NHS
St George's University Hospitals
NHS Foundation Trust

Consent for

COLONOSCOPY

IMPORTANT

Please follow the steps below, BEFORE you attend your appointment:

Step 1. Read the enclosed patient information leaflet which explains your colonoscopy, what to expect when you come to hospital and how to prepare for the test.

Step 2. Read this consent form which includes information about the procedure.

Step 3. Once you have read the consent form and patient information leaflet, if you have further questions, please contact the endoscopy unit between 8.30am – 3.00pm, Monday to Friday on 020 8725 1913.

For Bowel Cancer Screening Patients only: If you are having a Bowel Cancer Screening colonoscopy, please contact the Bowel Cancer Cancer Screening Centre between 8.00am and 5.00pm, Monday to Friday on 020 8725 4920. If calling outside these times, please leave a message on the answer phone.

Step 4. If you agree with, and understand the procedure(s) for which you are attending, please print your name and sign and date the box in the relevant section on page 3.

Step 5. Please bring this signed document with you to your appointment.

CSP091421 10/26

Consent for Colonoscopy

(Flexible camera examination of large bowel)

(Please complete or affix label)

Surname:……..……

Forename:……..……..

Date of birth:…… MRN No:……

Male ☐ Female ☐ Other ☐

Statement of patient's understanding of colonoscopy:

I understand the intended benefit of the colonoscopy is to aid diagnosis and/or facilitate treatment. This may involve taking biopsies and/or removing polyps (referred to as polypectomy).

I have read and understood that:

- The time taken to perform the procedure can be highly variable, but that most colonoscopies are completed in 30 to 45 minutes.
- I have a choice of also having a sedative and/or pain relief administered intravenously for the procedure. This is very safe but may affect my breathing, heart rate and blood pressure. A nurse will be with me in the room throughout the procedure, and in the recovery area afterwards, to monitor my wellbeing and vital signs. I will have made arrangements to be accompanied home after the procedure and I will be in the presence of a responsible adult for at least 12 hours after leaving the endoscopy department. I understand I am not allowed to drive for 24 hours following administration of sedation.
- As an alternative to sedation, I may be offered inhaled pain relief called Entonox (also known as 'gas and air' or 'laughing gas') to reduce discomfort during the procedure. If I use this, I will need to wait in the endoscopy unit for 30 minutes before being discharged.
- The procedure may make me feel bloated, and may cause episodes of abdominal discomfort and cramping. I understand that my comfort will be assessed throughout the procedure and steps taken to minimise discomfort as much as possible.
- ALL patients attending for a colonoscopy will have an intravenous cannula sited for safety reasons.
- During diagnostic colonoscopy (where no therapy e.g., removal of polyps is undertaken), overall, the risk of causing significant bleeding and/or perforation (unwanted tear in the bowel) is less than **1:2000**. Minor bleeding is to be expected from the site of any biopsies taken, and this bleeding usually stops spontaneously.
- When polyps are removed:
  - The risk of significant bleeding is **1:200 – 1:1000**. If bleeding occurs during the procedure, it can usually be treated by the endoscopist.
  - The risk of causing a perforation is **1:500 – 1:1500**. If a perforation occurs at the time of endoscopy, admission to hospital and treatment with antibiotics may be required.
  - If significant bleeding and/or a perforation cannot be treated by the endoscopist, further intervention, including radiological embolisation (to stop bleeding) or surgery may be required.
  - The risk of bleeding and/or perforation can remain for up to 14 days after the procedure. If I should experience significant bleeding, and/or severe abdominal pain at home, I should seek medical help by contacting either the endoscopy unit where the procedure took place or my local A&E department.
  - Overall, there is a **1:2400** chance that a blood transfusion may be needed.
- There is a small risk of an abnormality being missed.
- Overall, there is a 5-8% chance that the endoscopist will not be able to complete the procedure. If this occurs, you may be offered the opportunity to have the procedure repeated on another day, or an alternative investigation may be suggested.

What are the alternatives?

A CT scan or CT Virtual Colonography are alternatives to a colonoscopy but are not suitable for all patients. If these detect a polyp or other abnormality, then further investigation may be required.

Statement of agreement to proceed with colonoscopy:

I understand:

- the information provided to me regarding the colonoscopy, including the reasons for it, the risks and benefits and any alternatives.
- I have the right to change my mind at any time, including after I have signed this form.
- the endoscopist performing the procedure will have appropriate experience, or if performed by a trainee they will be closely supervised by an experienced endoscopist.
- that photography is an integral part of the procedure and will be part of my medical record.
- any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- and agree that tissue (biopsies and polyps) removed as part of the procedure may be used for diagnosis and audit and stored / disposed of as appropriate and in a manner regulated by appropriate ethical, legal and professional standards.
- additional procedures may become necessary during my procedure to assist diagnosis and treatment or to manage complications. I have listed below any procedures which **I do not wish** to be carried out without further discussion.
  Please list: ……

Please answer the following questions before signing the form below:

I consent to receiving blood products in the event of a medical emergency.	**Yes / No**
If I answered **No** above, I have an advance directive / living will relating to aspects of my current medical care and an official copy has been provided (including Jehovah's Witness Statement).	**Yes / No**
I agree that anonymised endoscopy images and/or videos from my procedure may be used for teaching and training purposes.	**Yes / No**

Patient signature:……Date:……..……

Name (PRINT):……....

A witness should sign below if the patient is unable to sign but has indicated their consent.

Signed:……..Date:……

Name (PRINT):……..

Statement of interpreter (where appropriate**)**

I have interpreted the information to the patient to the best of my ability and in a way in which I believe they can understand.

Interpreter's signature:…….....Date:....……..……...…

Name (PRINT):……..……..OR phone ref no: .....

Hospital use only:

Statement of health professional:

- **I have confirmed the patient's choice of:** (tick all applicable)
  - ☐ No medication
  - ☐ Conscious sedation
  - ☐ IV analgesia
  - ☐ Entonox
  - ☐ Other: ……
- **I have confirmed that the patient understands the information provided, has no further questions and wishes to go ahead with the procedure.**
- **I have confirmed that a procedure specific patient information leaflet has been provided.**

Signed: ……..……..……Date: ……..……..……

Name (PRINT): ……..……..……...Job title: ……..……..

Copy accepted by patient: yes / no (please circle)
TOP COPY: CASE NOTES BOTTOM COPY: PATIENT