

Giving your consent

I,

have read the information provided outlining the procedure itself, the associated risks and complications, the benefits and alternatives to a left colonoscopy.

I have been given the opportunity to ask questions, and they have been answered to my satisfaction.

I understand that I have the right to withdraw my consent at any time, even after this form has been signed.

I understand that in the event of an emergency, the medical staff will carry out any medically necessary interventions. These may include, but are not limited to surgery, radiologic procedures, anaesthesia, blood transfusion.

Every effort will be made to include me in this decision making process where possible.

I consent to undergo the procedure LEFT COLONOSCOPY

Signature of patient/guardian:

Date:

.....
Day / Month / Year

Signature of nurse/doctor:

.....
Day / Month / Year

Signature of Endoscopist:

.....
Day / Month / Year

Interpreter:

I confirm that I have given a sight translation of the consent form in the language and assisted in the translation of verbal and written information given to the patient by the doctor/health care provider.

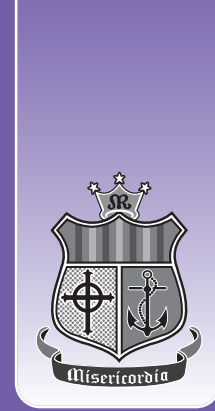
Full Name: *Block Capitals*

.....

Signature:

Date:

.....
Day / Month / Year



Mater Misericordiae University Hospital

Consent for a LEFT COLONOSCOPY

PLEASE READ THIS LEAFLET CAREFULLY AND
CONTACT US **BEFORE** YOUR PROCEDURE DATE IF
YOU HAVE QUESTIONS OR CONCERNS

GI unit

Phone: (01) 803 2366 Email: giunit@mater.ie
www.mater.ie/services/gastrointestinalunit

What is a left colonoscopy?

A left colonoscopy is a procedure in which the endoscopist passes a thin, flexible tube through the anus (back passage), which allows examination of **part** of the large bowel, also known as the colon. This allows the doctor to check for a number of conditions such as inflammation, haemorrhoids and other problems affecting the left side of the bowel.

During the procedure, biopsies (small pieces of tissue) are often taken. It is necessary to retain this tissue in order to examine it fully. Please see the accompanying letter for information on how to prepare for your procedure.

What will happen during the procedure?

You will be checked in by the administrator on arrival at the GI Unit and thereafter, a nurse will call you to complete the medical checks. **Please bring a list of your medications with you.**

The nurse will show you to a cubicle where you can get changed into nightwear or a gown for the test. A phosphate enema will be administered through the back passage – this is a form of laxative that will clear out the lower part of the bowel to prepare you for the procedure.

In the endoscopy room, the nurse will go through the safety checks once again. In general, sedation is not given for a left colonoscopy, so you will not need an IV line or monitoring of the pulse or oxygen levels.

You will be asked to remove any clothing below the waist, and lie on your left side. The endoscopist will perform a digital (finger) examination of the rectum. The scope will then be passed through the anus into the rectum, and advanced into the colon. The doctor will put air into the colon to get good views during the test. Some of this air may be passed back out during the procedure. Once the procedure is finished, you will be brought to the recovery area. Once you have eaten, you will be able to leave.

The doctor will speak with you in the procedure room directly after the test, and the nurse will give you a report for your GP and instructions to follow after the procedure.

Risks of a colonoscopy

The risk of a serious complication as a result of a diagnostic left colonoscopy is low - estimated to occur in **2 people in every 1,000 procedures**. The risk increases if a therapy is

performed (eg – removing a polyp, opening a narrowed area etc) or if the patient is older, or has certain other medical problems. Complications can be related to:

1. Medication:

(Only if sedation is administered in exceptional circumstances): Rarely, a person may suffer from phlebitis (inflammation of the vein) at the site of the IV line. Additionally, the injected sedatives may cause problems with the heart or lungs, particularly if there is an underlying problem in those areas, or in the elderly, or in an emergency situation. **(between 2 and 5 people per 1,000 procedures could develop sedation related heart or lung problems)**. For this reason, we must take care with those medications and avoid 'oversedation'.

Rarely, a life threatening allergic reaction known as 'anaphylaxis' can occur in response to medications administered during the procedure.

2. Bleeding:

Bleeding risk is usually associated with removal of a polyp, with bleeding noted in up to **1 in 200** cases. (the risk can be higher with large polyps). The risk may be increased by the presence of a bleeding condition, or if a patient is taking blood thinners. However it is generally considered safe to do a diagnostic procedure whilst taking blood thinning medications (you may need to have a blood test performed if on warfarin).

Any therapeutic intervention, (such as removing a polyp or opening a narrowing) increases bleeding risk, and certain medications may have to be stopped to facilitate that.

Bleeding can often be controlled at the time of colonoscopy, or with a repeat procedure if it occurs at a later time (up to 7 days). Rarely, surgery or other techniques may be required to control it.

3. Perforation:

This is a tear or hole in the lining of the colon. For a diagnostic procedure, the risk of perforation is low, approximately **1 per 1,000** cases. If therapeutic procedures are performed, the risk can increase up to 1 per 100 cases, depending on the intervention. Older age, multiple medical illnesses, diverticular disease and other factors can be associated with a higher risk of perforation.

Emergency surgery is often required to deal with a colonic perforation, and on occasion, this could result in the need for a temporary stoma (bag on the abdominal wall).

4. Infection:

This is a rare occurrence as a result of a left colonoscopy. If sedation is administered, there is a risk of aspiration pneumonia.

5. Missed lesions:

A left colonoscopy is a LIMITED examination, that does not examine the entire large bowel. No test is perfect, including left colonoscopy. There is research that shows that significant pathology, including advanced polyps and colon cancer, can be missed at the time of a colonoscopy or left colonoscopy, even in experienced hands. This can occur in up to **5%** of cases.

If the doctor has concerns about polyps or cancer, you may have to return for a full colonoscopy at a later date.

What are the alternatives to a left colonoscopy?

You can attend for a clinical consultation for a discussion with the doctor about possible alternatives. If a left colonoscopy is insufficient, the doctor may recommend a full colonoscopy or other procedure such as CT colonoscopy. Sometimes, giving treatment based on symptoms only, without investigation, may be appropriate. If you decide not to go ahead with the procedure, it is important be aware that this may also carry risks, by leaving a potentially serious problem undiagnosed and untreated. Other important points to note: As the Mater is a University Teaching hospital, a person other than the consultant, such as a registrar (senior trainee) or advanced nurse practitioner (ANP), may perform the procedure. That person will be under the supervision of a consultant. During the procedure, video footage and photographs may be taken - these will form part of the medical record and assist the doctor in providing medical treatment. These images may also be used at a later date for audit or research purposes, but will be anonymous.