



# The Endoscopy Center

817 Lawn Avenue, Sellersville, PA 18960 215.453.3050

## Consent For Colonoscopy

Patient \_\_\_\_\_ Date \_\_\_\_\_

**Introduction:** Your Doctor, \_\_\_\_\_ has scheduled you for an examination of the colon or large intestine using a flexible tube or endoscope. We are asking that you read and sign this form to insure your understanding of the procedure and the risks involved, and to document your consent to undergo the procedure and accept the risks.

**Procedure:** You will likely be given sedation through an intravenous injection prior to the examination. Following this, the flexible instrument will be placed through the rectum and the inside of the colon for the examination by your doctor. Biopsies may be taken during this procedure and polyps may be removed. Additional procedures such as cauterization of a bleeding site in the colon or dilating a narrowing in the colon may be performed.

**Risks:** In general, Colonoscopy is safe, but there are some risks associated with the procedure and the sedation. Complications or a poor outcome do not differ whether the procedure is performed in an ambulatory surgical facility or a hospital environment. Serious complications include a risk of bleeding or perforation of the colon, occurring in less than 1 to 3 of 1,000 cases. If a polyp is removed, the risk of complication is about 1 out of 100 cases. In addition, there is a small risk of an allergic reaction to the sedative you receive, and a small risk that the sedative could compromise the function of the heart or your breathing. Monitoring of your heart, blood pressure, and breathing during the procedure help minimize these risks.

In general, the overall risk of a complication is quite small, but if a serious problem arises it may necessitate blood transfusions or emergency surgery, and in very rare instances may result in death. In the event of a complication you would be transported to a hospital for treatment.

**Alternatives:** There may be other alternatives that your physician could use to help diagnose your problem, including barium x-ray tests or surgery. If you are reluctant to have the colonoscopy, discuss with your doctor.

**Agreement:** I understand the information on this form and have had the opportunity to discuss any other questions I may have with my doctor. I consent to the taking of photographs in conjunction with the procedure. I agree to have the procedure performed and accept the risk involved. I consent to the taking of photographs in conjunction with the procedure, and their future use as per my physician.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Patient or Relative

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Physician

Patient was identified prior to the procedure \_\_\_\_\_

Physician Signature