



OAKVILLE ENDOSCOPY CENTRE INC.

2125 Wycroft Road, Unit 5
Oakville, Ontario
L6L 5L7
t: 905.842.3666
f: 905.842.3330

CONSENT FORM

Patient Agreement to Colonoscopy

Place Pt label here

Colonoscopy

Colonoscopy is considered the **best**, or “**gold standard**”, test in cancer screening. The intended benefit of this procedure is to aid in early cancer detection and prevention, through the diagnosis and removal of polyps.

Risks

Colonoscopy is a very safe and common procedure. However, there are potential risks which include:

- a **5 %** chance that a polyp or cancer can be missed
- a **1 in 1,000 risk** of a perforation (tear) or serious bleeding that might require an abdominal operation or a blood transfusion
- extremely rare sedation related complications such as heart and lung problems, damage to other vital organs, or death may occur
- an allergic or adverse reaction to the sedation

During the Procedure

During the procedure, it may be necessary to do one, or more, of the following:

- biopsy (sample of tissue)
- polypectomy (removal of a polyp)
- placement of a metal clip to prevent bleeding

How the Procedure is Performed

You will lie down on your left side with your knees drawn up towards your chest. You will be given sedation (with the administration of Propofol, Fentanyl or Remifentanyl, or a combination of Midazolam and Fentanyl). Then a colonoscope (a small camera attached to a flexible tube) will be inserted into the anus.

In order to improve the viewing of the colon, air will be inserted to inflate the bowel, and suction is available to remove fluid. The actual examination of the colon occurs while slowly withdrawing the

scope. At this time, tissue samples or polyps may be removed. Polyps can be removed either by electrocautery (hot biopsy or fulguration) or by snare.

*Note: You may experience mild discomfort due to gas or when the scope moves around corners.

Other Methods of Cancer Screening

- blood tests
- fecal occult blood tests (designed to detect blood in feces)
- flexible sigmoidoscopy (examines the lower third of the colon)
- barium enema (an X-ray test providing images of the colon)
- CT colonography
- no test/no screening

*Note: All of these other screening methods have higher miss rates for polyps and colon cancer. In addition, except for sigmoidoscopy, none of these tests can remove polyps.

Statement of Patient

Please ask if you have any questions!

NB You have the right to change your mind at any time before the procedure is undertaken, even after you have signed the form.

♦ ***I agree*** to the procedure of: Colonoscopy with possible polypectomy and biopsy, including the administration of sedation and the risks associated with it, as may be deemed advisable.

♦ ***I understand*** that you cannot give me a guarantee that a particular physician will perform the procedure. The physician will, however, have appropriate experience.

♦ ***I understand*** that photographs may be taken during the procedure as evidence of a condition or completion of the procedure.

♦ ***I understand*** that 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 that the assistance of other surgeons, physicians, anesthetists and/or hospital medical staff may be utilized.

♦ ***In the event that any additional procedures/treatments become necessary, please list below any treatments/procedures/or operations, which you do not wish to be carried out for personal or religious reasons (e.g. blood transfusions, for Jehovah's Witnesses):***

.....
.....

♦ ***I agree*** to NOT drive or operate heavy equipment until 6:00 a.m. tomorrow morning. (This only applies to patients receiving sedation).

♦ ***I am aware*** that my colonoscopy outcomes may be anonymously reviewed in quality control and research studies.

♦ ***I understand*** the explanation that has been provided to me regarding the benefits and risks of the procedure, and I am satisfied that my questions have been answered.

Statement of Patient Continued...

Patient's own signature: **Date:**

Name: (PRINT)

If the patient is unable to sign, but has indicated his/her consent, a witness should sign below.

Witness's own signature: **Date:**

Name: (PRINT)

Statement of Interpreter (if necessary)

I have interpreted the information above to the patient to the best of my ability, and in a way in which I believe the patient and/or the person signing on his or her behalf can understand.

Interpreter's own signature: **Date:**

Name: (PRINT) **Contact Number:**

Statement of Nurse

The patient read the consent form. I gave the patient the opportunity to ask questions.

Nurses' own signature: **Date:**

Name: (PRINT) **Designation:**

Statement of Physician

I have discussed the procedure, and what it is likely to involve, with the patient and in particular the details found on page 1.

I have also discussed the use of sedation for the procedure (unless refused by the patient), and any specific concerns raised by the patient.

I have confirmed with the patient that he/she has no further questions and wishes to have the procedure.

Health Professional's signature: **Date:**

Name: (PRINT) **Designation:**