



## Colonoscopy Information and Consent Booklet

### What is a colonoscopy?

Colonoscopy enables your doctor to examine the lining of your colon (large intestine) for abnormalities by inserting a flexible tube (colonoscope) into your anus and slowly advancing it into the rectum and colon. The images are viewed on a video monitor and determines if there are any growths, polyps or disease in the bowel. This document provides information about the procedure - how it's performed, how it can help, and what side effects you might experience.

### What preparation is required?

You will be told what dietary restrictions to follow and what bowel cleansing routine to use. In general, the preparation consists of consuming a special cleansing solution and clear liquids after a low fibre diet for two days. The colon must be clean for the procedure to be accurate and complete. You should plan on a four hour period on average from waiting, preparation and recovery at the hospital. Occasionally, due to unforeseen circumstances, this period may be longer.

### Medications and prior conditions

It is imperative that you alert our office at least seven days prior to your procedure if you are a diabetic or on blood thinners as your usual medication may need to be adjusted for the procedure. Blood thinners include but are not limited to, Warfarin, Persantin, Clopidogrel (Plavix or Iscover), Asasantin, Eliquis, Xarelto, Brilinta or Pradaxa. Please also alert our office if you have any allergies or medical conditions such as heart or lung disease. You must stop iron and fish oil tablets or multivitamins at least one week before the colonoscopy.

***If you are pregnant, this should be discussed with the Gastroenterologist doing your colonoscopy PRIOR to preparing for the colonoscopy.***

Please ask your doctor about anything you don't understand.

**YOU MUST COMPLETE THIS CONSENT PRIOR TO THE COMMENCEMENT OF BOWEL PREPARATION AND BE PRESENTED TO THE DOCTOR BEFORE THE PROCEDURE CAN COMMENCE**



## What happens during colonoscopy?

Colonoscopy is usually well-tolerated. You might feel pressure, bloating or cramping during the procedure. An anaesthetist will give you sedation to help you relax and better tolerate any discomfort. Most patients sleep throughout most of the procedure. You will lie on your side or back while the colonoscope is slowly advanced to examine the lining of the large intestine. Your doctor will examine the lining again as they withdraw the colonoscope.

Sometimes, it is not possible to pass the colonoscope through the entire colon. Although another examination might be needed, your doctor might decide that the limited examination is sufficient. Alternatives to colonoscopy include a CT colonography.

## What if the colonoscopy shows something abnormal?

If your doctor thinks an area needs further evaluation a biopsy (a very small sample of the colon lining) may be taken for analysis. Biopsies are used to identify many conditions, and your doctor may take a biopsy, even if cancer is not suspected. If a colonoscopy is being performed to identify sites of bleeding, your doctor might control the bleeding through the colonoscope by injecting medications, coagulation (sealing off bleeding vessels with heat treatment) or mechanical methods (small clips). These procedures usually do not cause pain.

## What are polyps and why are they removed?

Polyps are abnormal growths in the colon lining that are usually benign (noncancerous). They vary in size from a pin head to several centimeters. It is not always possible to tell a benign polyp from a malignant (cancerous) polyp by its outer appearance, so it is recommended they be removed and if able to be retrieved they are sent for analysis (histology). It has been shown that polyps can develop into cancerous lesions over time, therefore removing them is an important means of preventing colorectal cancer.

## How are polyps removed?

A thin wire loop known as a 'snare' is used to capture and cut a polyp with a small amount of surrounding normal tissue. Occasionally, for very small polyps, biopsy forceps may be used and in much larger polyps, a snare may be used where an electrical current is passed to help resect through tissue and limit bleeding. Very large polyps are often not resected at the first colonoscopy. This is so that your doctor can discuss with you various techniques for removal and their slightly increased risks.

