



SW9159



Queensland Government

Enteroscopy

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Interpreter / cultural needs

- An Interpreter Service is required? Yes No
- If Yes, is a qualified Interpreter present? Yes No
- A Cultural Support Person is required? Yes No
- If Yes, is a Cultural Support Person present? Yes No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

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This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

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.....

The following will be performed:

Enteroscopy is where the doctor uses an instrument called an endoscope to look at the oesophagus (food pipe), stomach and the small bowel. It can be performed via the mouth or the back passage (anus). This is done to look to see if there is any disease in the small bowel.

This may or may not require a sedation anaesthetic.

C. Risks of an enteroscopy +/- sedation

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

Common risks and complications include:

- Nausea and vomiting.
- Faintness or dizziness, especially when you start to move around.
- Headache.
- Pain, redness or bruising at the sedation injection site (usually in the hand or arm).
- Muscle aches and pains.
- Allergy to medications given at time of the procedure.

Uncommon risks and complications include:

- About 1 person in 100 will experience bleeding from the oesophagus (food pipe), stomach or small bowel where a lesion or polyp was removed. This is usually minor and can usually be stopped through the endoscope. Rarely, surgery is needed to stop bleeding.
- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.
- 'Dead arm' type feeling in any nerve, due to positioning with the procedure – usually temporary.
- Missed polyps or growths.
- Your procedure may not be able to be finished due to technical problems.
- An existing medical condition that you have getting worse.

Rare risks and complications include:

- About 1 person in 1,000 will accidentally get a tear or hole (perforation) through the wall of the gut. It can cause a leak of gut contents into the abdomen. Further surgery may be needed to repair the hole (perforation).
- Pancreatitis or inflammation of the pancreas.
- Bacteraemia (infection in the blood). This will need antibiotics.
- Stroke resulting in brain damage.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.
- Death as a result of complications to this procedure is rare.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic/sedation required for this procedure. I understand the risks, including the risks that are specific to me.



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- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the consultant/specialist may conduct/assist with the clinically appropriate procedure/treatment/investigation/examination. I understand this could be a doctor undergoing further training. I understand that all surgical trainees are supervised according to relevant professional guidelines.

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

Student examination/procedure for educational purposes

For the purpose of undertaking professional training, a student/s may observe the medical examination/s or procedure/s and may also, subject to patient consent, perform an examination/s or assist in performing the procedure/s on a patient while the patient is under anaesthetic. This is for education purposes only. A student/s who undertakes an examination/s or assists in performing the procedure/s will be under the supervision of the treating doctor, in accordance with the relevant professional guidelines.

For the purposes of education I consent to a student/s undergoing training to:

- observe examination/s or procedure/s Yes No
- assist and/or perform examination/s or procedure/s Yes No

Student - this may include medical, nursing, midwifery, allied health or ambulance students.

I have been given the following Patient Information Sheet/s:

Enteroscopy

On the basis of the above statements,

I request to have the procedure

Name of Patient: _____

Signature: _____

Date: _____

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD: _____

No ▶ Name of Substitute Decision Maker/s: _____

Signature: _____

Relationship to patient: _____

Date: _____ PH No: _____

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: _____

Designation: _____

Signature: _____

Date: _____

I. Interpreter's statement

I have given a sight translation in _____

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: _____

Signature: _____

Date: _____

DO NOT WRITE IN THIS BINDING MARGIN



1. What is an enteroscopy?

An enteroscopy is where the doctor uses an instrument called an endoscope to look at the oesophagus (food pipe), stomach and the small bowel. This is common if bleeding, inflammation, ulceration or other abnormalities of the small bowel are suspected.

An endoscope is a long, thin, flexible tube with a small camera and light attached which allows the doctor to see the pictures of the inside of your gut on a video screen. The scope bends, so that the doctor can move it around the curves of your gut. The scope also blows air and this expands the folds of tissues so that the doctor can see the linings better. As a result, you might feel some pressure, bloating or cramping during the procedure.

This instrument can also be used to remove or burn growths or to take tissue biopsies.

Before the procedure, the doctor may spray your throat with a numbing agent that will help prevent gagging. Most patients have some sedation, but this can be done without sedation if you prefer.

You will then lie on your left side, and the doctor will pass the endoscope into your mouth and down to your small intestine. Your doctor will examine the lining again as the endoscope is taken out.

The endoscope does not cause problems with your breathing.

Sometimes the endoscope is inserted into the small bowel via the rectum. Bowel preparation is required for this.

If the doctor sees anything unusual or wants to look at the bowel with a microscope they may need to take a biopsy (small pieces of tissue) for testing. Polyps and tumours can sometimes be removed this way. You will not feel the biopsy.

You should plan on two to three hours for waiting, preparation and recovery. The procedure itself usually takes anywhere from 10 to 15 minutes.

