

Key Information for Private Procedures

1. The procedure will be billed "No Gap" meaning there is no out of pocket cost to people with private health insurance. My anaesthetist will also arrange "No Gap" billing.
2. If you have an excess with your health fund (this is between you and them) and you will need to pay it to them.
3. You should check with your health fund that you are covered for the procedures prior to the procedure day. If you are not covered, we can give you an estimate of the costs you are likely to incur.
4. **You must arrange for someone to take you home.** In the very rare situation that this can not be arranged, we need to know in advance so that we can arrange for you to stay in hospital, or your procedure may be cancelled on the day. For legal reasons, following administration of drugs, we are not able to let people leave unaccompanied.
5. If you are having a colonoscopy - review your preparation instructions, and take your preparation.
6. Your procedure may not be for a while after you arrive (it is very hard to estimate exactly how long different procedures will take).
7. Bring your consent form, all relevant imaging (X-rays etc) and correspondence.
8. Bring something to do or to read - waiting can be boring.
9. Don't bring unnecessary valuables.

Consent for Colonoscopy

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.**

Colonoscopy is a relatively safe and well tolerated method of examining the large intestine or colon. It is usually performed with mild intravenous sedation following adequate preparation of the bowel. Alternative methods for examining the bowel include CT scanning or barium enema however these are significantly less sensitive (more likely to miss lesions such as polyps) and they do not allow for intervention such as removal of polyps if they are found.

Colonoscopy is not perfect and it is possible to miss polyps, although the risk of missing significant sized polyps is quite small, if you have a good bowel preparation. Polyps are present in about 50% of patients undergoing this procedure (in my experience) and, if found, are removed for histology. These are the first stage of a abnormal growth which usually goes through a "benign" phase before turning malignant.

The risks associated with colonoscopy are very small and primarily related to polyp removal. These include:

- Bleeding - 1/500 (1/1000). Very rarely (1/10 000) significant bleeding can result from biopsies.
- Suspected perforation/puncture of the bowel - 1/1000 (1/3000)
- Death due to colonoscopy - 1/25000 (none)
- Injury to surrounding structures (eg spleen) - very rare (none)
- Sedation related complications including drug allergy - very rare (none)
- Aspiration of stomach contents into lungs - rare (none)
- The rare possibility that polyps or other things may be missed, or that the procedure may be technically difficult and unable to be completed, particularly if there is poor preparation

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. **If you are on anticoagulants, anti-platelets or 'blood thinning' medications please discuss this specifically with me prior to signing this document**

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: | |
|-------------------|--|--------------|--|

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: | |
|----------------------------|--|--------------|--|

Colonoscopy Patient Information

What is Colonoscopy?

What is Colonoscopy? Colonoscopy is a procedure which uses a tube-like camera to examine or inspect the bowel and allows for a variety of operations to be carried out through the colonoscope. These operations may include taking small tissue samples (biopsy) and removal of polyps. An alternative method of examining the large bowel is barium enema or CT scanning. Colonoscopy has the advantage over radiological imaging for allowing tissue samples such as biopsies to be taken or polyps to be removed.

How are you prepared?

Prior to the colonoscopy you will be provided with full instructions. The day before your procedure you will need to be on clear fluids only throughout the day. On either the evening before and/or the morning of the procedure you will need to drink a quantity of salty tasting solution which completely cleanses the colon. Some people find the prep quite unpleasant and it may cause nausea, vomiting and abdominal pains. If you have any symptoms which concern you while drinking the prep, please phone the Endoscopy Unit where you are having the procedure.

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.

You should cease iron tablets and drugs to stop diarrhoea at least seven days before the procedure. Please do not stop any blood thinners or anti-coagulants unless directly advised to by your doctor. If you are on anticoagulants/antiplatelet drugs (blood-thinning drugs) you should discuss this with your doctor prior to signing the consent form. You should also inform your doctor if you have heart valve disease or have a pacemaker implanted.

What do we do?

The colonoscope is a long and highly flexible tube about the thickness of your index finger. It is inserted through the rectum into the large intestine to allow inspection of the whole large bowel. As cancer of the large bowel arises from pre-existing polyps (a benign wart-like growth), it is advisable that if any polyps are found they should be removed at the time of examination. Most polyps can be burnt off (polypectomy) by placing a wire snare around the base and applying an electric current.

Safety and risks

For inspection of the bowel alone, complications of colonoscopy are uncommon. Most surveys report complications in 1 in 1,000 examinations or less. Complications which can occur include an intolerance of the bowel preparation solution or reaction to sedatives used. Perforation (making a hole in the bowel) or major bleeding from the bowel is extremely rare but if it occurs, may require surgery.

