



TELEPHONE: 407-261-0000

Your physician has asked that the inside of your colon (large bowel) be inspected by use of a long flexible tube (colonoscope) so that he can know what disease processes, if any, are present. Often a problem or disease will not be seen on x-ray or cannot be diagnosed with certainty. Sometimes the examination is done to locate polyps. These are small growths inside the colon. They are usually benign (not malignant or cancerous), but some may have a focus of cancer in the tip. Most polyps can be removed with the colonoscope at the time of the examination. Occasionally, a polyp is either too large or of such a type that it cannot be removed with the colonoscope. If this happens, or if the polyp contains more cancer than just in the tip, an abdominal operation may be advised. Proper preparation is very important for this examination since the colon must be very clean in order to see it well. For this reason, it is important to follow the colon preparation regimen carefully.

At the time of examination you will receive sedatives (Demerol or Valium) intravenously (in the vein with a small needle) in order to relax you. Let the nurse or physician know before the test if you are allergic to any of these medications. Some patients fall asleep and do not remember having the procedure done. Others may get light-headed and drowsy.

The examination is carried out with you lying on your left side on the examining table. A nurse is present to help the physician and check on you frequently. A lubricant is applied around the anus and the instrument (colonoscope) passed into the rectum by the physician. You will have the sensation that you are having a bowel movement. Because air is passed from the colonoscope into your colon, you may feel distended and full. If you have the urge to pass this air by rectum, it is permissible to do so, unless the physician requests otherwise. The colon is very twisted and tortuous. As the instrument passes around some of these turns, it may cause cramping or a tugging sensation. This is usually relieved as the instrument is straightened. The examination may take anywhere from 15 - 60 minutes. If polyps are removed, it may take even longer. After the examination you may pass much of the air that was pumped into you during the examination. You may eat and drink as soon as you have recovered from the sedatives, unless the physician wants to observe you for several hours, to be certain a complication has not occurred.

Polyps are removed by first locating them and then placing a wire loop around the base of the polyp. An electric current is used to cut the polyp off its stalk. You will not feel this current. The polyp is then removed with the colonoscope. It may at times be necessary to reinsert the instrument to look at the place where the polyp was removed, remove more polyp tissue, or another polyp.

Photographs may be taken during the above described procedure(s) and used in any medical, scientific or educational manner that your physician may deem proper.

**RISKS**

There are some dangers to any examination. It is not possible to list every potential or conceivable complication of colonoscopy and/or polyp removal. Fortunately, complications are very uncommon. Here are the major risks involved:

- 1) **Perforation of the colon (a hole is poked in the colon).** This is a very serious and life-threatening complication that is fortunately very uncommon (less than 1 in a thousand chance). When it occurs, it usually means that emergency surgery is necessary to close the hole. Having a polyp removed increases the chance of having a perforation, though it is still very uncommon.
- 2) **Abdominal pain.** A few patients may have some cramping pain after the procedure. This should resolve after air is expelled. Occasionally, there may be localized pain and tenderness with low grade fever, which can result from an electric 'burn' of the colon wall where a polyp was removed. If this happens, your physician will observe you until he feels the danger has passed, or that an operation is necessary.
- 3) **Hemorrhage (Bleeding).** Be sure and tell the physician if you have any bleeding tendencies or disorders. Occasionally, after a polyp is removed, there may be some rectal bleeding that can occur within the first week. The change of this happening is less than 1 in one hundred. If this occurs, it usually stops on its own. More rarely, it requires blood transfusion or putting the colonoscope back in and trying to stop the bleeding.
- 4) **Risk of sedation.** *Rarely*, intravenous sedation can cause a patient to stop breathing which is life-threatening. Usually this is transient and can be handled by the physician. Occasionally, an inflammation occurs in the vein where the medication was given. The area may get painful, swollen, and reddened, but it usually heals within several days.
- 5) **Cardiopulmonary reaction.** *Very rarely*, a patient can die during a procedure under the effect of an anesthetic. It is not usually necessary to use general anesthesia during our procedures, so the risk to you is extremely small.

**CONSENT FOR PROCEDURE**

I hereby authorize Dr. \_\_\_\_\_ to perform the following procedure: COLONOSCOPY

**MNH**  FL Hospital Altamonte \_\_\_\_\_ at: \_\_\_\_\_ AM

The nature of the procedure, its indications, and alternative means of diagnosis or treatment have been explained to me. I have also been informed of the potential risks involved, and their possible consequences. I have read this information sheet regarding this procedure, and have had the opportunity to discuss my questions about this information with my physician.

See Colonoscopy Preparation Sheet

Arrival Time \_\_\_\_\_

**MUST HAVE A DRIVER**

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signed

\_\_\_\_\_ Date

\_\_\_\_\_ Witness

\_\_\_\_\_ Signature of parent or legal guardian if patient is a minor (under 18 years of age)