Colonoscopy – Open Access Consent
Adult (18 years and over)

Facility: ________________________

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)

Colonoscopy

Reason for colonoscopy: ________________________

D. Risks specific to the patient in having a colonoscopy

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

E. Risks specific to the patient in not having a colonoscopy

(Doctor/clinician to document specific risks in not having a colonoscopy):

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: ________________________

© The State of Queensland (Queensland Health) 2021
Except as permitted under the Copyright Act 1968, no part of this work may be reproduced, communicated or adapted without permission from Queensland Health
To request permission email: ip_officer@health.qld.gov.au
Colonoscopy – Open Access Consent

Adult (18 years and over)

H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the “Colonoscopy – open access” 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):

☐ “Colonoscopy – open access”
☐ “About your anaesthetic”

On the basis of the above statements,

1) I/substitute decision-maker consent to having a colonoscopy.

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
1. What is a colonoscopy and how will it help me/the patient?

A colonoscopy is where the doctor/clinician uses an instrument called a colonoscope to look at the inside lining of your large bowel (colon). 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/clinician to see the pictures of the inside of your bowel on a video screen. The colonoscope is put into your colon through your back passage (rectum/anus). The scope bends so that the doctor/clinician can move it around the curves and sections of your colon known as the descending, transverse and ascending colon. The scope also blows air into your bowel, so that the doctor/clinician 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. 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 even if cancer is not thought to be the problem. It is not uncommon for your doctor/clinician to find a polyp(s).

If your colonoscopy is being done to find sites of bleeding, your doctor/clinician may stop the bleeding through the colonoscope by:
• injecting drugs,
• sealing off bleeding vessels with heat treatment; OR
• other methods such as small clips.

What is open access?

Open access colonoscopy is where the referring doctor/clinician, 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/clinician 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/clinician before deciding whether to have the procedure, please telephone the number on the appointment letter to set up an appointment with a hospital doctor/clinician.
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/clinician 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.

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

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/clinician will tell you what you can and cannot eat and drink. They will also tell you what bowel cleansing preparation you will use.

The preparation is usually made up of either drinking a large amount of a special cleansing drink or 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.

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/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 doctor/clinician 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.

During the procedure

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

This procedure starts from your back passage (anus/rectum) and goes to the right side of your bowel (caecum). You will lie on your side or back while your doctor/clinician 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.
The procedure itself usually takes anywhere from 15 to 60 minutes.
You should plan on two to three hours for waiting, preparation and recovery.

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 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
• a hole (perforation) to the bowel causing leakage of bowel contents into the abdomen. Surgery may be needed to repair the hole
• a significant bleed from the bowel where a polyp was removed. Further colonoscopy, a blood transfusion or an operation may be necessary
• bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavin), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilianta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil or turmeric
• 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 sedation 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
• injury to organs, for example a tear in the spleen capsule or ligaments may require admission, blood transfusion or surgery
• 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.

This procedure may require 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, please ask for one.

What are the risks of not having a colonoscopy?

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?

There are a number of tests that can be done, such as a:

- flexible sigmoidoscopy and double contrast barium enema. Usually both would be needed for your doctor/clinician to consider that your bowel has been thoroughly investigated; OR
- CT colonoscopy. A colonoscopy will still be required if some pathology is found.

4. What should I expect after the procedure?

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

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 pain 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.

Sedation 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. You must 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
- have an adult with you on the first night after your colonoscopy.

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.