# Dublin Gastroenterology and Endoscopy Group

at the Mater Private

## CONSENT FOR FULL COLONOSCOPY

### What is a colonoscopy?

A colonoscopy is a procedure in which the doctor passes a thin, flexible tube through the anus (back passage), which allows examination of the large bowel, also known as the colon. This allows the doctor to check for a number of conditions such as inflammation, haemorrhoids, polyps and bowel cancer. During the procedure, biopsies (small pieces of tissue) are often taken. It is necessary to retain this tissue in order to examine it fully.

### Preparation for a colonoscopy

Please see the accompanying leaflet for information on how to prepare for your procedure

### What will happen during the procedure?

You will be checked in by the administrator on arrival at the Day Therapy Unit and thereafter, a nurse will complete the medical checks. Please bring a list of your medications with you. The nurse will show you to a cubicle where you can get changed into nightwear or a gown for the test.

In the endoscopy room, the nurse will go through the safety checks once again. An IV line will be inserted into the arm. Your pulse, oxygen levels and blood pressure will be recorded and monitored throughout the test. You will be asked to remove any clothing below the waist, and lie on your left side. The sedation will be administered at this stage. You will be relaxed and comfortable, which is the desired result of the sedative (you will not be 'knocked out' as you would for an operation). The doctor will perform a digital (finger) examination of the rectum. The scope will then be passed through the anus into the rectum, and advanced into the colon. The doctor will put air into the colon to get good views during the test. Some of this air may be passed back out during the procedure. You may be asked to change position during the test to help the scope to pass around the bowel. The nurse may also press on your tummy during the procedure for the same reason. Once the procedure is finished, you will be brought to the recovery area and monitored until you are fully recovered from the sedative. Once you have eaten, your family member or friend can collect you. The doctor will speak with you before you leave.

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## Risks of a colonoscopy

The risk of a serious complication as a result of a diagnostic colonoscopy is low - estimated to occur in 2 people in every 1000 procedures. The risk increases if a therapy is performed (eg – removing a polyp, stopping a bleed, opening a narrowed area etc) or if the patient is older, or has certain other medical problems. Complications can be related to

1. Medication: It is rare to encounter this problem. A person may suffer from phlebitis (inflammation of the vein) at the site of the IV line. Additionally, the injected sedatives may cause problems with the heart or lungs, particularly if there is an underlying problem in those areas, or in the elderly, or in an emergency situation. (between 2 and 5 people per 1000 procedures could develop sedation related heart or lung problems). For this reason, we must take care with those medications and avoid 'oversedation'. Rarely, the bowel preparation can cause fluid or electrolyte (salt) disturbances

2. Bleeding: Bleeding risk is usually associated with removal of a polyp, with bleeding noted in up to 1 in 200 cases. (the risk can be even higher with large polyps). The risk may be increased by the presence of a bleeding condition, or if a patient is taking blood thinners. However it is generally considered safe to do a diagnostic procedure whilst taking those medications (you may need to have a blood test performed if on warfarin). Any therapeutic intervention, (such as opening of a narrowing, placement of a feeding tube, stopping a bleed) increases bleeding risk, and certain medications may have to be stopped to facilitate intervention such as polyp removal. Bleeding can often be controlled at the time of colonoscopy, or with a repeat procedure if it occurs at a later time (up to 7 days). Rarely, surgery or other techniques may be required to control it.

3. Perforation: This is a tear or hole in the lining of the colon. For a diagnostic procedure, the risk of perforation is low, approximately 1 per 1000 cases. If therapeutic procedures are performed, the risk can increase up to 10 per 100 cases, depending on the intervention. Older age, multiple medical illnesses, diverticular disease and other factors can be associated with a higher risk of perforation. Emergency surgery is often required to deal with a colonic perforation, and on occasion, this could result in the need for a temporary stoma (bag on the abdominal wall).

4. Infection: again this is a rare occurrence as a result of a colonoscopy.

5 Missed lesions: No test is perfect, including colonoscopy. There is research that shows that significant pathology, including advanced polyps and colon cancer, can be missed at colonoscopy, even in experienced hands. This can occur in up to 5% of cases. At present, there is no better test for the examination of the colon and rectum. A clean bowel preparation and an experienced, careful endoscopist help to reduce this risk.

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## Failure:

The doctor will reach the end of the bowel in over 95 cases of 100. In those in whom the procedure is incomplete, other tests may be required. The doctor will let you know if this necessary, and when you might expect it to take place. A CT colon is the most common procedure we recommend if a colonoscopy is unsuccessful

## What are the alternatives to a full colonoscopy?

You are always welcome to attend for a clinical consultation for further discussion with the doctor about possible alternatives. Although colonoscopy is the best test we have for evaluation of the large bowel, there may be other investigations, or a combination of other investigations that will give similar information (examples include CT colonoscopy). Sometimes, giving treatment based on symptoms only, without investigation, may be appropriate.

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## Giving your consent

I, ______________________________________, have read the information provided outlining the procedure itself, the associated risks/complications, the benefits and alternatives to a colonoscopy.

I have been given the opportunity to ask questions, and they have been answered to my satisfaction. I understand that I have the right to withdraw my consent at any time, even after this form has been signed.

I understand that in the event of an emergency, the medical staff will carry out any medically necessary interventions. These may include, but are not limited to surgery, radiologic procedures, anaesthesia, blood transfusion. Every effort will be made to include me in this decision making process where possible.

I consent to undergo the procedure FULL COLONOSCOPY

Signature of patient/guardian:______________________________________________________________________

Date: _______________________________________________________________________________________

Signature of Doctor:_______________________________________________________________________________

Date: ________________________________________________________________________________________

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