

ENDOSCOPY CENTER OF SANTA FE

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INFORMED CONSENT FOR COLONOSCOPY OR FLEXIBLE SIGMOIDOSCOPY

I, _____, hereby authorize my doctor and designated assistants to perform an endoscopic examination of my colon.

Colonoscopy of flexible sigmoidoscopy is usually a safe procedure. Important information is obtained, and therapeutic methods are possible. The goal of this examination is to thoroughly examine the colon (or a portion of it), however, there is a small possibility that some lesions may not be seen, perhaps due to residual material in the colon. The description set forth below is designed to inform you of what colonoscopy and flexible sigmoidoscopy entails. If you have particular questions, please be sure to discuss them with your physician or assistants.

This is a procedure which consists of passing a flexible lighted instrument through the anus and into the rectum and from there, passing it through the entire colon (large bowel). During a colonoscopy exam sedation may be given. During a flexible sigmoidoscopy (the lower 1/3 of the colon is examined about 40cm) and sedation is usually not given. There is usually some discomfort with this, but intravenous medication may be used to reduce discomfort to a minimum. I understand that any use of any medication carries with it a small risk of allergic reaction. When these occur, they are usually mild, commonly in the form of rashes or hives. **Please be sure to tell us about your allergies**, if any. Conscious sedation is usually given for the colonoscopy procedure using Fentanyl (a narcotic) and Versed (a benzodiazepine like valium) given intravenously. The major risk of sedation is decreased breathing or low blood pressure. Heart and lung complications from sedation occur in 0.5% (or 1 in 200) and death can occur in 0.03% (or 3 in 10,000) patients. During the procedure, the physician may perform ancillary procedures such as taking small amounts of tissue (biopsies) or removal of growths (polyps). Even if these maneuvers are not anticipated, I understand that the decision whether to do them will be based on the physicians discretion during the procedure. I also understand that during the procedure unforeseen conditions may be revealed requiring the performance of additional procedures. I authorize my doctor or assistants to perform such other procedures deemed medically necessary based on his or her medical judgment.

The usual risks and potential complications relating to the examination have been explained to me. I accept them as a part of the procedure. Aside from the risk of a variety of complications, perforation or bleeding may occur. Perforation is when a hole in the intestinal tract allows leakage of bowel contents which can cause severe infection and require hospitalization and / or surgery. Perforation of the wall of the colon is reported in 0.05% (or 1 in 2000) patients during colonoscopy and 0.01% (or 1 in 10,000) during flexible sigmoidoscopy. Significant bleeding (requiring blood transfusion) is reported in less than 1 in 1500 patients. If a polyp is removed, the risk of bleeding is 1% (or 1 in 100) and the risk of perforation is 0.35% (or 1 in 300). I understand that if perforation or bleeding does occur, these will be treated possibly without surgery, but surgery is necessary in some instances.

If you are given sedation for this procedure, you will not be able to operate an automobile for 24 hours. Please note that sedation **cannot** be given unless someone is here to drive you home.

Alternatives such as not doing the procedure or X-ray tests to obtain similar information have been discussed with me.

SIGNATURES

WITNESS: _____

PATIENT/GUARDIAN: _____

DATE: _____

PHYSICIAN: _____