



Affix Patient Label

Patient Name:

Date of Birth:

### **Informed Consent For Pediatric Colonoscopy with Biopsies**

This information is given to you so that you can make an informed decision about your child having **Pediatric Colonoscopy with Biopsies**.

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

Colonoscopy is a procedure that allows the doctor to look at the inside of the colon. A colonoscope is inserted into the rectum. It is moved slowly through the colon usually to the cecum, which is the first part of the colon. It also lets the doctor biopsy (take a piece of tissue) areas that are of concern. These are sent to pathology to review.

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

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

- Assists the doctor to diagnose specific medical conditions, so treatment can be started.
- Allows the doctor to take small pieces of tissue. These are sent to the pathologist to review.
- Allows the doctor to treat serious conditions, to prevent the situation from becoming life threatening.

#### **Risks of Procedures:**

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

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

- **Infection.** Your child may need antibiotics.
- **Perforation.** This is a small hole, or puncture. This can occur in the rectum or colon. Your child may need surgery to repair.

#### **Information on Moderate Sedation:**

Your child will be given medicine in an IV to relax them. This medicine will also make your child more comfortable. This is called "moderate sedation". Your child will feel sleepy. They may sleep through parts of the procedure. We will monitor your child's heart rate and blood pressure. We will also monitor their oxygen level. If your child's heart rate, blood pressure or oxygen levels fall outside the normal range, we may give medications to reverse the sedation. We may not be able to reverse the sedation. We may need to support their breathing. Even if your child has a NO CODE status, they

- may need intubation to support their breathing.
- may need medications to support their blood pressure.

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



**BRONSON**

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**General Risks of Procedure:**

- Small areas of the lungs may collapse. This would increase the risk of infection. Your child may need antibiotics and breathing treatments.
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke may occur.
- Bleeding may occur. If excessive bleeding, your child may need a blood transfusion.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

**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 Your Child:**

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**Alternative Treatments:**

Other choices:

- Medication.
- Dietary management.
- Do nothing. You can decide not to have your child have the procedure.

**If You Choose Not to Have this Treatment:**

- Medical condition may get worse. Your child may need hospitalization or surgery.

**General Information:**

- During the procedure my child’s 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 sales people and other staff may be present during the procedure. My child’s doctor will supervise them.
- Pictures and videos may be done during the procedure. These may be added to my child’s medical record. These may be published for teaching purposes. My child’s identity will be protected.



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**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 my child’s doctor. My questions have been answered.
- I want my child to have this procedure: **Colonoscopy with biopsies:**  
\_\_\_\_\_
- I understand that my child’s doctor may ask a partner to do the surgery.
- I understand that other doctors, including medical residents, or other staff may help with surgery. The tasks will be based on their skill level. My child’s doctor will supervise them.

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

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Relationship:** Parent      Closest relative (relationship) \_\_\_\_\_      Guardian

**Interpreter’s Statement:** I have translated this consent form and the doctor’s explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_

Interpreter (if applicable)

**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 parent has agreed to procedure.  
  
Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Teach Back**  
  
Parent 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  
\_\_\_\_ Parent elects not to proceed: \_\_\_\_\_ (parent signature)  
  
Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_