

Gastroenterology Informed consent

Upper Endoscopy and Colonoscopy advice
for all patients attending (*please tick*):

- Cherside Day Hospital
Ph: 07 3120 3407 or 07 3120 3408
- Brisbane Endoscopy Services (Sunnybank)
Ph: 07 3344 1422 or 07 3344 1844
- North West Private Hospital Ph: 07 3353 3322
- Wesley Hospital Ph: 07 3870 3799

Affix patient label here

Upper Endoscopy and Colonoscopy

What to bring

- Referral letter (*if applicable*)
- Hospital documents (*if applicable*)
- Medicare card
- Pension/Health card (*if applicable*)
- Health fund details
- Something to read
- The contact details of the responsible adult who is taking you home.

After your procedure

For legal reasons, you must not drive a vehicle or operate machinery for at least 12 hours following intravenous sedation. Failure to do so carries the same implications as 'drink driving'.

You must have a responsible adult to escort you home and stay with you for at least 12 hours post procedure.

You will be advised to be very careful in simple household tasks in the 12 hours after receiving sedation. Your coordination may be impaired for some time and it is important, therefore, not to use sharp knives, risk kitchen burns, etc.

If you develop any pain, fever, vomiting or blood loss after the procedure, you should contact your Doctor immediately.

If you have had a colonoscopy, you must not undertake domestic air travel for 48 hours, and international or remote travel for two (2) weeks after your procedure.

What is an Upper Gastrointestinal Endoscopy?

Endoscopy involves the use of a flexible video instrument to examine the upper intestinal tract including the oesophagus, stomach or duodenum. The procedure is commonly undertaken if your Doctor suspects that you have inflammation, ulceration or other abnormality of the oesophagus, stomach or duodenum.

How are you prepared?

You should **not smoke or have solid food for 8 hours** and **no fluids for 4 hours** before your procedure.

At the beginning of the procedure your throat may be sprayed with a local anaesthetic and you will be given a sedative by injection into a vein to make you more comfortable. The procedure will take between 10–15 minutes and you will be sleepy for about a half-hour afterwards.

What do we do?

An endoscope is a flexible tube about 9mm in diameter. It allows full colour inspection of the oesophagus, stomach and duodenum. It also allows biopsies to be taken from the stomach, small bowel and other areas.

Alternative treatments

An alternative investigation is a barium study of the upper intestinal tract. In some special situations barium studies are appropriate before endoscopy and may offer alternative information. However, for routine diagnostic investigation of upper gastrointestinal symptoms, barium studies have been shown to be less sensitive and specific than endoscopy. In addition, biopsies cannot be taken for the diagnosis of Helicobacter infection or other diseases.

Special considerations

If you have serious heart or chest problems, special precautions need to be taken to reduce any possible risk. You should therefore inform your Doctor of any serious illness of this nature. The precautions taken will usually include providing oxygen during the procedure and/or monitoring the heart and oxygen levels during the procedure.

Safety and risks

Please read this section carefully

Gastrointestinal endoscopy is usually simple and safe. It is unlikely to cause problems for patients unless they have heart or chest problems.

Extremely rarely, individual patients may have a reaction to the sedation or damage to the oesophagus including perforation at the time of the examination. Such complications are extremely rare. However, if you wish to have full details of all possible rare complications discussed before the procedure you should inform your Doctor.

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What is a Colonoscopy?

Colonoscopy is a procedure used to examine the large bowel. It allows a variety of operations to be carried out through the instrument. Such operations will include taking tissue samples (biopsies), the removal of polyps, dilatation of narrowings, and various treatments to arrest certain forms of bowel haemorrhage.

How are you prepared?

Prior to your colonoscopy, you will be provided with a preparation kit containing full instructions. For three (3) days before the procedure, you will need to follow a low residue diet. The night before your colonoscopy, you will need to take laxatives and further preparation of a quantity of salty tasting solution which completely flushes out the colon.

What do we do?

You will be given a sedative before your procedure begins and usually you will not remember the actual examination.

The colonoscope is a long and highly flexible tube about the thickness of the index finger. It is inserted through the rectum into the large bowel and allows inspection of the whole of the large bowel. Occasionally, narrowings of the bowel or other diseases may prevent the instrument being inserted through the full length of the colon.

