Informed consent for Gastroscopy / Colonoscopy

PROCEDURE
An endoscopic procedure is where the doctor uses an instrument called an endoscope to look at the oesophagus (foodpipe), stomach and the small bowel (gastroscopy) or the large intestine (colonoscopy). It can be performed via the mouth (gastroscopy) or via the anus (colonoscopy). This is done to look to see if there is any disease in the stomach, small or large bowel. It usually requires a sedation anaesthetic, but sometimes a general anaesthetic may be needed.

COMMON RISKS ASSOCIATED WITH THE PROCEDURE:
Nausea and vomiting.
Faintness or dizziness, especially when you start to move around.
Headache.
Redness or bruising at the sedation injection site (usually in the hand or arm).
Muscle aches and pains.
Allergy to medications given at time of the procedure.
The cause of pain/other symptoms sometimes cannot be found.

UNCOMMON RISKS AND COMPLICATIONS INCLUDE:
About 5 in 100 people will experience bleeding from the oesophagus (food pipe), stomach or intestine where a lesion or polyp was removed. This is usually minor and can usually be stopped through the endoscope. Rarely, surgery is needed to stop bleeding.
Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia.
Emergency treatment may be necessary.
‘Dead arm ’type feeling in any nerve, due to positioning with the procedure – usually temporary.
Missed polyps or growths.
Your procedure may not be able to be finished due to technical problems.
An existing medical condition that you have gotten worse.

RARE RISKS AND COMPLICATIONS INCLUDE:
About 1 person in 1,000 will accidentally get a tear or hole (perforation) through the wall of the intestine. It can cause a leak of gut contents into the abdomen. Further surgery may be needed to repair the hole (perforation).
Pancreatitis or inflammation of the pancreas.
Bacteraemia (infection in the blood). This will need antibiotics.
Stroke resulting in brain damage.
Anaphylaxis (severe allergy) to medication given at the time of procedure.

More Detailed Information about Gastroscopy / Colonoscopy
1. What do I need to know about this procedure?
An gastroscopy is where the doctor uses an instrument called a gastroscope to look at the oesophagus (food pipe), stomach and the small bowel. This is common if bleeding, inflammation, ulceration or other abnormalities of the stomach or small bowel are suspected. A colonoscopy looks at the large bowel and rectum. A gastroscope is a long, thin, flexible tube with a small camera and light attached which allows the doctor to see the pictures of the inside of your gut on a video screen. A colonoscope is longer and slightly bigger than a gastroscope. The scope bends, so that the doctor can move it...
around the curves of your gut. The scope also blows air and this expands the folds of tissues so that the doctor can see the linings better. As a result, you might feel some pressure, bloating or cramping during the procedure. This instrument can also be used to remove or burn growths or to take tissue biopsies. In a gastroscopy, the doctor will spray your throat with a numbing agent before the procedure that will help prevent gagging. Most patients have some sedation, but it can be done without sedation if you prefer. You will then lie on your left side, and the doctor will pass the gastroscope into your mouth and down to your small intestine, or the colonoscope into your bottom. Your doctor will examine the lining again as the scope is taken out. It does not cause problems with your breathing. If the doctor sees anything unusual or wants to look at the bowel with a microscope he/she may need to take a biopsy (small pieces of tissue) for testing. You will not feel the biopsy. You should plan on three hours for waiting, preparation and recovery. The procedure itself usually takes 15 - 20 minutes.

2. Will there be any discomfort? Will there be any sedation or anaesthetic? The procedure can be uncomfortable and to make the procedure more comfortable a sedative injection or a light anaesthetic will be given. Before the procedure, the doctor will put a drip into a vein in your hand or forearm. This is where the sedation or anaesthetic is injected. The anaesthetist will give you information about the anaesthetic and the risks involved. If you have any concerns or questions regarding the anaesthetic, feel free to discuss these with him/her.

3. What is sedation? Sedation is the use of drugs that give you a ‘sleepylke’ feeling. It makes you feel very relaxed during a procedure that may be otherwise unpleasant or painful. You may remember some or little about what has occurred during the procedure. Anaesthesia is generally very safe but every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems. The risk will depend on:
   - personal factors, such as whether you smoke or are overweight.
   - whether you have any other illness such as asthma, diabetes, heart disease, kidney disease, high blood pressure or other serious medical conditions.

4. Preparation for the procedure Your stomach must be empty for the procedure to be safe and thorough, so you will not be able to eat or drink anything for at least six hours before the procedure. A bowel preparation will be needed if it is performed via the back passage (colonoscopy).

5. What if the doctor finds something wrong? Your doctor may take a biopsy (a very small piece of the lining) to be examined at the laboratory. Biopsies are used to identify many conditions even if cancer is not thought to be the problem.

6. What are polyps and why are they removed? Polyps are fleshy growths in the bowel lining, and they can be as small as a tiny dot or up to several centimetres in size. They are not usually cancer but can grow into cancer over time. Taking polyps out is an important way of preventing bowel cancer.

7. What if I don’t have the procedure? Your symptoms may become worse and the doctor will not be able to give you the correct treatment without knowing the cause of your problems.

8. Are there other tests I can have instead? X-rays and scans can be used to look at the small bowel. They are not as accurate and treatment cannot be performed. Your doctor will discuss with you other ways of managing your condition.

9. What can I expect after the endoscopy? You will remain in the recovery area for a bit until the effect of the sedation wears off. You can usually eat and drink when you get back to the ward. Your throat may feel sore and you might have some cramping pain or bloating because of the air entering the stomach during the procedure. You will be told what was found during the examination or you may need to come back to discuss the results, and to find out the results of any biopsies that may have been taken.
10. What are the safety issues?
Sedation will affect your judgment for about 24 hours.
For your own safety and in some cases legally;
Do NOT drive any type of car, bike or other vehicle. You must be taken home by a responsible adult person.
Do NOT operate machinery including cooking implements.
Do NOT make important decisions or sign a legal document.
Do NOT drink alcohol, take other mind-altering substances, or smoke. They may react with the sedation drugs. Have an adult with you on the first night after the procedure.

Notify the hospital Emergency Department straight away if you have;
· severe ongoing abdominal pain.
· trouble swallowing.
· a fever.
· sharp chest or throat pain.
· have redness, tenderness or swelling for more than 48 hours where you had the injection for sedation (either in the hand or arm)

ACKNOWLEDGEMENT AND CONSENT FOR OPERATION
I acknowledge that I have read and understood the risks associated with the procedure:
Gastroscopy & Colonoscopy +/- removal or biopsy of any suspicious lesions

I understand that:-
- the medical condition, proposed procedure to be undertaken and alternative treatments that may exist pertaining to my condition.
- I have the right to change my mind at any time following a discussion with Dr Mitchell and her staff.
- There is no guarantee that the procedure will improve my condition, even though it will be carried out with due professional care.
- Tissues and blood may be removed and could be used for diagnosis or management of my condition.
- If immediate life-threatening events happen during the procedure, they will be treated at that time by my doctor.
- and consent to the procedure being performed, including additional treatment if the doctor finds something unexpected.

I request to have the procedure

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<th>NAME OF PATIENT</th>
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<td>NAME OF GUARDIAN (If different to patient)</td>
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Signed at: Date: