



Queensland Government

Colonoscopy – 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 Colonoscopy is where the doctor uses an instrument called a colonoscope to look at the inside lining of your bowel.

This procedure starts from your back passage (anus) and goes up to the right side of your large bowel (caecum). This is done to see if there are any growths, polyps or disease in your bowel.

Small pieces of your bowel may need to be removed for pathology tests.

This procedure may or may not require a sedation anaesthetic.

C. Risks of a colonoscopy - 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 one to five days after the procedure. This usually settles with walking, and moving around to get rid of the trapped air.
- 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 every 1,000 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.
- About 1 person in every 100 will experience a significant bleed from the bowel where a polyp was removed. Further colonoscopy, a blood transfusion or an operation may be necessary.

- Not being able to see the entire bowel. This can happen if your bowel is not completely clean or the colonoscope could not be passed to the end of your large bowel.
- Missed polyps, growths or bowel disease.
- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.
- Change of anaesthetic from a sedation anaesthetic to a general anaesthetic.
- 'Dead arm' type feeling in any nerve due to positioning with the procedure – usually temporary.
- An existing medical condition that you may already have getting worse.

Rare risks and complications include:

- 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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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/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:

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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 an open access colonoscopy procedure?

Open access colonoscopy 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 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 colonoscopy?

A colonoscopy is where the doctor uses an instrument called a colonoscope to look at the inside lining of your large bowel. This is done to see if there are any growths, polyps, cancers or disease in your bowel.

A colonoscope 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 bowel on a video screen. The scope bends, so that the doctor can move it around the curves of your colon. The scope also blows air into your bowel, so that the doctor can see 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 polyps and/or to take biopsies.

This procedure starts from your back passage (anus) and goes to the right side of your bowel (ascending colon). You will lie on your side or back while your doctor slowly passes the colonoscope along your large bowel to look at the bowel lining. The lining will be looked at again as the colonoscope is taken out.

You should plan on two to three hours for waiting, preparation and recovery. The procedure itself usually takes anywhere from 15 to 60 minutes.

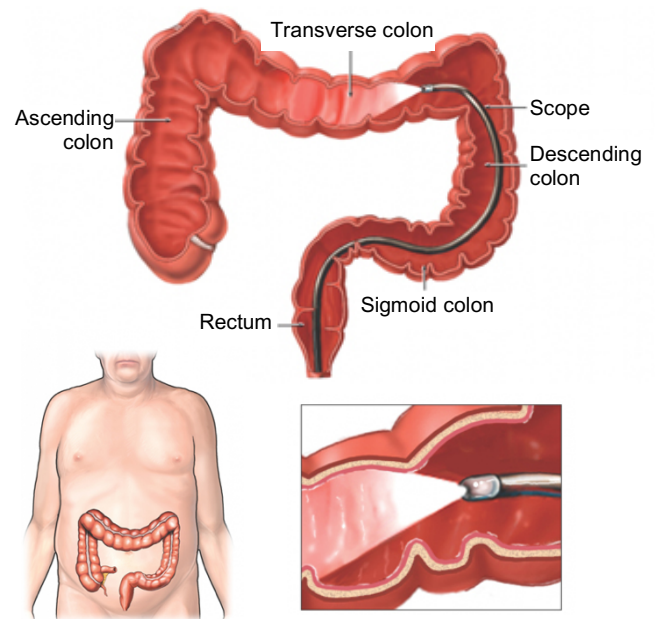
Samples of the bowel may need to be removed for pathology tests.

This procedure may or may not require a sedation anaesthetic.

3. 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.



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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 one to five days after the procedure. This usually settles with walking, and moving around to get rid of the trapped air.
- 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 every 1,000 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.
- About 1 person in every 100 will experience a significant bleed from the bowel where a polyp was removed. Further colonoscopy, a blood transfusion or an operation may be necessary.
- Not being able to see the entire bowel. This can happen if your bowel is not completely clean or the colonoscope could not be passed to the end of your large bowel.
- Missed polyps, growths or bowel disease.
- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.
- Change of anaesthetic from a sedation anaesthetic to a general anaesthetic.
- 'Dead arm' type feeling in any nerve due to positioning with the procedure – usually temporary.
- An existing medical condition that you may already have getting worse.

Rare risks and complications include:

- 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.

6. 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.

7. Preparation for the procedure

The colon must be completely clean for the procedure to be accurate and complete, so be sure to follow your instructions carefully otherwise you may need to have the test again.

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

Before your colonoscopy, your doctor/nurse will tell you what you can and cannot eat and drink. They will also tell you what bowel cleansing routine you will use.

The preparation is usually made up of either drinking a large amount of a special cleansing drink or clear liquids and oral laxatives. It is wise to stay close to a toilet. It is not uncommon for people to feel dizzy, have a headache or vomit while taking this preparation.

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 even if cancer is not thought to be the problem. It is not uncommon for your doctor to find a polyp/s.

If your colonoscopy is being done to find sites of bleeding, your doctor may stop the bleeding through the colonoscope by

- injecting drugs,
- sealing off bleeding vessels with heat treatment or
- other methods such as small clips.

9. 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.

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

10. 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.