As cancer of the large bowel arises in pre-existing polyps, it is advisable that if polyps are found at the time of examination they should be removed. Most polyps can be burnt off by placing a wire snare (loop) around the base and applying an electric current, thus preventing any future change to a cancer.

Alternative treatments

One alternative method of examining the large bowel is a barium enema. This does not allow specific treatments, such as removal of polyps to be undertaken and has been shown to be less accurate.

Virtual Colonoscopy is a technique where either CT scanning or Magnetic Resonance (MRI) is used to develop images which are then computer reconstructed into a three-dimensional model. This is an exciting technique which may, in the future, be a useful alternative to colonoscopy. Currently, the technique is not considered sufficiently accurate to replace colonoscopy. Biopsies or removal of polyps cannot be undertaken with this technique. Therefore, if the result is inconclusive, polyps are found or biopsies required, then a colonoscopy will have to be performed.

How accurate is Colonoscopy?

Few investigations in medicine are perfect. Colonoscopy has been shown to be significantly more accurate than barium enema in detection of bowel polyps and cancers. A number of recent studies have examined the accuracy of colonoscopy and concluded that where the instrument cannot be passed all the way around the colon, there is significant risk of missing polyps and cancers in the unexamined portion of the bowel. For this reason, if your colonoscopist is unable to pass the instrument the entire length of the colon, you may require a barium enema or virtual colonoscopy.

With a complete colonoscopy, up to three per cent of bowel cancers can be missed. This risk appears to be smaller for highly trained colonoscopists. Small benign polyps can be missed in up to six per cent of cases.

Special considerations

- As x-ray screening may be used during the procedure, **it is essential for female patients that there is no possibility of pregnancy.** You must advise the nursing staff if you have any doubts about this.
- You must advise the nursing staff if you are allergic or sensitive to any drug or other substance.
- Recent joint replacement, coronary stents or pacemaker insertion – may require antibiotic cover.
- You should cease iron tablets and drugs to stop diarrhoea at least several days before the procedure.

There are some medical conditions which it is essential that your colonoscopist is aware of:

- **Insulin dependent diabetes** – may require hospital admission for preparation.
- **Heart valve disease** – may require antibiotic cover.
- **Blood thinning medication**
 - **Aspirin** poses minimal, if any, increased risk. If you are taking aspirin as a lifestyle measure, then it should be ceased a week before your procedure. If you are taking it for a medical condition which is being treated by a Doctor, then you should continue your aspirin.
 - **Anti-coagulants** (eg. Warfarin, Marevan, Coumadin, Clexane, Dindevan) **and anti-thrombotic agents** (eg. Aggrastat, Arixtra, Asasantin, Iscover, Persantin, Plavix, Reopro, Thrombotrol, Ticlid, Tilodene). Removal of polyps while on blood thinning agents may result in serious haemorrhage. This is a complex problem where the risk of ceasing blood thinning medication must be balanced against the risks of post-polypectomy haemorrhage.

Antibiotic cover

Pressure on mucosal surfaces can result in bacteria passing into the blood stream. This can occur even with vigorous teeth cleaning and is generally of no significance. For a colonoscopy with or without polypectomy, there may be a need for antibiotics if you have significant heart valve disease. This will be discussed prior to colonoscopy with your Anaesthetist and Gastroenterologist. Please supply any information on the type of heart valve pathology that you have such as echocardiogram and any recommendations from your Cardiologist as to whether you need antibiotics for your type of heart valve disorder. Antibiotics are normally given for patients with a prosthetic heart valve, a past history of endocarditis and occasionally for other conditions of the heart. If required, antibiotics will be given as an intravenous dose at the beginning of the procedure. It is important you notify your Doctor if you have any significant antibiotic allergies.

Removal of polyps

The majority of bowel cancers arise from the benign adenomatous polyps. Some polyps never become cancerous. It is impossible to predict which polyps will progress to cancers and which will remain as benign polyps. For this reason it is advised that all polyps be removed at the time of colonoscopy. However, it will not be possible to discuss this at the time as you will be sedated. If you have any queries or reservations about removing polyps, please inform the staff before the procedure. In the unlikely event that a haemorrhage occurs after removing a polyp, a blood transfusion or operation may be necessary.

