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Your appointment:	
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### COLONOSCOPY - INFORMED CONSENT

- ♣ Please read this carefully and bring this form into the day when you attend the colonscopy.
- ♣ If there is anything you do not understand, please raise this with medical staff before your procedure.

# What is colonoscopy?

Endoscopy involves the use of a flexible tube with a camera on its tip to examine the lower intestinal tract including the rectum, colon and last cm of the small intestine (ileum). Colonoscopy is done to examine the lower intestinal tract to diagnose or control diseases or is done for screening (checking for lesions).

## How is a colonoscopy done?

If you agree, you will be given a sedative/anesthesia through a vein in the arm during the procedure to make you more comfortable (sedation). The physician pushes the endoscope along the colon up to the caecum and small intestine. To have a good vision the endoscopist may flush air into the colon. The procedure allows to take biopsies (removal of a small portion of tissue) or to remove polyps (polypectomy). The procedure will take around 30-45 minutes.

# How should you prepare for colonoscopy?

You should have received instruction for the <u>bowel cleansing</u> that are very important for a good examination of your intestine! Follow these instructions well! You can drink clear liquid (water) until 2 hours before the procedure. Please do <u>not</u> stop any blood thinners or anticoagulants unless directly advised by your doctor but <u>write</u> it on the form below and tell it to the medical staff. Please take your normal medication (e.g. for blood pressure...) 2-3h before the colonoscopy with a little dip of water. You should inform the staff if you have heart valve disease or have a pacemaker implanted.

#### What are the possible risks or complications of this procedure?

Complications during colonoscopy are extremely rare. Despite the greatest care, complications can arise and in exceptional cases can also be life-threatening. Possible complications include bleeding (0,5-3%) that can be treated immediately. Rarely occur bleeding within one week after endoscopy. Very rare is the damage to the wall of the digestive tract (perforation) (0,3-0,5%), that can need a surgical intervention. In rare cases, after taking sleep medication, breathing and heart function may be impaired. There is a possibility that the procedure may be technically difficult and unable to be completed, particularly if there is poor bowel cleansing.

## To know before the exam?

You will need a friend or a relative to bring you to the procedure or take public transportation because you cannot drive for 12 hours after the procedure with sedation, thus you need somebody to accompany you home.

#### What you should know after the exam?

Your physician will inform you of the results immediately after the procedure (when you are awake).

You cannot operate a motor vehicle or machinery for at least 12 hours after the procedure, and cannot make any important decisions or sign any contracts within 12 hours of the procedure, if sedation was given for the procedure. After the exam it is possible to feel abdominal bloating or uncomfortable flatulence (due to air remaining in the intestine), but this will disappear soon in a few hours after the procedure. In the case of strong pain, nausea, breath disorder, vomit, black stool or stool with blood you should immediately contact the specialist that he made the exam. If this is not possible you must to go to an emergency room as soon as possible.

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# Questionnaire to reduce the risk of complications.

Last name:	Name:				
weight:kg	height:cm				
Make a cross under Yes or No, and if you sign yes please give details:					
		YES	NO	Specification	
Do you use anticoagulants /blood thinners?				<b>.</b>	
(ex.: Cardio Aspirine, Plavix, Clopidocrel, Brilique,	Xarelto,				
Eliquis, Effient, Lixiana, Marcoumar, Sintrom)					
During the week, before this exam, did you take d	lrugs for				
pain, inflammation, or flu-like symptoms?					
(es.: Voltaren, Ponstan, Brufen, Irfen, Ibubrufen, Ketopr	ofen, etc)				
You or someone of your family have bleeding pro	blems				
(blood coagulation disorder)?					
(Do you have bleeding problems after injury, surge	ry or after				
dental cure?)					
Do you have allergies or food intolerances?					
Food allergy (ex: soja or egg)					
<b>Medicines</b> (ex: anesthetics/sedatives, other drugs)					
Others (ex: latex, bands, etc)					
Do you suffer from heart or lung problems?					
(ex: coronary heart disease, arrythmia, asthma)					
Do you have an endocarditis prophylaxis card?					
Do you need to take antibiotics before dental surger	ry?				
Do you have diabetes? Do you need to inject insu	lin? Do you				
take medicament for diabetes?					
For woman: are you pregnant?					
Do you have joint prothesis, pace-maker_or another	er artificial				
implant in to the body?					
Do you have dental problems? Do you have a den or instable teeth?	tal implant				
Informed consent statement:					
I have received satisfactory answers to my questio	ns about the c	olonos	scopy.		
<i>y y</i> 1			1 3		
I consent to coloscopy and any associated procedure necessary (e.g. polypectomy, biopsies).					
I consent to the administration of sedation/anesthetic agents for the examination.					
Place / Date:	Patient signa	ture:			
Place / Date:	Physician sig	natur	e:		

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