

INFORMED CONSENT FORM FOR A DIAGNOSTIC OR THERAPEUTIC PROCEDURE COLONOSCOPY

Patient's first name:

Patient's surname:.....

Patient's personal identification number (Pesel):.....

1. Why do we suggest this examination to you?

On the basis of the examinations performed so far and your medical history, we suspect the existence of lesions in your colon. In order to accurately identify these lesions or to exclude their existence, diagnostic tests should be performed before possible therapy. There are two ways of testing: (1) by endoscopic evaluation of the colon, or (2) radiologically by means of a contrast agent inserted rectally.

The colonoscopic examination is performed in the presence of an anaesthetist under sedation-analgesia, which eliminates the unpleasant sensations associated with the examination; very rarely, general anaesthesia is necessary. The endoscopic evaluation of the bowel is much more accurate than the X-ray examination and largely eliminates the possibility of missed lesions. It is not without significance that colonoscopy can be combined with specimen collection or possible concomitant therapeutic treatment, which is not possible with X-ray examination.

2. Performing the examination

The examination is performed after appropriate preparation, consisting of cleansing the bowel of food debris, usually with orally administered laxatives, assisted by infusions or rectal infusions. Preparation begins the day before the procedure, when the patient must refrain from eating and drinking fluids other than those used to cleanse the bowel. In rare cases, due to the patient's general condition preventing this type of preparation, bowel cleansing consists of several days of starvation, combined with numerous rectal cleansing infusions.

The examination itself is performed using a flexible colonoscope, which is inserted through the rectum into the large bowel. The procedure may be painful at times, which should be reported to the doctor performing the examination. The degree of sedation-analgesia will then be increased up to and including full anaesthesia or the examination will be discontinued. The colonoscope undergoes high-level disinfection before each examination, so it is virtually impossible for the patient to become infected. If necessary, sections are taken from the lesions for histopathological evaluation. Sterile forceps are used for this, which also protects against infection.

3. Possible complications

The success of the examination and its complete safety cannot be guaranteed by any doctor. However, complications are extremely rare (0.35 %). These include perforation of the gastrointestinal wall (0.14-0.18%), bleeding (0.008%), which usually requires immediate surgery. Isolated cases of reflex cardiac arrest have also been described. Mortality from these causes is even rarer.

4. Polypectomy

Polypos may be found during the examination. Scientific reports and many years of observation confirm that a polyp is a benign neoplasm that, if left, can become malignant. This is prevented by performing a polypectomy, i.e. a procedure to excise the polyp. There are two ways to perform this surgery: (1) by cutting through the abdominal shells (surgical procedure), or (2) with the use of an endoscope (using forceps or electroresection with a diathermy loop).

The use of the endoscopic technique reduces the possibility of surgical complications, usually does not cause any pain and does not require deep anaesthesia. The fact that there is no scar on the skin and a quick return to normal life activities after the procedure is also important. The examination is performed using equipment that is specially decontaminated and sterilised according to generally accepted principles, which reduces the risk of infecting the patient to a minimum.

5. Performing the polypectomy procedure

After appropriate preparation of the examined part of the digestive tract and evaluation of technical possibilities of the procedure, polyps are removed with forceps or by placing a loop on the stalk of the polyp and burning it by passing an electric current through the loop. The removed polyps are then removed and sent for microscopic evaluation. It is also possible to gradually remove larger lesions piece by piece, using the "bite" technique. It should be emphasised that these procedures are painless. In some instances, when the polyp is very large or has a thick stalk, endoscopic polypectomy cannot be performed and the polyp must be excised surgically.

6. Possible complications

The success of the procedure as well as its complete safety cannot be guaranteed by any doctor. In the course of polypectomy, abundant bleeding from the stalk of the polyp, perforation of the gastrointestinal wall or thermal injury to the gastrointestinal wall may occur, which may require immediate surgery. The risk of complications is less than 1% and mortality is extremely rare. During colonoscopy, it is also possible to stop the bleeding (by injecting the bleeding site, local coagulation with an argon beamer, insertion of a clip).



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In order to minimise the risk of bleeding and to reduce the risks associated with the administration of anaesthetics or anaesthetics, please answer the following questions before making a joint decision:

1.	Do you have an increased tendency to bleed, especially after minor cuts, tooth extractions or bruises after minor mechanical trauma?	Yes / No
2.	Have such symptoms occurred among your family members?	Yes / No
3.	Have you suffered from symptoms of allergy to any food or medicines?	Yes / No
4.	Are you taking any medications that affect blood clotting (e.g. polopyrin, acenocoumarol, etc.)?	Yes / No

7. Procedure after the examination

If you are under general anaesthesia, you must not eat or drink for 2 hours after the procedure. The appearance of any symptoms that are unclear to you should be reported to the nurse or doctor immediately.

If the endoscopic procedure is performed under anaesthesia on an outpatient basis, you are not allowed to drive on that day and a second person is required.

The above does not apply to patients receiving services under the National Health Fund, in which case a one-day stay in a hospital ward applies.

Please ask if you have not understood everything, or if you want to know more about the examination, the complications mentioned or other problems related to the proposed examination.

INFORMED CONSENT FORM

I declare that onr. in discussion with the doctor

1. I received information about the purpose of the examination and the expected results.
2. I was informed about the risks of the examination and possible complications.
3. I was given the opportunity to ask unrestricted questions about the examination and received comprehensive answers.
4. I was informed that I could refuse the proposed examination and was informed of the possible negative consequences of such a decision on my health and life.
5. I was informed that I can withdraw my consent to the examination at any time.
6. Comments/concerns about the proposed examination:.....

- I consent, with no reservations** (or with the above reservations), to my colonoscopy examination.
- I do not consent** to my proposed colonoscopy examination.

.....
Date Legible signature of the patient/guardian of the patient*

.....
Date Legible signature and stamp of the doctor

In the course of discussion with the doctor, I was informed that a 24-hour stay in a hospital ward for observation of possible complications is advisable if a medium or large polyp(s) has to be removed.

Patients covered by the National Health Service are required to stay one day in a hospital ward.



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7. I was informed about the prices (**not applicable to patients having an examination under the National Health Fund**)::

a. removal of a polyp with histopathological examination

d. excision-endoscopy (small tissue material first vessel with histopathological examination)

e. 24-hour stay in a hospital ward

(current prices of the above procedures are available at the endoscopy registration desk and at

www.medpolonia.com.pl/cennik)

I **provide informed consent** for polyp/polyps removal and possible hospitalisation

I **do not consent** for polyp/polyps removal

.....

Date

.....

Legible signature of the patient/guardian of th patient *

.....

Date

.....

Legible signature and stamp of the doctor

* NOTE: For persons under 16 years of age, consent is given and signed by the legal representative. For persons between the ages of 16 and 18, consent is given and signed by the legal representative or guardian in fact and the patient.