This procedure may or may not require a sedation anaesthetic.

2. Will there be any discomfort? Is any anaesthetic needed?

The procedure can be uncomfortable and to make the procedure more comfortable a sedative injection or a light anaesthetic will be given.

Before the procedure begins, the doctor will put a drip into a vein in your hand or forearm. This is where the sedation or anaesthetic is injected.

3. What is sedation?

Sedation is the use of drugs that give you a 'sleepy-like' feeling. It makes you feel very relaxed during a procedure that may be otherwise unpleasant or painful.

You may remember some or little about what has occurred during the procedure.

Anaesthesia is generally very safe but every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

The risk to you will depend on:

- personal factors, such as whether you smoke or are overweight.
- whether you have any other illness such as asthma, diabetes, heart disease, kidney disease, high blood pressure or other serious medical conditions.

4. What are the risks of this specific procedure?

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

Common risks and complications include:

- Nausea and vomiting.
- Faintness or dizziness, especially when you start to move around.
- Headache.
- Pain, redness or bruising at the sedation injection site (usually in the hand or arm).
- Muscle aches and pains.
- Allergy to medications given at time of the procedure.

Uncommon risks and complications include:

- About 1 person in 100 will experience bleeding from the oesophagus (food pipe), stomach or small bowel where a lesion or polyp was removed. This is usually minor and can usually be stopped through the endoscope. Rarely, surgery is needed to stop bleeding.
- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.
- 'Dead arm' type feeling in any nerve, due to positioning with the procedure – usually temporary.
- Missed polyps or growths.
- Your procedure may not be able to be finished due to technical problems.
- An existing medical condition that you have getting worse.

Rare risks and complications include:

- About 1 person in 1,000 will accidentally get a tear or hole (perforation) through the wall of the gut. It can cause a leak of gut contents into the abdomen. Further surgery may be needed to repair the hole (perforation).
- Pancreatitis or inflammation of the pancreas.
- Bacteraemia (infection in the blood). This will need antibiotics.

- Stroke resulting in brain damage.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.
- Death as a result of complications to this procedure is rare.

5. What are your responsibilities before having this procedure?

You are less at risk of problems if you do the following:

- Bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements and show your doctor what you are taking. Tell your doctor about any allergies or side effects you may have.
- Do not drink any alcohol and stop recreational drugs 24 hours before the procedure. If you have a drug habit please tell your doctor.
- If you take Warfarin, Persantin, Clopidogrel (Plavix or Iscover), Asasantin or any other drug that is used to thin your blood ask your doctor if you should stop taking it before the procedure as it may affect your blood clotting. Do not stop taking them without asking your doctor.
- Tell your doctor if you have:
 - had heart valve replacement surgery.
 - received previous advice about taking antibiotics before a dental treatment or a surgical procedure.

6. Preparation for the procedure

Your stomach must be empty for the procedure to be safe and thorough, so you will not be able to eat or drink anything for at least six hours before the procedure.

A bowel preparation will be needed if it is performed via the back passage (anus).

7. What if the doctor finds something wrong?

Your doctor may take a biopsy (a very small piece of the stomach lining) to be examined at Pathology.

Biopsies are used to identify many conditions even if cancer is not thought to be the problem.

8. What are polyps and why are they removed?

Polyps are fleshy growths in the bowel lining, and they can be as small as a tiny dot or up to several centimetres in size.

They are not usually cancer but can grow into cancer over time. Taking polyps out is an important way of preventing bowel cancer.

9. What if I don't have the procedure?

Your symptoms may become worse and the doctor will not be able to give you the correct treatment without knowing the cause of your problems.

10. Are there other tests I can have instead?

X-rays and scans can be used to look at the small bowel. They are not as accurate and treatment cannot be performed.

Your doctor will discuss with you other ways of managing your condition.

11. Who will be performing the procedure?

A doctor other than the consultant/specialist may conduct/assist with the clinically appropriate procedure/treatment/investigation/examination.

I understand this could be a doctor undergoing further training, and that all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a student/s may observe the medical examination/s or procedure/s.

Subject to your consent, a student/s may perform an examination/s or assist in performing the procedure/s while you are under anaesthetic. This is for education purposes only. A student/s who undertakes an examination/s or assists in performing the procedure/s will be under the supervision of the treating doctor, in accordance with relevant professional guidelines.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. You are under no obligation to consent to an examination/s or a procedure/s being undertaken by a student/s for education purposes.

12. What can I expect after the enteroscopy?

You will remain in the recovery area for about 2 hours until the effect of the sedation wears off.

Your doctor will tell you when you can eat and drink. Most times this is straight after the procedure.

Your throat may feel sore and you might have some cramping pain or bloating because of the air entering the stomach during the procedure.

You will be told what was found during the examination or you may need to come back to discuss the results, and to find out the results of any biopsies that may have been taken.

