site; Muscle aches and pains.
- Major complications such as bleeding or perforation (making a hole or tear in the colon) occur in less than 1 out of 1000 colonoscopy procedures and may require surgery to repair the hole. Bleeding and perforation are more likely when large polyps are removed.
- About 1 person in every 100 will experience a significant bleed from the bowel where the polyp was removed. Bleeding may occur even up to 14 days after polyp removal and is more likely to occur if you take certain medications that thin the blood.
- Reactions to the sedative medications given during the procedure may occur, although this is uncommon. Please see Anaesthetic consent form.
- Very rarely, there can be unforeseen complications that include breathing or heart problems, stroke, infection in the blood, injury to other internal abdominal organs, or even death.
- Sometimes it is not possible to see the entire bowel. This can happen if your bowel is not completely clean or the colonoscope could not be passed to the end of your large bowel. This could include missed polyps, growths or bowel disease.

Depending on the reason for your colonoscopy, you should also know that there may be potential risks to **not having the Colonoscopy**, such as delayed diagnosis of cancer or missed diagnosis of disease.

There are alternatives to colonoscopy:

- Barium enema or CT colonoscopy.
- Flexible sigmoidoscopy (looking at the lower 60 cm of the colon with a lighted scope).

- Faecal Occult Blood Testing (testing the stool for hidden blood) for cancer screening.
- Polyps and bleeding can be treated with surgery.

If abnormalities are found on any of these tests, a colonoscopy may be required for further investigation

If you desire to have a more thorough explanation of the procedure or have more questions regarding the procedure please ring BGC. We can answer your questions further or arrange a consultation on a separate day from the procedure to have a detailed discussion with the doctor or his staff.

I understand that the results of my examination will be forwarded to the National Bowel Cancer Screening Program (if investigation initiated by them).

By signing this consent form, I acknowledge that I have read and understand what is involved in a colonoscopy procedure including the benefits, risks, and alternatives to colonoscopy. I consent to the administration of anaesthetics, medicines, blood transfusion or other forms of treatment normally associated with this procedure. I understand that other unexpected operations/procedures of admission to hospital may be necessary and I request that these be carried out if required.

I have been advised that I must have someone drive me home after my procedure and that I must have someone stay with me overnight following my procedure. I have also been advised that I should not drive, operate machinery, drink alcohol or make any important decisions within the first 24 hours after anaesthesia. I have been advised that I should not return to work until the following day. I also consent to a blood sample being taken should an injury occur to staff involving blood or body fluids. I agree to proceed with the colonoscopy as all of my questions have been answered to my satisfaction.

NAME OF PATIENT		PATIENT SIGNATURE	Date
NAME OF DOCTOR		DOCTOR SIGNATURE	Date
Consent must be obt maker/s in the order Does the patient hav (AHD)?	e an Advance Health Directive Yes	PATIENT	LABEL
Signature:		I. Interpreter's statement	
Relationship		I have given a sight translation in	
Source of de	PH No:  PH No:  Pecision making authority (tick one):  Pring Power of Attorney or AHD  Putory Health Attorney  Prince of these, the Adult Guardian has a consent. Ph 1300 QLD OAG (753 6)	assisted in the provision of any verb information given to the patient/pare guardian/substitute decision-maker l Name of Interpreter:	of the consent form and oal and written ent or by the doctor.