



Queensland
Government

Sigmoidoscopy (Flexible) Consent

Adult (18 years and over)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Does the patient have capacity?

- Yes → **GO TO section B**
 No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

B. Is an interpreter required?

If yes, the interpreter has:

- provided a sight translation of the informed consent form in person
 translated the informed consent form over the telephone

Name of interpreter:

Interpreter code:

Language:

C. Patient/substitute decision-maker requests the following procedure(s)

Sigmoidoscopy (flexible)

D. Risks specific to the patient in having a sigmoidoscopy (flexible)

(Doctor/clinician to document additional risks not included in the patient information sheet):

E. Risks specific to the patient in *not* having a sigmoidoscopy (flexible)

(Doctor/clinician to document specific risks in not having a sigmoidoscopy [flexible]):

F. Alternative treatment options

(Doctor/clinician to document alternative treatment not included in the patient information sheet):

G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient/substitute decision-maker.

I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN





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H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the "Sigmoidoscopy (flexible)" patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative treatment options
- that there is no guarantee the procedure will improve the medical condition
- that the procedure may involve a blood transfusion
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if a life-threatening event occurs during surgery, I will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

I/substitute decision-maker have received the following consent and patient information sheet(s):

- "Sigmoidoscopy (flexible)"
- "About your anaesthetic" OR
- "Sedation for your procedure"
- "Blood and/or manufactured blood products transfusion"

On the basis of the above statements,

1) I/substitute decision-maker consent to having a sigmoidoscopy (flexible).

Name of patient/substitute decision-maker:

Signature:

Date:

2) Student examination/procedure for professional training purposes:

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient/substitute decision-maker consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s) Yes No
- assist with examination(s)/procedure(s) Yes No
- conduct examination(s)/procedure(s) Yes No

Sigmoidoscopy (flexible)

Adult (18 years and over) | Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.



1. What is a sigmoidoscopy (flexible) and how will it help me/the patient?

The doctor/clinician looks at the lining of the lower part of your large bowel (sigmoid colon) to see if there are any growths or disease. This is done by putting an instrument called a sigmoidoscope into your back passage (anus/rectum).

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.

Your doctor/clinician 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/clinician 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/clinician may stop the bleeding through the sigmoidoscope by:

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

The procedure is a bit uncomfortable due to the air used to expand your bowel. A sedative injection may be given to make the procedure less unpleasant.

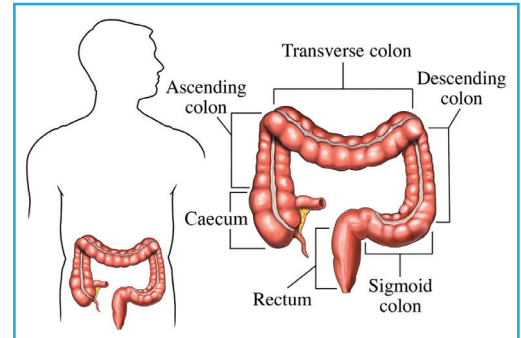


Image 1: Large bowel (colon).
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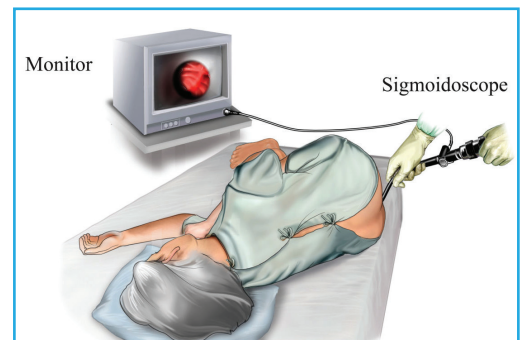


Image 2: Sigmoidoscopy.
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What are polyps and why are they removed?

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/clinician 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.

What is sedation and anaesthesia?

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.

An anaesthetic is medicine that stops or greatly decreases pain and other sensations you may feel when undergoing a 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.

Preparation for the procedure

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

Before your sigmoidoscopy, your doctor/clinician 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.

You are at less 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/clinician what you are taking. Tell your doctor/clinician 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/clinician.
- Ask your surgeon and/or anaesthetist if you should stop taking your anticoagulant or antiplatelet (blood thinning) medicines before surgery as it may affect your blood clotting:
 - do NOT stop blood thinning medicines without medical advice
 - if you are asked to stop taking blood thinning medicine before your procedure, ask your doctor/clinician when you can restart the blood thinning medicine.
- Tell your doctor/clinician 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.

During the procedure

You will lie on your side or back while your doctor/clinician 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/clinician 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.



2. What are the risks?

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

Common risks and complications

- 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

- 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 may occur after taking a biopsy or removing a polyp
- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis),

dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil or turmeric.

Rare risks and complications

- 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, risks and complications

- 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 may get 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.

This procedure rarely requires an anaesthetic.

For more information about the anaesthetic and the risks involved, please refer to the anaesthetic information sheet that has been provided to you. Discuss any concerns with the doctor/clinician.

If you have not been given an anaesthetic information sheet or sedation for your procedure, please ask for one.

What are the risks of not having a sigmoidoscopy (flexible)?

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

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure. Please contact the doctor/clinician to discuss.



3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician before signing the consent form.



4. What should 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/clinician 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.

If you were sedated, this will affect your judgment for about 24 hours. For your own safety and in some cases legally:

- do NOT drive any type of car, bike or other vehicle. Plan to be taken home by a responsible adult
- do NOT operate machinery including cooking implements
- do NOT make important decisions or sign a legal document
- do NOT drink alcohol, take other mind-altering substances, or smoke. They may react with the sedation drugs.

Notify the hospital emergency department straight away if you have:

- severe ongoing abdominal pain
- black tarry bowel motions or bleeding from the back passage (more than ½ cup of blood)
- a fever
- sharp chest or throat pain
- have redness, tenderness or swelling for more than 48 hours where you had the injection for sedation (either in the hand or arm).



5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure. This could be a doctor/clinician undergoing further training, 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 clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

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 clinical student(s) for training purposes.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.