If a polyp is detected within a large stalk, a special suture may be placed at the bottom of the stalk (endoloop) or a small metal clip (endoclip), to reduce the risk of bleeding after the polyp is removed.

If a polyp is detected with some worrying features, then a black ink marker is placed around this polyp site. This permanently marks the site so it can always be checked again in the future, or if that area of bowel does require surgery, then the surgeon will immediately identify the site where the polyp was removed.

After your colonoscopy

The sedation/analgesia you are given before the procedure is very effective in reducing any discomfort. However, it may also affect your memory for some time afterwards. Even when the sedation appears to have worn off, you may find you are unable to recall details of your discussion with your Doctor.

For straight-forward diagnostic procedures, you can return to normal food intake as soon as your sedation has worn off. You should, however, be careful to avoid alcohol over the next 12 hours as traces of sedation remaining in your blood stream may combine with alcohol to produce a far more intoxicating effect than normal.

During the procedure, it is necessary to fill the colon with air to ensure that all areas of the bowel are examined. Not all of this air can be removed at the end of the procedure and you are likely to feel some windy discomfort for a few hours afterwards.

If you have any severe abdominal pain, rectal bleeding, fever or other symptoms which cause you serious concern, then you should contact your Doctor immediately.

Safety and risks

Please read this section carefully

This is important information about potential complications. It is not our intention to frighten or dissuade you from having the investigation but we must outline the risks. With this knowledge, you may either elect to accept the risks and go ahead with the procedure or decide not to have it. Depending on the reason for the procedure, there may be risks of NOT having the procedure e.g. missed disease or delayed diagnosis. These risks may be fatal, e.g. delayed diagnosis of cancer.

For inspection of the bowel alone (diagnostic colonoscopy without removal of polyps or other operative measures), complications of colonoscopy are uncommon. Many surveys report complications in less than 1 in 1000 examinations.

These complications will include intolerance of the bowel preparation and reaction to the sedatives used. Major complications such as perforation of the bowel, bowel haemorrhage, injury to the spleen or other internal

organs are very uncommon but if they do occur, surgery may be required.

When procedures such as removal of polyps are carried out, there is a slightly higher risk of perforation or bleeding from the site where the polyp has been removed.

Complications of sedation are uncommon and are usually avoided by administering oxygen, monitoring the blood oxygen levels by a finger probe, or monitoring by electrocardiograph (ECG). Rarely, however, particularly in patients with severe cardiac or lung disease, serious sedation reactions can occur.

A number of rare side effects can occur with any medical procedure. If you wish to have full details of rare complications, you should indicate this to your referring Doctor before the procedure and a consultation should be arranged with the colonoscopist on a day separate to the procedure to have a detailed discussion.

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Colonoscopy WITH POLYPS consent

The Doctor will ask you to sign this consent form at the clinic on the day of your COLONOSCOPY.

PATIENT to sign

I have read and understand this information and hereby agree to a Colonoscopy being performed.
I am **AGREEABLE TO HAVING POLYPS REMOVED** at the time of Colonoscopy if they are found.

(If you are not agreeable to the removal of polyps, please consult with the Gastroenterologist prior to the procedure being performed.)

*Signature of patient / parent / guardian** _____
Date

DOCTOR to sign

To the best of my knowledge, the patient has been adequately informed and has consented.

Gastroenterologist's signature _____
Date

Colonoscopy WITHOUT POLYPS consent

This section to be signed by patients undergoing Diagnostic Colonoscopy only – POLYPS WILL NOT BE REMOVED.

PATIENT to sign

I have read and understand this information and hereby agree to a Colonoscopy being performed.
I understand that due to my current medication, the Gastroenterologist will be **UNABLE TO REMOVE ANY POLYPS** at the time of Colonoscopy.

*Signature of patient / parent / guardian** _____
Date

DOCTOR to sign

To the best of my knowledge, the patient has been adequately informed and has consented.

Gastroenterologist's signature _____
Date

Upper Endoscopy consent

The Doctor will ask you to sign this consent form at the clinic on the day of your UPPER ENDOSCOPY.

PATIENT to sign

I have read and understand this information and agree to undergo the procedure of an Upper Endoscopy.

*Signature of patient / parent / guardian** _____
Date

DOCTOR to sign

To the best of my knowledge, the patient has been adequately informed and has consented.

Gastroenterologist's signature _____
Date

*Delete as required