

Informed Consent for Colonoscopy

I permit Dr. _____ and such other doctors or persons as are needed to assist him/her to perform the following procedure on me:

Colonoscopy and possible biopsy, polypectomy, dilation or hemostasis. After anesthesia or sedation medications are given into a blood vessel to relax me, a long flexible tube (colonoscope) is inserted through the rectum into the large intestine (colon) and allows the physician to carefully examine the lining of the colon. If the doctor sees a suspicious area, he can pass an instrument through the colonoscope and take a small piece of tissue (biopsy) for examination in the laboratory. If the doctor feels the removal of a growth (polyp) is indicated, he will pass a wire loop (snare) through the colonoscope and sever the attachment of the polyp from the intestinal wall by means of an electrical current, biopsy or shaving it off with a loop. If the doctor sees an area which he believes needs to be treated for bleeding, he may pass a special device through the endoscope to clot it with heat, inject it with a chemical and/or attach a clip in an attempt to stop the bleeding. If the doctor finds a narrowing (stricture), he may attempt to dilate (stretch) it with special tubes or a plastic balloon.

ALTERNATIVES TO COLONOSCOPY: There are several possible alternatives to colonoscopy. Possible alternatives vary for each patient and include x-rays, surgery, no examination or other possible techniques that have been explained to me.

POSSIBLE PROCEDURE RISKS AND COMPLICATIONS: The safety track record for colonoscopy is excellent. Complications are infrequent and usually related to the removal of polyps. Bleeding after a polyp is removed occurs occasionally, and, rarely, an injury to the lining of the intestinal tract of the colon (a perforation) may take place. Both of these complications can be effectively treated. Bleeding may require hospitalization and repeat colonoscopy with observation or treatment of the bleeding site. Perforation will require hospitalization and may be treated conservatively or with surgical closure of the perforation site. Colonoscopy is not a perfect test and can occasionally fail to identify small polyps or, rarely a significant polyp or cancer. There is a small risk of infection with dilation or injection. I understand that there are risks with any surgery or procedure, and it is impossible for the physician to inform me of every possible complication. I have been given the opportunity to ask questions about the procedure that will be performed. Any tissue removed will be disposed of by the designated laboratory in accordance with the usual practice. I consent to the taking and publication of any photographs in the course of this procedure for the purposes of documentation and medical education. All identification information will be removed.

POSSIBLE ANESTHESIA RISKS AND COMPLICATIONS: Anesthesia and/or medications for sedation can cause a slowing or stopping of breathing, which can usually be safely reversed with other medications. An irritation in the vein that was used for administration of medicines may occur. The risks and benefits of sedation have been explained to me.

I consent to the administration of conscious sedation or other medications as directed by the physician. _____ Initials

If anesthesia services are being provided by independent anesthesia provider, I will sign a separate consent form.

In the event that a center employee or physician should be exposed to my blood through needle stick or other unforeseen incident I hereby give my permission for my blood to be drawn and tested for HIV, or any other blood borne illnesses that the physician deems necessary to adequately protect me and my care giver.

Physician Financial Interest and Ownership: The Center is owned, in part, by the physicians. The physician(s) who referred you to this Center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with Federal regulations.

Do you have a living will or durable power of attorney (advance directive)? _____ Yes _____ no. In the ambulatory setting, if a patient should suffer a cardiac or respiratory arrest or other life-threatening situation, the signed consent implies consent for resuscitation and transfer to a higher level of care. Therefore, in accordance with Federal and State law, the facility is notifying you we will not honor previously signed advance directives for any patient. If you should be transferred to another health care facility upon leaving our Center, your advance directive will be honored according to the policy of that facility.

My doctor and I have discussed the proposed procedure, its alternatives, possible risks, complications and side effects. I am willing to accept these risks.