When operations such as removal of polyps are carried out at the time of examination there is a slightly higher risk of perforation or bleeding from the site where the polyp has been removed.

Complications of sedation are uncommon and are usually avoided by administering oxygen during the procedure and monitoring oxygen levels in the blood. Rarely however, in patients with severe cardiac or chest disease serious sedation reactions can occur.

A number of rare side effects can occur with any endoscopic procedure. Death is a remote possibility with any interventional procedure. If you wish to have full details or rare complications discussed, you should indicate to your doctor before the procedure that you wish for all possible complications to be fully discussed.

Because of the risk of cancer, it is recommended that all polyps found at the time of colonoscopy be removed. However, it will not be possible to discuss the removal with you at the time of examination as you will be sedated. Therefore, if you agree to having removed any polyps found during the procedure, please sign the consent form. If you have any queries or reservations about this, please inform your doctor.

In the unlikely event of haemorrhage occurring, blood transfusion may be necessary.

Afterwards

The sedative painkiller you are given before the procedure is very effective in reducing any discomfort. However, it may also affect your memory for some time afterwards. Even when the sedative appears to have worn off, you may find you are unable to recall details of your discussion with the doctor. For this reason, **a relative or friend MUST PICK YOU UP. You may not leave unaccompanied.** If you do not recall discussions following the procedure, you should contact your doctor.

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

INFORMATION FOR PATIENTS Regarding “SPLIT” Preparation for Colonoscopy

Preparation is washing out the bowel before colonoscopy. This is done with a non-absorbed drink, that flushes the bowel, causing an unpleasant watery diarrhoea.

As technology has advanced, we have become more aware of the importance of subtle polyps (pre-cancerous growths) in the colon. It is **very** important that your bowel is as clear as possible to allow for detection of these lesions. An inadequate bowel preparation could even lead to missed lesions, or the necessity of a repeated colonoscopy (Oh no!).

We now know, from recent studies, that taking the last drink of preparation less than **6 hours before the booking time of the test** is the way to ensure the cleanest bowels. This is good news, but is often inconvenient to the patient. This is called “splitting” the preparation, as it often involves taking some early in the morning/ the middle of the night.

I prepared this sheet to encourage you to try this to obtain **the best results for you**. This is now standard practice in the USA and England, and is becoming the standard of care here.

My philosophy is that you will be up for some of the night passing fluid with the preparation anyway, so a bit of preparation is not too much extra trouble. If the whole process is worth going through, it is worth doing it as best we can!

If you feel you are unable to try split preparation, then take your preparation at the following times:

- Booking time before 12 mid day: 5pm, 7pm & 10pm.
- Booking time after 12 mid day: 7pm, 10pm & 7am.

Otherwise, please follow the instructions provided on the Preparation Sheet.

Discharge Information Following Endoscopic Procedures

Do not eat or drink anything for 30 minutes after your test. Start with small sips of water. If you can drink small sips of water easily, then you may begin eating solid foods as tolerated. (Unless the nurse or doctor gave you other instruction on discharge).

Medications given to you during the procedure may make you sleepy, weak, and uncoordinated. **DO NOT** drive a car or use dangerous equipment like power tools and lawn mowers. Do not do important business or sign any legal documents until the day after your procedure.

If you notice any redness or swelling on parts of your body where IV medication were given, place a warm wet washcloth over the area for 20 minutes at a time until the redness or swelling goes away. If you still have redness or swelling after 2-3 days, please call us.

The doctor may have removed some tissue during the test. This is called biopsy. A laboratory will look at the tissue for disease. If you had polyps removed do not lift anything heavy for one week. The appropriate follow up to obtain the results of the biopsy will be indicated on your copy of the report.

If you are currently taking blood thinners, begin taking them normally as you would unless the nurse or doctor told you not to at discharge.

After you test your stomach and/or colon may feel tight/full. Gas was put in your stomach/colon and you should pass gas from your rectum or by burping. You should not need treatment for this. If you have soreness in your throat you may gargle with warm salty water every 30-60 minutes.

Call us right away if you have:

- Blood in your stool for more than two bowel movements
- Temperature over 38.5°C

(during hours 9519 8689, after hours 9515 6111 and ask for the gastroenterology registrar on call, if unsuccessful ring '000')

My mobile number is 0412 560 843

Go to the nearest emergency room right away if you have:

- Vomiting that will not stop, or vomiting of blood or 'coffee grounds'
- Bad stomach pain (other than gas cramps)
- Chest pain
- Black stools
- Constant bleeding or more than two tablespoon of blood from your rectum.