## What happens after a colonoscopy?

Your gastroenterologist or GP will explain the results of the examination to you or arrange a follow up appointment to discuss the results, including any results of biopsies that have been performed. **As you will receive sedation for the procedure and will not be able to drive, you must arrange for a friend or relative to take you home after the procedure and be with you the rest of the day and overnight following the procedure. If you are traveling home by DVA, Taxi or Uber you will need a friend or family member to accompany you in the car home.**



Even if you feel alert after the procedure, your judgment and reflexes may be impaired. It is illegal to drive under the influence of sedatives. You might have some cramping or bloating because of the air introduced into the colon during the examination. You should be able to eat after the examination, but your doctor may restrict your diet and activities, especially after a polypectomy. You should not drive any type of vehicle, sign legal documents, play sport, operate machinery or make important decisions for 24 hours after your procedure.

## What are the possible complications of the bowel preparation and colonoscopy?

There are risks and possible complications with this procedure. They include but not limited to the following:

### Uncommon risks and complications

Mild pain and discomfort in the abdomen, nausea and vomiting, faintness or dizziness and headaches.

### Rare risks and complications

**Haemorrhage (bleeding):** This can occur in the abdomen or bowel. More commonly it is from a biopsy site or at the site where a polyp has been removed. It is usually minor and can usually be controlled through the colonoscope. Rarely is surgery required to stop bleeding. Rarely is blood transfusion required. Bleeding can rarely occur up to four weeks following the procedure.

**Perforation (a tear through the bowel wall):** This is an uncommon but serious complication that may require surgery. If bowel surgery is required in this situation, there may be a need for at least a temporary colostomy or external "bag" drainage. All perforations carry a risk of infection (septicaemia) and peritonitis.

**Missed Lesions:** No technique for examining the bowel is perfect. Some lesions may not be detected by colonoscopy. On occasions a complete examination of the bowel is not possible.

**Electrolyte Disturbance & Dehydration:** This can sometimes result from bowel preparation

**Aspiration Pneumonia (lung infection):** This is an uncommon complication that may occur with inhalation of any remaining stomach contents during the procedure.

**Anaesthetic:** Some patients may have a reaction to the medications or complications from heart or lung disease.

**Atrial Fibrillation/ Heart arrhythmia condition:** Some patient may experience disturbances of the heart during sedation.

**Bacteraemia:** Infections in the blood stream have been known to develop following the procedure.

**Stroke:** Stroke has been known but rarely occurs after colonoscopy.

**Anaphylaxis:** Severe allergic reaction to the bowel preparation or other medications used during the procedure.

**Splenic Injury:** Bruising or trauma of the spleen. This complication may require further surgery.



**Seek medical attention if;**

Although complications after colonoscopy are uncommon, it is important to recognise early signs of possible complications. Complications are best assessed at the hospital and not over the telephone. Go to the hospital emergency department if you experience severe abdominal pain, fever and chills, or rectal bleeding of more than one-half cup.

International, long distance or remote and rural travel should not be undertaken for two weeks after the procedure and any significant travel should be discussed with your doctor

**What are my safety issues?**

Sedation will affect your judgment for a period of 24 hours. During this 24 hour period after your sedation, for your safety and legally; **Do NOT drive** any type of vehicle and **you must be accompanied** home by a friend or relative, **Do NOT operate** machinery including cooking implements, **Do NOT drink alcohol** or take mind-altering substances

**YOU MUST HAVE A FRIEND OR RELATIVE ACCOMPANY YOU HOME AND STAY WITH YOU OVERNIGHT AFTER THE COLONOSCOPY**

**CONSENT STATEMENT:**

I have read and understood the preceding information and agree to undergo a colonoscopy, polypectomy and biopsy, if required. I have had an opportunity to ask questions and they were answered to my satisfaction. I have been informed of the possible complications. I understand I have the right to change my mind at any time, including after I have signed this form. I understand that images or video footage may be recorded during my procedure to assist the doctor to provide appropriate treatment. I understand and consent that my information may be used for quality assurance and accreditation activities for practice management and community healthcare.

I have concerns - they are:

I have confirmed the Patient Consent provided

Patient: \_\_\_\_\_ Doctor: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_