

## INFORMED CONSENT TO COLONOSCOPY, POLYPECTOMY

Name of patient .....

Personal ID No: .....  
(Birth No.)

*Label*

**ALLERGY:**.....

**Definition:** A **colonoscopy** is the examination of the large bowel with an optic flexible tube (endoscope) of approximately 0.5 cm width. **Colonic polypectomy** is the removal of polyps from the bowel membrane using the endoscope.

**Aim and purpose of the intervention:** Colonoscopy can find out whether there are any changes on the large bowel membrane or possible sources of bleeding. Besides, this examination method allows taking of a **specimen** of the bowel membrane (biopsy) for laboratory or histology tests as well as removal of polyps from the large bowel wall. In this case we speak about **colonic polypectomy**.

**Alternatives:** irrigoscopy, computer tomography – colography – imaging methods that don't allow biopsy of the tissue for tests, examinations or surgery.

**Preparation prior to the intervention:** Successful examination is conditioned by due bowel movement and cooperation of the patient. The physician always determines the way of preparation.

- On the third day prior to the examination – mashed food, lots of drinks.
- On the second and the first day prior to the examination – liquid diet only, lots of drinks.
- The evening before the day of examination at 5:00 p.m. – a laxative suggested by the physician + drinks.
- On the day of examination at 5:00 a.m. – a laxative suggested by the physician.
- Lots of drinks up to complete bowel movement when just pure water comes out of the bowel. We don't recommend sweet lemonades, juices with pulp, milk. Pure water, tea, mineral water is good.
- In some cases, the attending physician may decide on a different course of preparation in compliance with the current health condition of the patient and urgency of the examination.
- Since there are various types of laxatives intended for the colonoscopy we recommend to our patients to read the patient information leaflet carefully, eventually consult any ambiguities or doubts with the physician who indicated (asked for) the examination.
- Before the examination the patients can buy at the pharmacy a disposable underwear (pants) especially designed for the colonoscopy and providing the patients with a certain comfort and discreet during the examination. The price is CZK 15.00-30.00.
- **We kindly ask the patients to not apply any ointments or cosmetics on the anus that would "smudge" the device optics and make the subsequent cleaning and maintenance of the endoscope more difficult.**

**Intervention procedure:** The patient lies down on his/her left side on the examination bed. In some cases a flexible plastic tube (cannyla) is inserted in the arm vein that allows administration of medicines into the blood circulatory system (e.g. painkillers). The physician applies an anaesthetic gel on the endoscope top and inserts the device in the anus. The examination is tolerated by various patients differently however the physician makes efforts to perform the examination as quickly as possible and as gently as possible. So, the patient should notify the physician of any problems or discomfort in time to get a proper medication for mitigation. Occasionally, the patient may be asked by the physician or a nurse to change his/her position, e.g. to turn on the back. Smooth progress can only be achieved with the patient's assistance and observance of the instructions given by the healthcare professionals.

**Colonic polypectomy:** During the examination one or more polyps can be discovered on the intestinal wall. Some smaller polyps can be removed right during the examination and the patient may leave immediately after the examination. In other cases, hospitalization for 2 – 3 days is needed.

**Procedure and post-intervention care / potential limitations after colonoscopy:** The patient can move, eat and drink normally. Any possible restrictions and limitations shall be pointed out by the physician.

**Procedure and post-intervention care / potential limitations after colonic polypectomy:** After the colonic polypectomy the patient can only drink. On the second and the third day after the intervention also mashed food is permitted. The patient shall be informed of the following dietary regimen and other restrictions and limitations by the attending healthcare professionals in the course of the treatment. To monitor the nature of the stool is necessary. **In case the stool contains fresh blood please notify the healthcare professionals immediately.**

**Potential frequent complications and subsequent hazards:** This medical intervention can bring some complications, too. The most frequent complications are abdominal pains caused by air present in the bowel and whenever the air comes out these pains subside. The less frequent complication may be bleeding, partial tear or perforation of the bowel wall.

**In case of application of any intravenous medications – psychopharmaceuticals, sedatives, analgesics – before, in the course of after the examination all activities requiring the patient’s full attention are forbidden for at least 24 hours because the attention may be affected by the medications (mainly driving etc.) and an accompany must be ensured for the journey from the healthcare facility until the medication effects subside.**

**Date:** .....

**Name of physician:** ..... **Signature of physician:** .....

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**PATIENT/STATUTORY REPRESENTATIVE:**

1. Please read the text of this Consent carefully.
2. If you don’t comprehend clearly any of the physician’s explanations or need any additional information, please don’t hesitate to ask the physician again.
3. If you agree with the content of the statement, please undersign it.

**I, the patient/statutory representative hereby declare that I’ve been informed of nature of the intervention/medical procedure as specified above and potential hazards resulting thereof in a comprehensive manner and in time by the physician.** I had an opportunity to ask the physician additional questions and all such questions, if any, have been answered. I make the decision after careful consideration and valuation of all decisive facts.

**Based on this advice I hereby declare that I agree with:**

- the above specified medical procedure;
- the fact that any other related intervention can be performed if non-performance of such intervention would put my health / health of the person under my custody in immediate danger and in the given situation my current consent couldn’t be obtained.

**I’m aware that:**

- the specified medical procedure doesn’t have to be performed by the physician who has treated me so far;
- the consent is considered as an informed consent also in the case I waive my right to be informed in accordance with Section 32 subsection 1 of Act No. 372/2011 Coll.

I agree with provision of information:

Yes  No

Date: ..... Signature of patient: .....

Name and signature of statutory representative (1): .....

Name and signature of statutory representative (2): .....

Name and signature of a person appointed by the patient in the Informed Consent to Hospitalization during the admission:

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**IF THE PATIENT IS NOT ABLE TO SIGN THE CONSENT, PLEASE FILL IN THE RELEVANT OPTION A) OR B) ACCORDING TO THE SITUATION:**

a) Name of witness (a health professional): .....

Signature: .....

Date: .....

b) Name of witness: ..... Personal ID No.: .....

Address: ..... Identity card No.: .....

Date: .....