

Sievering Surgical Clinic

Colonoscopy Consent Form

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Name _____ D.O.B. _____ Sex M F

PATIENT CONSENT FORM

I acknowledge that:

The doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. The doctor has explained other relevant treatment options and their associated risks.

The doctor has explained my prognosis and the risks of not having the procedure.

I have been given a Patient Information Sheet about the procedure and its risks. I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that the procedure could include a blood transfusion, in the event of an emergency.

I understand that a doctor other than the Specialist may conduct the procedure. I understand this could be a doctor undergoing further training.

I understand that samples of tissue may be removed during the procedure for testing and then disposed of sensitively by the hospital. The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make my condition worse.

On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE.

Name of Patient/ _____

Signature _____

Date: _____

G. DOCTOR'S STATEMENT

I have explained:

- the patient's condition
- need for treatment
- the procedure and the risks
- relevant treatment options and their risks
- likely consequences if those risks occur
- the significant risks and problems specific to this patient.

I have given the patient/ substitute decision-maker an opportunity to:

- ask questions about any of the above matters
- raise any other concerns which I have answered as fully as possible. I am of the opinion that the patient/ substitute decision-maker understood the above information.

Name of Doctor : Philip Bull MD

Signature: _____

Date: _____

CONSENT INFORMATION - PATIENT INFORMATION COPY COLONOSCOPY

What is a colonoscopy?

The doctor looks at the lining of your large bowel to see if there are any growths or disease. This is done by putting a flexible tube (colonoscope) with a camera attached, into your back passage.

The tube is then slowly introduced into the rectum and large bowel (colon). Pictures of the inside of your bowel are then seen on a video screen.

You will lie on your side or back while your doctor slowly passes a colonoscope along your large intestine to look at the lining (intubation). Your doctor will examine the lining again as the colonoscope is taken out (retrieval).

You might feel some pressure, bloating or cramping during the procedure. You should plan on two to three hours for waiting, preparation and recovery. The procedure itself usually takes anywhere from 15 to 30 minutes.

2. What do I need to do before my colonoscopy?

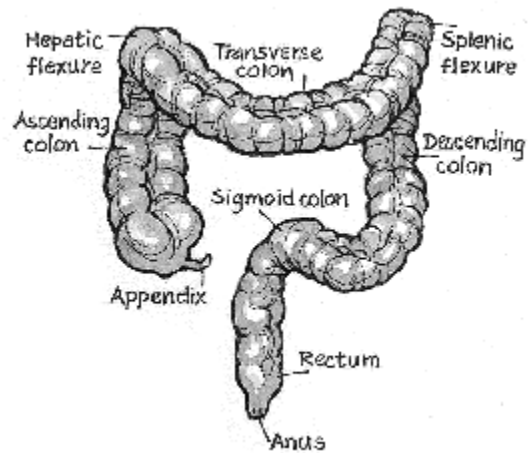
Before colonoscopy, your doctor/nurse will tell you what you can and cannot eat and drink. They will also tell you what bowel cleansing routine to use.

The preparation is usually made up of drinking a large amount of a special cleansing drink or clear liquids and special oral laxatives.

The colon must be completely clean for the procedure to be accurate and complete, so be sure to follow the instructions carefully.

3. Where is the large bowel?

The large bowel consists of the colon and rectum (back passage). This part carries the remains of digested food from the small bowel and gets rid of it as waste (called stool, faeces or bowel motion) through the opening of the back passage (anus).



The endoscope does not cause you problems with breathing. Most patients find the test only a bit uncomfortable, and many patients fall asleep.

Why is lower endoscopy done?

It is done so that the doctor can identify a growth at an early stage. Your doctor can pass instruments down the endoscope and treat many problems with little or no discomfort. Your doctor may stretch a narrowed area, remove small non-cancerous growths, or treat bleeding.

Your doctor can also treat bleeding by

- injecting drugs,
 - sealing off bleeding vessels using heat
- OR
- other methods such as small clips.

Your doctor may take pieces of tissue. This is known as biopsy. These can identify many conditions such as diverticular disease or cancer.

How should I prepare for the procedure?

You must not eat or drink anything for at least six hours before the procedure. This is to make sure that you have an empty stomach, which is necessary for the safest examination.

Can I carry on taking my usual drugs?

You should be able to carry on taking your usual drugs, but some drugs may cause problems with the examination.

You must tell your doctor what you are taking, particularly:

- Aspirin products
- Arthritis drugs
- Blood thinners i.e. Warfarin (anticoagulants)
- Insulin
- Diabetic tablets
- Iron supplements
- Any herbal remedies

And if you have:

- any allergies to any drugs
- a pacemaker
- a joint replacement
- a heart valve replacement

Tell your doctor if you have to take antibiotics before dental treatment. If so, you may also need antibiotics before a colonoscopy.

Just before the procedure, you will be given a light anaesthetic and a pain killer. This is usually given by injection into a vein. You will be able to breathe for yourself so it is not like a general anaesthetic and you may have difficulty remembering what happened after the procedure.

