



**GASTROENTEROLOGY SECTION
CONSENT FOR COLONOSCOPY**

INTRODUCTION: Your doctor, _____, has scheduled you for an examination of the colon or large intestine using a colonoscopy, a flexible tube. The indication (or reason) for the procedure is: _____. We are asking you to read this form so that we can be sure you understand the procedure and the risks. Please ask questions about anything on this form you do not understand.

PROCEDURE: An intravenous will be started for intravenous sedation. The instrument will then be inserted through the rectum to examine the colon. The colon will be examined in detail and samples (biopsies) may be taken. At the time of colonoscopy, additional procedures may also be performed including: removal of polyps, stretching or narrowing (or stricture) and/or heater probe of a bleeding site. The examination will take approximately 30-60 minutes with a 30-60 minute recovery period.

RISKS: In general, colonoscopy is a safe test, but does have some risks associated with the procedure and with the use of sedation. The risks associated with the procedure range from minor discomforts to significant medical problems. Patients often note bloating and cramping after the procedure that lasts 1-3 hours. The important risks include: 1) bleeding; 2) perforation (2/1000). These complications may be serious and may necessitate hospital admission, antibiotics, transfusions or surgery. In addition, there have been reports of serious, unpredicted complications culminating in death. The possibility of missing a significant lesion also exists (2-10%). The risks of anesthesia include: 1) inflammation or bruising at the site of the intravenous (phlebitis); 2) allergic reaction (such as hives, wheezing, anaphylaxis); 3) problems with cardiac and pulmonary function (irregular heartbeat and slowed breathing).

ALTERNATIVES: There may be other alternatives that your physician could use to help diagnose your problem, including barium x-rays or surgery. If you are reluctant to have the colonoscopy, please discuss this with your physician.

AGREEMENT: I understand the information on this form and have had an opportunity to ask my physician any other questions I might have. I agree to have the procedure performed and accept the risks.

Signature: _____ Date: _____ Time: _____
Patient or Relative

Signature: _____ Date: _____ Time: _____
Witness

Signature: _____ Date: _____ Time: _____
Physician

