**** **CUH Endoscopy Department**

**Having a Colonoscopy**

**This is your Consent Form:**

**it is a legal document, please read it carefully.**

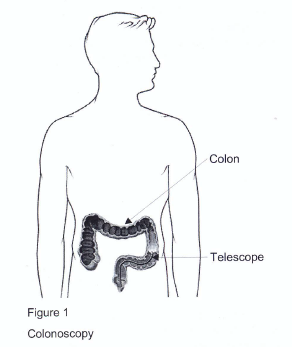
**Please bring this form with you on the day of colonoscopy.**

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**What is Colonoscopy?**

A colonoscopy is a procedure to look at the inside of your large bowel (Colon) using a long thin flexible tube with a camera at the end. This is passed through your back passage (anal canal) and into your large bowel. This allows inspection of the colon for evidence of disease. Small tissue samples (biopsies) or polyps may be taken or removed as part of the procedure. Air and water are often used to inflate the bowel which may cause feelings of pressure and bloating. The test usually takes approximately 30 minutes.

**Do I need to have a colonoscopy?**



Your doctor has recommended a colonoscopy but it is your decision whether to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision. If you have any questions that this document does not answer, ask your doctor or the healthcare team.

**What are the benefits of a colonoscopy?**

To investigate symptoms and problems that may be coming from your bowel. If the Endoscopist (the person doing the colonoscopy) finds a problem, they can take biopsies (removing small pieces of tissue) to help make the diagnosis. Sometimes a polyp (small growth) is the cause of the problem and the Endoscopist may be able to remove it during the procedure.

Endoscope

**What will happen if I decide not to have a colonoscopy?**

Your doctor may not be able to confirm what the problem is. If you decide not to have a colonoscopy you should discuss this carefully with your doctor.

**Before the procedure**

* You must fast completely from all food and fluids for at least 6 hours before your test
* Your bowel must be empty for an accurate and complete colonoscopy- please follow the separate bowel preparation instructions carefully.
* Please check in at the admission office.
* Please ensure you have a complete list of medications with you and next of kin contact details. Please leave all valuables at home.
* Some medications may need to be held prior to procedure- this will be discussed prior to the test.

**Sedation**

* The test may be carried out with or without sedation.
* An unsedated colonoscopy has the advantage that you may go home unattended shortly after your test.
* Conscious sedation uses a combination of medications injected through a drip in your vein to help relax you and reduce pain. This is not a general anaesthetic but may affect your memory of events.
* You must be accompanied by a responsible adult after the procedure for 24 hours if you choose conscious sedation.

**Procedure**

* The agreed sedation pathway will be followed.
* The endoscopy team will monitor your oxygen levels, heart rate and blood pressure.
* If you need oxygen, they will give it to you through a mask or small tube in your nostrils.
* The tube will then be inserted via your back passage to start the test.

**What are the potential side effects/ complications?**

A colonoscopy is a simple, safe and effective test for most people but complications can occur. These include:

* Mild abdominal pain and bloating for a day or so after the procedure.

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* Allergic or hypersensitive reactions to the equipment, materials or medication.
* Bleeding post polyp removal (approx. 1 in 100 patients). This may require repeat colonoscopy, blood transfusion or rarely surgery to stop the bleeding.
* A hole (perforation) in your bowel wall (risk: 1 in 1,000 patients). This requires admission to hospital for antibiotics, fluid support and may require surgery to repair the hole.
* An incomplete examination caused, for example, by technical difficulty, incomplete or ineffective bowel preparation or complications during the procedure, may result in a significant pathology being missed. This is thought to occur in 3% of cases.
* Breathing difficulties, heart irregularities or aspiration of stomach contents that may spill into your lungs during the procedure. To help prevent this from happening, your oxygen levels will be monitored and a suction device will be used to clear any secretions from your mouth. Antibiotics may be required.
* Some of these can be serious and in extremely rare cases cause death (risk: 1 in 25,000 patients).

**After the procedure**

* Unsedated- you may go home immediately unaccompanied but must fast for one hour.
* Conscious sedation- you will usually recover in about an hour but this depends on how much sedative you were given. Once you are able to swallow properly, you will be given a drink. You may feel temporarily bloated for a few hours.
* A responsible adult should accompany you for 24 hours. Do not drive, operate heavy machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. You should also not sign legal documents or drink alcohol for 24 hours. You should be able to return to work the next day unless you are told otherwise.
* If you develop any of the following, go to the nearest emergency department:
  + Chest pain, shoulder pain or difficulty breathing
  + New or different pain in your abdomen
  + Vomiting large amounts of fresh blood
  + Passing large amounts of blood or black tar-like stools from your back passage

**Patient to complete:**

**I have read and understood the information in this form:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Colonoscopy Consent Form**

Once you have fully read and signed the patient information section, you may proceed with this consent form. You may complete this section at home prior to the test if you wish.

If you have further questions or queries please do not sign this form until discussed with the endoscopist.

- I consent to the procedure as explained.

- I understand why I am having the procedure and that I may change my mind at any time before the procedure, and not undergo the procedure.

- I understand the risks associated with the procedure and that blood transfusion, hospital admission or surgery may be required. I understand that any tissue samples removed from my body during the procedure may be used for diagnostic and therapeutic purposes as part of my care.

- I consent to the observation of the procedure as part of healthcare professional training, as Cork University Hospital is a teaching hospital. I further understand that a doctor other than my own consultant/ doctor may perform the procedure.

Name of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor Statement**

*I have spoken to this patient and am satisfied that they fully understand the procedure.*

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical council registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_