5. What if the doctor finds something wrong?

Your doctor may pass an instrument through the colonoscope and take a biopsy (a very small piece of the bowel lining) to be examined under a microscope. Biopsies are used to identify many conditions, and your doctor may take a biopsy, even if cancer is not thought to be the problem.

If colonoscopy is being done to find sites of bleeding, your doctor may stop the bleeding through the colonoscope by

- injecting drugs,
- sealing off bleeding vessels with heat treatment or
- other methods such as small clips.

Your doctor might also find polyps during colonoscopy, and he or she will most likely remove them during the examination. These procedures don't usually cause any pain.

6. What are polyps and why are they removed?

Polyps are growths in the bowel lining, and they can be as small as a tiny dot or up to several centimetres big.

They are not usually cancer but can grow into cancer over time. Taking polyps out is an important means of preventing bowel cancer. The doctor usually removes a polyp along the colonoscope, using a wire loop to remove the polyp from the bowel wall. An electric current is sometimes also used. This is not painful.

7. What are risks of a colonoscopy?

Although extremely seldom there may be some risks and complications to the procedure. These include:

(a) The most serious is bowel puncture. This can cause leakage of bowel contents into the abdomen. The risk is higher when large polyps are removed. This is treated by clipping the hole with a special disposable clamp and keeping the bowel empty under antibiotics for 48 hours.

Fluids and antibiotics are given via a drip. Further surgery may be needed. This may require a longer stay in hospital.

(b) Bleeding from the bowel following biopsy and/or removal of a polyp/polyps. This may be oozing from where the polyps were removed or damage of large blood vessels.

The risk may be greater the larger the polyp. Sometimes bleeding can happen up to 12 days afterwards. This usually settles without further treatment.

(c) Another colonoscopy may be done to stop the bleeding. Rarely, a blood transfusion and further surgery may be needed if there is a lot of bleeding. The procedure may not be able to be completed due to bowel disease or other problems. Polyps or cancer can be missed. The risks are higher if your bowel is not cleaned properly. It is important that you follow the instructions to clear your bowel before the procedure.

(d) Mild pain and discomfort in the abdomen for one or two days after the procedure. This is treated with pain relief. It usually settles without further treatment.

(e) Very rarely, heart and lung problems such as:

- low oxygen levels
- lowered blood pressure
- higher pulse rate
- pneumonia (caused by vomit going down the lungs)

(f) People with ill health are more at risk. Healthy people may feel very drowsy for a few days afterwards. The procedure is immediately stopped if anything happens. Rarely, drugs may be given to take away the effects of the sedation and at worse life saving procedures may be needed. Death due to complications of colonoscopy is extremely rare.

8. What if I don't have the procedure?

Your symptoms may become worse and the doctor will not be able to give you the correct treatment without knowing the cause of your problems.

9. Are there other tests I could have instead?

There are a number of tests that can be done, such as:

- Contrast CT-Colonography
- Double contrast barium enema

Usually both would be needed for your doctor to consider that your bowel has been thoroughly investigated. But you may still require a colonoscopy if unclear or questionable areas are seen.

10. What can I expect after a Colonoscopy?

You might have some cramping or bloating because of the air entering the colon during the examination. This is minimized through carbon dioxide insufflation. This should go away quickly when you pass gas.

You may get some bleeding from the back passage for a few days after the procedure. You must tell your doctor if this is more than half a cup.

Your doctor will tell you what was found during the examination or you may need to come back for a follow up appointment to discuss the results, and to find out the results of any biopsies

11. What are the safety issues?

For your safety you must:

- Be taken home by a responsible person
- Have a responsible adult care for you that day/night or be on hand in case of any problems
- Not drive a car or motorcycle (this is against the law) or operate machinery, until the following day or for as long as your doctor or anaesthetist advises.
- Not make any important decisions or sign any contracts within 24 hours of the procedure (the medication used may impair judgement)
- Not drink any alcohol for 24 hours after your procedure

12. Tell your Doctor if you:

- Generally feel ill with or without headache, chills or muscle aches
- Have a high temperature/fever
- Begin to have bright red bleeding from your back passage - more than half a cup.
- Have feelings of dizziness, shortness of breath or feel faint
- Start to get sharp pains in the stomach or begin vomiting
- Get discomfort/irritation in your back passage

BOWEL PREPARATION FOR A COLONOSCOPY WITH MOVIPREP

The bowel preparation will cause contractions of your gastrointestinal tract which will allow the bowel to clear promptly. In order to ensure a detailed examination of the bowel and to avoid a repeat procedure (if a clean bowel has not been achieved) it is essential that the bowel is as clean as possible.

The bowel preparation starts two days before the examination. It is therefore important to follow the instructions below.

Although the manufacturer provides written information on how to take your bowel preparation we would prefer you to follow the instructions as follows.

SEVEN DAYS BEFORE YOUR COLONOSCOPY

If you take iron tablets, stop taking them as they may stain the lining of your bowel making views difficult. Also stop taking homeopathic medicines such as Garlic and Cod Liver Oil capsules which may impact upon your blood clotting.

FOUR DAYS BEFORE YOUR COLONOSCOPY

Stop taking constipating agents such as codeine phosphate and loperamide (Imodium). Continue taking other regular medicines including laxatives.

