



Affix Patient Label

Patient Name:

Date of Birth:

### **Informed Consent: Colonoscopy with Possible Biopsy and Polypectomy**

This information is given to you so that you can make an informed decision about having a **colonoscopy with possible biopsy and polypectomy**.

A colonoscopy is an internal examination of your colon (large intestine) and rectum using a thin, flexible tube with a camera on the end (a colonoscope). You will be given medicine to help you relax and pain medicine during the procedure. Your doctor will insert the tube gently through your anus. The scope is then moved into the beginning of the large intestine. Air is introduced into your large intestine to get a better view. Biopsies (small tissue samples) may be taken. Small growths called polyps may be removed during the procedure. Pictures may be taken which your doctor can see on a video screen.

#### **Reason and Purpose of this Procedure:**

This test is performed to diagnose and treat your problem. It is also part of a cancer screening program.

#### **Benefits of this Procedure:**

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Your doctor may be able to diagnose and treat a specific condition.
- Early detection of cancer.

#### **Risks of this Procedure:**

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

- **Hole or tear in the large intestine.** This may require additional treatment and/or surgery to correct.
- **Splenic laceration.** This may require further treatment or surgical repair.
- **Bleeding.** This may need further treatment or repair.
- **Nausea, vomiting, bloating, or rectal irritation caused by medications taken to cleanse the bowel.** These are temporary.
- **Complications from sedation medicine.** These include low blood pressure and breathing problems including slow breathing and aspiration (choking on vomit). A reaction to the medication can cause throat spasms, and excessive sweating. You will be watched by a nurse and given oxygen to breathe.
- **Infection** that may require antibiotics.

#### **Rare Risks of Polyp Removal:**

- Infection at the removal site with possible abscess.
- Gas or air trapped under the skin.
- Entrapment of normal bowel in the tool (snare) used to grab and cut the polyp.

#### **Risks Associated with Smoking:**

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

#### **Risks Associated with Obesity:**

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

**Risks Specific to You:**

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**Alternative Treatments:**

Other choices:

- Barium enema: An X-ray exam that can detect changes or abnormalities in the large intestine (colon).
- Fecal immunochemical test (FIT): A noninvasive colon cancer screening test that you can use in the privacy of your own home.
- Do nothing. You can decide not to have the procedure.

**If you Choose not to have this Treatment:**

- Your abdominal symptoms may not be properly diagnosed or treated.
- If you have bleeding, cancer, or any other undiagnosed problem, it may lead to death.
- Your physician can discuss any other treatments available for your particular symptoms.

**Information on Moderate Sedation:**

You will be given medicine in an IV to relax you. This medicine will also make you more comfortable. This is called “moderate sedation”. You will feel sleepy. You may even sleep through parts of your procedure. We will monitor your heart rate and your blood pressure. We will also monitor your oxygen level.

If your heart rate, blood pressure or oxygen levels fall outside the normal range, we may give medications to reverse the sedation. We may be unable to reverse the sedation. We may need to support your breathing.

Even if you have a NO CODE status:

- You may need intubation to support your breathing.
- You may need medications to support your blood pressure.

We will re-evaluate your medical treatment plan and your NO CODE status when sedation has cleared your body.

**Benefits of Moderate Sedation:**

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Less pain during the procedure.
- Less anxiety or worry.
- Decreasing your memory of the procedure.

**Risks of Moderate Sedation:**

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect. The list includes:

- Decreased breathing during the procedure and dropping oxygen levels. To help you breathe, a tube may be placed into the mouth or nose and into the trachea to help you breathe.

- Allergic reactions: nausea & vomiting, swelling, rash.
- Vomit material getting into the lungs.
- A drop in blood pressure. This needs fluids or medicine to increase blood pressure.
- Heart rhythm changes that may require medicines to treat.
- Not enough sedation or analgesia resulting in pain or discomfort.

Your physical and mental ability may not be back to normal right away. You should not drive or make important decisions for at least 24 hours after the procedure.

**General Information:**

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure, the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical salespeople, and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be taken during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

**By signing this form, I agree:**

- I have read this form or had it explained to me in words I can understand.
  - I understand its contents.
  - I have had time to speak with the doctor. My questions have been answered.
  - I want to have this procedure: **Colonoscopy with Possible Biopsy and Polypectomy** \_\_\_\_\_
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- I understand that my doctor may ask a partner to do the procedure.
  - I understand that other doctors, including medical residents or other staff may help with the procedure. The tasks will be based on their skill level. My doctor will supervise them.

**Provider:** This patient may require a type and screen or type and cross prior to procedure. If so, please obtain consent for blood/products.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Relationship:**  Patient       Closest relative (relationship) \_\_\_\_\_       Guardian/POA Healthcare

Reason patient is unable to sign: \_\_\_\_\_  Telephone Consent Obtained

First Witness Signature: \_\_\_\_\_ Second Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(One witness signature MUST be from a registered nurse (RN) or provider)

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Teach Back:**

Patient shows understanding by stating in his or her own words:

\_\_\_\_\_ Reason(s) for the treatment/procedure: \_\_\_\_\_

\_\_\_\_\_ Area(s) of the body that will be affected: \_\_\_\_\_

\_\_\_\_\_ Benefit(s) of the procedure: \_\_\_\_\_

\_\_\_\_\_ Risk(s) of the procedure: \_\_\_\_\_

\_\_\_\_\_ Alternative(s) to the procedure: \_\_\_\_\_

**OR**

\_\_\_\_\_ Patient elects not to proceed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Patient signature)

Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_