

# Consent Form: Colonoscopy

(Version #1: described alternatives)

[Insert company name]

[Insert company address]

[insert phone number & website]

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## What is a colonoscopy?

Your medical provider will use an instrument called a colonoscope to look at the inside lining of your bowel.

Your provider will start from your rectum and look at your large bowel. This is done to see if there are any problems with your bowel, such as cancers, growths that could turn into cancer, or other medical problems.

During this process, your provider may use the instrument to remove any growths found or to remove small pieces of your bowel for testing.

## Will I need drugs during the colonoscopy?

Yes. These drugs are usually very safe, but there are risks and side effects with any drugs. Your risks will depend on a number of factors, such as your weight, whether you smoke, and your past or current medical conditions.

Usually, you will receive drugs that make you feel very relaxed during the procedure. You may remember some (or very little) about what happened during the procedure.

Your medical provider will discuss these risks with you before these drugs are given.

## What if I do not have the colonoscopy?

A colonoscopy helps to catch problems earlier, so they are more treatable. If you do not have one, it will be harder to diagnose your illness or screen for cancer.

## Do I have other options?

**Rectal exam:** Your provider will examine you by hand. This is not painful, but it does not examine your colon.

**Barium enema:** In this test, a fluid is put in your rectum that makes your colon show up on X-ray. But if something shows up on X-ray, then your provider will suggest a follow-up colonoscopy.

**Fecal blood test:** This test checks your stool for blood that you can't see. Your doctor gives you a test kit and instructions to use it at home. But this test can result in false positives.

**Flexible sigmoidoscopy:** In this test, your provider puts a thin, flexible, hollow tube with a light on the end into your anus. This does not go up very far, so your provider cannot see problems in your upper colon.

## What are the risks of having a colonoscopy?

There are risks and complications with this procedure. They include, but are not limited to, the following:

### Common risks and complications:

- Mild pain or discomfort in your mid-section that can last up to 5 days.
- A weak or numb feeling in your arm due to your body positioning during the procedure.
- Nausea and vomiting.
- Dizziness or feeling faint, typically when you start to move.
- Headaches and muscle aches.

### Uncommon risks and complications:

- **1 in 100 people** will significantly bleed from their bowel after a growth is removed. If this happens, further scoping, an operation, or a blood transfusion may be needed.

99 people  
will not bleed

1 person  
will bleed

- **1 in 1000 people** will get a hole (perforation) in their bowel causing the bowel's contents to leak into the abdomen. If this happens, you may need surgery to repair the hole.

999 people  
will not get a hole

1 person  
will get a hole

### Rare risks and complications:

- Blood infection (called Bacteraemia), which will require antibiotics.
- Stroke.
- Severe allergic reaction (anaphylaxis) to the drugs given at the time of the colonoscopy.

## What can I expect after the colonoscopy?

- You will be in recovery until the effects of the drugs wear off.
- You may not drive after the colonoscopy. You must have someone take you home.
- You might have some bloating or cramping caused by air entering the bowel during the colonoscopy. Moving around will help get rid of this.
- Your provider will tell you when you can eat or drink. Typically, you can do this right away.
- Your provider will tell you the results of the colonoscopy. You may need to come back to discuss the results.

## Patient's Consent to Treatment

(Patients: please read and initial each statement)

Initial

I understand what a colonoscopy is, and I know it involves risks, including risks specific to me.

I have been educated about these risks, and my provider has answered my questions about these risks.

I understand that drugs will be used to help relax me and relieve pain. My provider has discussed this with me, and I understand the risks of using these drugs.

I understand the other treatment options available, but I have decided against those options.

I allow my provider (or anyone directed by my provider) to treat me. I understand that this means I may be treated by providers still in training.

I allow my provider to remove tissue for testing and to treat any growths or cancers that can be treated with the instrument.

I allow my provider to record video or take images of my bowel if it will help determine the proper treatment.

I understand that there are no guarantees about the results of the colonoscopy, and I realize that the procedure will not cure medical conditions.

If anything immediate and life-threatening occurs during the colonoscopy, I allow my medical provider to treat me.

***I was able to ask my provider questions about this procedure, my risks, and my other options. My questions have been answered, and I agree to receive a colonoscopy:***

\_\_\_\_\_  
Sign your name here

\_\_\_\_\_  
Print your name here

\_\_\_\_\_  
Today's date

## Medical Provider's Acknowledgment of Consent

(Providers: record answers in patient's own words)

**What is a colonoscopy?**

\_\_\_\_\_  
\_\_\_\_\_

**Why are we doing this colonoscopy?**

\_\_\_\_\_  
\_\_\_\_\_

**What are some of the risks we discussed?**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any questions about these risks?**

\_\_\_\_\_  
\_\_\_\_\_

**What are your other options besides a colonoscopy?**

\_\_\_\_\_  
\_\_\_\_\_

**What can you expect after the colonoscopy?**

\_\_\_\_\_  
\_\_\_\_\_

**What other questions do you have?**

\_\_\_\_\_  
\_\_\_\_\_

***The patient and I have discussed this procedure, its risks, and its alternatives. I have answered the patient's questions, and I believe that the patient is informed and consents to the colonoscopy:***

\_\_\_\_\_  
Medical provider's signature

\_\_\_\_\_  
Printed name of medical provider

\_\_\_\_\_  
Today's date