Giving your consent

I, _____ have read the information provided outlining the procedure, the associated risks and complications, the benefits and alternatives to an Endoscopic Resection.

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 as outlined above.

Signature of patient/guardian _____ *Date* _____

Signature of delegate (nurse/doctor) _____ *Date* _____

Signature of Endoscopist _____ *Date*_____

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.

Name _____

Signature _____ *Date* _____

Patient Information & Consent Endoscopic Resection

Mater Misercordiae University Hospital

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

What is an Endoscopic Resection?

An Endoscopic Resection (ER) is a procedure which may be used to remove large or complex polyps (pre-cancerous growth) from the bowel. It is carried out as a daycase procedure in a similar fashion to a standard colonoscopy. A thin flexible tube (colonoscope) is guided along the bowel wall to locate the polyp. A small amount of fluid is injected under the polyp. A wire loop (snare) or endoscopic knife is then passed down the colonoscope and used to remove the polyp as a single piece, or multiple pieces depending on the nature of the polyp. Diathermy (a low electrical current) is often used to remove the polyp and seal any active or potential bleeding sites. The polyp is collected and sent for examination under the microscope. The polyp site is often secured then with metal clips to reduce the risk of complications (see below).

Why do I need to have an ER?

The polyp that was found at your previous endoscopy is larger or more complex than average or is in a location within the bowel that is difficult to access. This type of polyp is suitable for a specific procedure to facilitate endoscopic removal.

Are there any alternatives to an ER?

There are two other options:

1. Do nothing and leave the polyp where it is. However, this is usually not advisable as some polyps can change to bowel cancer if they are left to grow.
2. Remove the polyp by having an operation on the bowel. Although this is straightforward in the majority of cases, it does carry risk associated with general anaesthetic and surgery. Endoscopic resection is considered to be a less invasive and lower risk procedure for appropriate pre-cancerous polyps. For cancerous polyps or where endoscopic resection is considered inappropriate, surgery may be recommended.

How do I prepare for the ER?

Preparation is the same as for a standard diagnostic colonoscopy. You will receive instructions for bowel preparation to clean the bowel as it is very important to be able to see the polyp clearly during removal. Please read the instructions clearly. If you have diabetes or take anticoagulants/ antiplatelets (blood thinning) medications, please ensure your doctor is aware so we can contact you with detailed instructions before your procedure.

What will happen during my procedure?

You will be checked in by the administrator on arrival to the GI Unit and thereafter, a nurse will discuss your procedure and complete your admission checklist. You will be asked to change into a gown for the procedure. An intravenous (IV) line will be placed in a vein on the back of your hand so that we can provide you with sedation and analgesia during the procedure. The aim of sedation is to make you feel relaxed and comfortable during your procedure (this is not a general anaesthetic). It is possible to have this procedure without sedation and this can be discussed during pre-assessment, or with the admitting nurse or your doctor. The doctor will discuss your procedure and answer any further questions before you are asked to sign a consent form.

You will be asked to lie on your left side on the procedure trolley, although your position may change during the procedure. The nurse will monitor your blood pressure, pulse and oxygen levels throughout the procedure. You will also be given oxygen by a nasal tube. The scope will be passed into the rectum and advanced to the polyp site. Carbon dioxide or air will be passed into the bowel and can make you feel bloated and uncomfortable during the procedure, so please let us know how you are feeling. The endoscopy team will continuously focus on your comfort during the procedure and adjustments can be made to enhance comfort as the procedure progresses. Procedure times can vary but are generally longer than a standard diagnostic colonoscopy.

What happens after?

If you received sedation you will need to rest in the recovery room until the immediate sedation effects have worn off (for about 1 hour) and you must be accompanied home by a responsible adult. The nurse will check your blood pressure, pulse and oxygen levels at regular intervals. Once the immediate effects of sedation have worn off you will be offered light refreshments. We will discuss your test results with you before you go home and your doctor will follow up with you in 2-4 weeks. We will send a copy of the procedure report to your GP or referring doctor. You will be sent a follow up appointment for a check colonoscopy/left colonoscopy procedure 4 – 6 months after the index procedure.

It is important to note that the full effects of sedation may last up to 24hrs following your procedure. We will provide you with a written discharge advice sheet which includes information on what to look out for and who to contact if you have any concerns following your procedure.

What are the risks and possible complications of endoscopic resection?

1. Bleeding: Some patients experience spotting on the toilet paper or drops in the toilet, this usually settles in a day or two. Significant bleeding may occur in up to 3 in 100 cases (3%) It can happen during the procedure, or up to 14 days after the procedure. The majority of post-procedure bleeding occurs within the first 48 hours. The risk may be increased by the presence of a bleeding condition, or if a patient is taking blood thinners. Heavy bleeding may require an overnight stay in hospital, blood transfusion or repeat procedure to control it. Rarely, an operation may be needed to control bleeding from the bowel.
2. Perforation: This is a tear or hole in the lining of the bowel and can happen in 1-2 in 100 (1-2%) of cases. It can occur at the time of the procedure, and often it is possible to close small holes with metal clips, without causing any major problems but larger tears in the wall of the bowel can require hospital admission or surgery in rare cases. Perforation can also happen after the procedure (delayed perforation), in which case you would need to be re-admitted to hospital and again may require surgery. These instances are rare but it is important you are aware of all possible outcomes.
3. Incomplete removal of the polyp: Sometimes it may not be possible to remove the polyp completely.
4. Medication: Rarely, a person may develop an inflammation of the vein at the site of the IV line. In addition the sedative may cause problems with the heart and lungs, particularly if there is an underlying condition.
5. Trapped wind: Bloating, feeling faint and dizzy, cold sweats and feeling sick can occur during or after the procedure. This usually subsides quickly.

   If you develop any of the following symptoms seek urgent medical advice from the GI Unit, your GP or the Emergency Department
   - You feel unwell or hot and shivery
   - You feel nauseated or vomit
   - Your tummy becomes hard, swollen and painful
   - Any bleeding from the bowel which is fresh and more than a teaspoon-full.

Other important points to note:

As the Mater is a University teaching Hospital, a person other than the consultant, such as a registrar or endoscopy fellow (senior trainee) may observe or assist with your procedure. During your procedure, video footage and photographs may be taken – these will form part of the medical records and will assist the doctor in providing medical treatment. These images may be used at a later date for teaching, audit or research purposes, but will be anonymous.