THREE DAYS BEFORE YOUR COLONOSCOPY

Do not eat any high roughage foods such as fruit, lettuce, vegetables, high fibre cereals (such as All bran and Bran flakes, muesli, weetabix, porridge), salad, mushrooms, nuts, sweetcorn, and wholemeal bread.

TWO DAYS BEFORE YOUR EXAMINATION

BREAKFAST (8.00-9.00 am)

At any time today you may drink any of the following:

Tea/Coffee (with milk and sugar/sweetener if required) or other drink such as water, energy drinks, soda water, fizzy drinks, squashes, strained fruit juice, herbal/fruit tea, clear soup or drinks made from stock/meat extract cubes.

In addition to the drink you may choose, one of the following (smaller portions are allowed if you prefer)

- 30g (about 2/3 tablespoons) crisped rice cereal or corn flakes with up to 100ml (about half a teacup) milk
- 2 slices white bread/toast with a thin spread of butter/margarine and honey (if desired)
- 1 boiled/poached egg and 1 slice white bread/toast with a thin spread of butter/margarine
- 50g (about half a small pot) cottage or cream cheese and 1 slice white bread/toast with a thin spread of butter/margarine

MID MORNING

Tea/coffee (with milk and sugar/sweetener if desired)

LUNCH (12.00-1.30pm)

Choose one of the following low fibre meals (smaller proportions are allowed if you prefer)

- boiled/steamed white fish or boiled chicken
- 2 boiled/poached eggs
- 100g cheese

AND one of the following (smaller portions are allowed if you prefer)

- 2 slices white bread/toast with a thin spread of butter/margarine
- 2 egg sized potatoes without skin with butter/margarine (use sparingly if desired)
- 2 table spoonfuls plain white pasta/rice from list

MID AFTERNOON

Tea/coffee (with milk and sugar/sweetener if desired)

SUPPER Same as lunch.

THE DAY BEFORE YOUR EXAMINATION

Please follow regardless of whether your appointment is AM or PM.

At any time today you may drink any of the following:

Tea/coffee (black or sweetener if desired) or any other drinks such as water, energy drinks, soda water, fizzy drinks, squashes, strained fruit juice, herbal / fruit tea or drinks made from stock / meat extract cubes.

BREAKFAST (8am) THE SAME AS THE PREVIOUS DAY. Tea and coffee black.

08.00am Breakfast same as previous day

12.00pm Lunch same as previous day. Tea and coffee black.

5.00 pm One pack of MOVIPREP® contains 4 sachets, i.e. 2 each of sachets A and B. Mix the contents of 1 sachet A and 1 sachet B into a suitable container. Add 1 litre of water. Stir the solution until the liquid is practically clear. (This can take several minutes.) Suggestion: chill MOVIPREP® before

SUPPER (7pm -9pm): No solid food is allowed. Clear soup or a meat extract drink (BOVRIL or OXO) followed by clear jelly (NOT red jelly. Lemon or lime is preferable).

AFTER 9PM NO FURTHER SOLID FOOD OR MILK AND OTHER DAIRY PRODUCTS ARE ALLOWED AFTER SUPPER UNTIL YOUR HOSPITAL PROCEDURE.

DRINK PLENTY OF CLEAR FLUIDS, PREFERABLY WATER. TEA/COFFEE AFTER LUNCH SHOULD BE BLACK.

You should expect watery bowel movements (like diarrhoea) to start within 1-2 hours of starting the bowel preparation. You should remain close to a toilet at this time. When the watery bowel movements begin this is only the start of the process that clears out the bowel.

ON THE DAY OF APPOINTMENT

Mix again the contents of 1 sachet A and 1 sachet B into a suitable container. Add 1 litre of water. Stir the solution until the liquid is practically clear.

Drink 1 litre of MOVIPREP® within 1 to 2 hours. Try to drink a glass every 10 – 15 minutes. In addition to each litre of MOVIPREP®, take at least 500 ml of clear fluids, e.g. water, clear soup, fruit juice without fruit pulp, lemonade or tea without milk.

You must have drunk all the MOVIPREP® 2 hour before your scheduled appointment. It is important that you continue to drink the solution until the entire sachet has been consumed. Drink plenty of clear fluids, preferably water until your stools run clear. While you are taking MOVIPREP®, make sure you are always within easy reach of an unoccupied toilet.

You can only drink / sip clear fluids, preferably water until 1 hour before your appointment time

You may experience a sore bottom/anus from frequent visits to the toilet. A barrier cream such as Vaseline can be applied to this area for your comfort.

Do not take any other medicine by mouth within one hour of taking Bowel preparation. This is because another medicine will probably be flushed out before it has time to work. Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines obtained without a prescription.

Pregnancy and breast-feeding: Bowel preparation should only be used during pregnancy or whilst breast-feeding if considered essential by your doctor.

Driving and using machines: Bowel preparation should not affect your ability to drive or use machines.

Report any allergic reactions such as a rash, itchiness, redness or swelling after taking the bowel preparation to your doctor.