

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 that will give similar information, (examples include CT Colonoscopy).

Sometimes, giving treatment based on symptoms only, without investigation, may be appropriate.

If you decide not to go ahead with the colonoscopy or alternative procedure, it is important for you to know that there are also risks attached to leaving a potential bowel problem undiagnosed, and therefore, untreated.

Other important points to note:

As the Mater is a University Teaching Hospital, a person other than the consultant, such as a registrar (senior trainee) or advanced nurse practitioner (ANP), may perform the procedure.

That person will be under the supervision of a consultant.

During the procedure, video footage and photographs may be taken- these will form part of the medical record and assist the doctor in providing medical treatment.

These images may also be used at a later date for audit or research purposes, but will be anonymous.

Giving your consent

I,
have read the information provided outlining the procedure itself, the associated risks and complications, the benefits and alternatives to a full 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:

.....
Day / Month / Year

Signature of nurse/doctor:

.....

.....
Day / Month / Year

Signature of Endoscopist:

.....

.....
Day / Month / Year

Interpreter:

I confirm that I have given a sight translation of the consent form in the language and assisted in the translation of verbal and written information given to the patient by the doctor/health care provider.

Full Name: *Block Capitals*

.....

Signature:

.....

Date:

.....
Day / Month / Year



Mater Misericordiae University Hospital

Consent for a FULL COLONOSCOPY

PLEASE READ THIS LEAFLET CAREFULLY AND
CONTACT US **BEFORE** YOUR PROCEDURE DATE IF
YOU HAVE QUESTIONS OR CONCERNS

GI unit

Phone: (01) 803 2366 Email: giunit@mater.ie
www.mater.ie/services/gastrointestinalunit

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 endoscopist to check for a number of conditions such as inflammation, narrowing, haemorrhoids, polyps and bowel cancer.

During the procedure, biopsies (small pieces of tissue) are often taken and polyps may be removed. It is necessary to retain this tissue in order to examine it fully. Please see the accompanying letter 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 GI Unit and thereafter, a nurse will call you to 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. An IV line will be inserted into the arm if you are going to have sedation.

In the endoscopy room, the nurse will go through the safety checks once again. 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, if desired, 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 endoscopist 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. A nurse will give you the results, a copy of the report for your GP and instructions to follow after the procedure.

The sedation will impair your ability to perform a number of tasks for 24 hours, so it is important to follow these instructions carefully.

It is also possible to have the colonoscopy without sedation – in this case, a person may experience abdominal discomfort and bloating during and for a short time after the test – a lift home is not required for patients who do not receive sedation.

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 1,000** procedures. The risk increases if a therapy is performed (eg – removing a polyp, opening a narrowed area) or if the patient is older, or has certain other medical problems. Complications can be related to:

1. Medication:

Rarely, 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 1,000** 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. Rarely, a life threatening allergic reaction, known as 'anaphylaxis,' can occur in response to medications administered during the procedure.

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 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 blood thinning medications (you may need to have a blood test performed if on warfarin).

Any therapeutic intervention, (such as removing a polyp or opening a narrowing) increases bleeding risk, and certain medications may have to be stopped to facilitate that.

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 1,000** cases. If certain therapeutic procedures are performed, the risk can increase up to **1 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:

This is a rare occurrence as a result of a colonoscopy. The risk of aspiration (overflow of stomach contents into the lungs) is small but is influenced by a number of factors - It is crucial that the 'nil by mouth' pre-procedure instruction is followed for this reason. It is also important to avoid oversedation as this can be associated with aspiration pneumonia.

5. Missed lesions:

No test is perfect, including colonoscopy. Research 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.

Failure:

The doctor will reach the end of the bowel in over **90 cases of 100.** Failure to complete can be influenced by a number of factors. Cleanliness of the bowel is an important factor in finishing the procedure, so please ensure you follow the bowel preparation instructions carefully. 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.

