RALEIGHENDOSCOPYCENTER

INFORMED CONSENT FOR COLONOSCOPY

Explanation of Procedure

Direct visualization of the colon with lighted instruments is referred to as a colonoscopy. The following information is presented to help you understand the reason for and the possible risks of the procedure. You will be given medication in the vein to make you sleepy (moderate sedation), however, some discomfort may be experienced during the procedure. This procedure involves examination of the large intestine (colon). If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed or brushed, however, it must be noted that a colonoscopy is not an exact procedure and lesions may be missed. Colon polyps (small growths or masses), if found, may be removed using a wire loop and electric current to prevent bleeding (polypectomy). These samples are viewed by a pathologist under a microscope to determine if abnormal cells are present.

Principal Risk and Complications of Colonoscopy

Colonoscopy is generally a low risk procedure. However, all of the complications below are possible and your physician will discuss their frequency with you. You must ask your physician if you have any unanswered questions about your procedure.

1. **PERFORATION**: Passage of the instrument may result in an injury to the colon wall with possible leakage of colon contents into the body cavity. If this occurs, surgery to close the leak may be required.
2. **BLEEDING**: Bleeding, if it occurs, is usually a complication of biopsy. Management of this complication may consist only of careful observation, but may require blood transfusions, hospitalization or possibly a surgical operation.
3. **MEDICATION REACTIONS**: You may have an allergic reaction to the medication or you may experience increased sedation. If this occurs, medication can be given to reverse the effects of the medications. Medications used for sedation may irritate the vein. This causes a red, painful swelling of the vein and surrounding tissue. The area could become infected. Discomfort in the area may persist for several weeks to several months.
4. **OTHER**: This includes complications from other diseases you may already have. You must inform your physician of all your allergies and medical problems. Death is a rare and infrequent complication.

Alternatives of Colonoscopy

X-ray studies may be an alternative, but x-rays do not allow for direct visualization of tissue nor do they allow for removal of tissue specimens or polyps if necessary.

I certify that I understand the information regarding COLONOSCOPY. I have been fully informed of the risks and possible complications of my procedure. I hereby authorize and permit **«USName»**and whomever he may designate as his/her assistant to perform the colonoscopy. If any unforeseen condition arises during the procedure calling for additional procedures or treatments, I authorize him/her to do whatever he deems advisable. If surgery is required, I realize I must be transferred to another facility for this. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me concerning the result of this colonoscopy.

Date Time Signed by patient or legally authorized person

Date Time «USName»