

Consent for Balloon Enteroscopy

Please read this carefully and bring this form into the Endoscopy Unit when you attend for the procedure. If there is anything you do not understand, please raise this with the nursing and medical staff at the time of your procedure. I will attempt to quantify the risks of the procedure from the literature and my own experience (figures in brackets) for outpatient procedures such as yours. **The risk of not having the procedure (missed cancer etc) may significantly exceed the risks from the procedure.**

Balloon Enteroscopy is a safe and well tolerated method of examining the small bowel. This includes the oesophagus (gullet), the stomach, the duodenum (upper small bowel) and the jejunum (middle small bowel) if approaching from the mouth, and the anus, rectum, colon, ileum and jejunum if approaching from the anus.

The examination is done following sedation which is given into a vein. It is unlikely you will have any recollection of the procedure as you will be very sleepy/asleep during the procedure.

The risks of the examination are minimal. It is extremely uncommon to have an allergy to the drugs used. Occasionally it is necessary to perform interventional procedures through the endoscope, such as oesophageal dilatation in the presence of a stricture, or removal of polyps from the upper intestine. Potential complications include:

- Bleeding - less than 1/1000
- Perforation/puncture of the food pipe, stomach or bowel- less than 1/1000
- Death due to enteroscopy - extremely rare ~ 1/25000
- Injury to surrounding structures (eg spleen, pancreas) - very rare
- Sedation related complications including drug allergy - very rare
- Aspiration of stomach contents into lungs - rare
- The rare possibility that something may be missed, or that the procedure may be technically difficult and unable to be completed, particularly if there is poor stomach emptying and residual food

Most complications settle spontaneously and do not require any specific intervention. Very rarely they may be life threatening and require a blood transfusion or open surgery. If you would rather not have polyps removed, or not have interventions such as a blood transfusion (in a life threatening situation), please inform the nursing and medical staff on admission. **Should you have any symptoms of concern following the procedure such as abdominal pain, fever, shortness of breath, bleeding etc, please notify your doctor immediately.**

If there is a chance that you could be pregnant, or have very serious heart, lung (e.g. requiring home oxygen), kidney disease, or if you have difficulty walking up one flight of stairs without stopping, please notify us before the procedure. These issues may increase the risk of sedation and it may be more appropriate that your procedure is done in a hospital rather than day surgery setting.

I _____ have read and understood the above advice and I have received satisfactory answers to my questions about the procedure. I consent to colonoscopy and any associated procedure necessary. I agree not to operate a motor vehicle or machinery for at least 24 hours after the procedure, and not to make any important decisions or sign any contracts within 24 hours of the procedure, if given sedation for the procedure.

Signature:		Date:	
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For Doctor: I have asked the patient whether they understood the consent form and have any questions or concerns about the procedure or the consent form, and have answered these fully.

Doctor's Signature:		Date:	
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Balloon Enteroscopy Patient Information

What is Balloon Enteroscopy?

This procedure is similar to procedures you will already have had, but reaches further into the gastrointestinal tract using a system of remotely inflatable/deflatable balloons over the camera to pull the camera further into the small bowel.

How are you prepared?

For antegrade (through the mouth) procedures you should have nothing to eat or drink for 4 hours before your procedure. For retrograde (through the anus) procedures, you will need to follow bowel preparation instructions that have been given to you.

You will be given a sedative through a vein in the arm or hand before the procedure to make you more comfortable.

Special Considerations

As drugs are used, and x-ray screening is occasionally used following the procedure, it is essential for female patients that there is no possibility of pregnancy. You must advise the nursing staff if you have any doubts about this.

You should advise the nursing staff if you are sensitive (allergic) to any drug or other substance.

Please do not stop any blood thinners or anti-coagulants unless directly advised to by your doctor. You should also inform your doctor if you have heart valve disease or have a pacemaker implanted.

What do we do?

An endoscope is a flexible tube about 9mm in diameter. It allows full colour inspection of the gastrointestinal tract. It also allows biopsies to be taken from the small bowel and other areas.

Safety and risks

Gastrointestinal endoscopy is usually simple and safe. It is very unlikely to cause any serious problems for patients.

Extremely rarely, individual patients may have a reaction to the sedation or damage to the oesophagus at the time of examination. Such complications are extremely rare, however, if you wish to have full details of all possible rare complications discussed before the procedure, you should inform your doctor.

Afterwards

The procedure will take between 5 and 15 minutes and you will be sleepy for about half an hour afterwards. **A relative or friend must pick you up. You may not leave unaccompanied.**

If you have any severe abdominal pain, bleeding, fever or other symptoms that cause you concern, you should contact your doctor immediately.