



SW9108



Queensland Government

Sigmoidoscopy (Flexible) - Open Access

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)*

.....
.....

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

.....
.....
.....

The following will be performed:

A sigmoidoscopy is where the doctor looks at the inside lining of your lower large bowel to see if there are any growths or disease.

This is done by putting an instrument called a sigmoidoscope into your back passage (anus). A sigmoidoscope is a short flexible tube with a bright light and tiny camera attached. Pictures of the inside of your bowel can be seen on a video screen.

This procedure may or may not require a sedation anaesthetic.

C. Risks of a sigmoidoscopy (flexible) - open access

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

Common risks and complications include:

- Mild pain and discomfort in the abdomen for 1 or 2 days after the procedure. This usually settles with walking, and moving around to get rid of the trapped air.

Uncommon risks and complications include:

- About 1 person in every 5,000 will accidentally get a hole (perforation) to the bowel causing leakage of bowel contents into the abdomen. Surgery may be needed to repair the hole.
- Missed polyps, growths or bowel disease.
- Bleeding. The risk of bleeding when taking a biopsy sample is about 1 person in every 1,000. If a polyp is removed this increases to about 1 person in every 100.

Rare risks and complications include:

- Bacteraemia (infection in the blood). This will need antibiotics.
- Death as a result of complications to this procedure is very rare.

If sedation has been given extra risks include:

- Nausea and vomiting.

- Faintness or dizziness, especially when you start to move around.
- Headache.
- Pain, redness or bruising at the sedation injection site (either in the hand or arm).
- Muscle aches and pains.
- Allergy to medications – mild to severe.
- 'Dead arm' type feeling in any nerve, due to positioning with the procedure – usually temporary.
- An existing medical condition that you may have getting worse.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.
- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.
- Stroke resulting in brain damage.

D. Significant risks and procedure options

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

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.....
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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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F. 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 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:

Sigmoidoscopy (Flexible) – Open Access

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)

G. Doctor / delegate statement

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

Name of Doctor/delegate: _____

Designation: _____

Signature: _____

Date: _____

H. 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 a sigmoidoscopy (flexible) - open access?

Open access endoscopy is where the referring doctor, usually a GP, discusses the procedure, risks of the procedure, risks specific to you, anaesthetic / sedation and the risks of not having the procedure before having the procedure. You do not usually see the hospital doctor who is performing the procedure prior to admission.

Therefore, it is very important that you read and understand all the patient information before having the procedure.

If you wish to discuss any matters with the hospital doctor before deciding whether to have the procedure, please telephone the number on the appointment letter to set up an appointment with a hospital doctor.

2. What is a sigmoidoscopy (flexible)

The doctor looks at the lining of the lower part of your large bowel to see if there are any growths or disease.

This is done by putting an instrument called a sigmoidoscope into your back passage (anus). A sigmoidoscope is a short flexible tube with a bright light and tiny camera attached. Pictures of the inside of your bowel can be seen on a video screen.

You will lie on your side or back while your doctor slowly passes the sigmoidoscope along your large bowel to look at the inside lining. Some pressure, cramping or bloating might be felt during the procedure. Your doctor will examine the lining again as the sigmoidoscope is taken out.

The procedure itself usually takes anywhere from 5 to 10 minutes.

You should plan on two to three hours for waiting, preparation and recovery. This time also depends on whether you have had any sedation.

This procedure may or may not require a sedation anaesthetic.

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

The procedure is a bit uncomfortable due to the air used to expand your bowel.

Rarely, a sedative injection maybe given to make the procedure less unpleasant.

4. 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

5. 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:

- Mild pain and discomfort in the abdomen for 1 or 2 days after the procedure. This usually settles with walking, and moving around to get rid of the trapped air.

Uncommon risks and complications include:

- About 1 person in every 5,000 will accidentally get a hole (perforation) to the bowel causing leakage of bowel contents into the abdomen. Surgery may be needed to repair the hole.
- Missed polyps, growths or bowel disease.
- Bleeding. The risk of bleeding when taking a biopsy sample is about 1 person in every 1,000. If a polyp is removed this increases to about 1 person in every 100.

Rare risks and complications include:

- Bacteraemia (infection in the blood). This will need antibiotics.
- Death as a result of complications to this procedure is very rare.

If sedation has been given extra risks include:

- Nausea and vomiting.
- Faintness or dizziness, especially when you start to move around.
- Headache.
- Pain, redness or bruising at the sedation injection site (either in the hand or arm).
- Muscle aches and pains.
- Allergy to medications – mild to severe.
- 'Dead arm' type feeling in any nerve, due to positioning with the procedure – usually temporary.
- An existing medical condition that you may have getting worse.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.
- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.
- Stroke resulting in brain damage.

6. Your responsibilities before having this procedure

You are at less risk of problems from 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. If so, you may also need antibiotics before a sigmoidoscopy.

7. Preparation for the procedure

Iron tablets need to be stopped at least one week before your procedure.

Before your sigmoidoscopy, your doctor/nurse will tell you what you can and cannot eat and drink. They will also tell you what bowel cleansing routine (if any) you will use.

8. What if the doctor finds something wrong?

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

Biopsies are used to identify many conditions, and your doctor may take a biopsy, even if cancer is not thought to be the problem.

If your sigmoidoscopy is being done to find sites of bleeding, your doctor may stop the bleeding through the sigmoidoscope by:

- injecting drugs; *OR*
- sealing off bleeding vessels with heat treatment.

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. 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.

11. What can I expect after the procedure?

If you were not sedated, you can get dressed and go home. If you were sedated, you will need to stay in the recovery area for up to an hour to rest.

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

You might have some cramping or bloating because of the air entering the bowel during the procedure. This should go away when you pass wind. Moving around helps this. 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.

12. 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 potentially grow into cancer over time. Taking polyps out is an important way of preventing bowel cancer.

The doctor usually removes a polyp with a sigmoidoscope, using a wire loop to remove the polyp from the bowel wall. An electric current is sometimes also used. This is not painful.

