



COLONOSCOPY

M

Ph (H)
Ph (B)
OthC

UNEMPLOYED

A. INTERPRETER/ CULTURAL NEEDS

- An Interpreter Service is required yes no
 If yes, is a qualified Interpreter present yes no
 A Cultural Support Person is required yes no
 If yes, is a Cultural Support Person present yes no

B. CONDITION AND PROCEDURE

The doctor has explained that I have the following condition: *(Doctor to document in patient's own words)*

P/A Bleed

The following procedure is performed:

The doctor looks at the lining of your large bowel to see if there are any growths or disease.

This is done by putting a bendable tube (colonoscope) into your back passage. The tube is then slowly passed into the rectum and large bowel (colon).

Pictures of the inside of your bowel are then seen on a video screen.

C. RISKS OF THIS PROCEDURE

Please read the patient information sheet for detailed information. **If you have not been given an information sheet, please ask for one.**

There are some risks, which include:

- (a) The bowel may be punctured. This can cause leakage of bowel contents into the abdomen.

The risk is higher when polyps are removed, depending how large the polyp is. This is treated by keeping the bowel empty using suction and a tube into the stomach or bowel via the nose.

Fluids and antibiotics are given via a drip, and further surgery may be needed. This may require a longer stay in hospital.

- (b) Bleeding from the bowel following biopsy and/or removal of a polyp/polyps. This may be oozing from where the polyps were removed or damage of large blood vessels.

The risk may be greater the larger the polyp. Sometimes bleeding can happen up to 12 days afterwards. This usually settles without further treatment.

Another colonoscopy may be done to stop the bleeding. Rarely, a blood transfusion and further surgery may be needed if there is a lot of bleeding.

- (c) The procedure may not be able to be completed due to bowel disease or other problems. Polyps or cancer can be missed. The risks of this happening are higher if your bowel is not well prepared.

It is important that you follow the instructions to clear your bowel before the procedure.

- (d) Mild pain and discomfort in the abdomen for one or two days after the procedure. This is treated with pain relief. It usually settles without further treatment.

- (e) Very rarely, heart and lung problems such as:

- low oxygen levels
- lowered blood pressure
- higher pulse rate
- pneumonia (caused by vomit going down the lungs)

People with ill health are more at risk. Healthy people may feel very drowsy for a few days afterwards.

The procedure is immediately stopped if anything happens.

Rarely, drugs may be given to take away the effects of the sedation and at worse life saving procedures may be needed.

- (f) Death due to colonoscopy is extremely rare.

D. SIGNIFICANT RISKS AND RELEVANT TREATMENT OPTIONS

The doctor has explained any significant risks and problems specific to me, and the likely outcomes if complications occur. The doctor has also explained relevant treatment options as well as the risks of not having the procedure. *(Doctor to document below. Cross out if not applicable.)*

PROCEDURAL CONSENT FORM

COLONOSCOPY	U.R. No	(Please place patient label here)	
	Surname		
	Given Names		
	D.O.B.	Sex	M F
	GP		

E. PATIENT CONSENT

I acknowledge that:

The doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and the risks of not having the procedure.

I have been given a Patient Information Sheet (Version 4: 05/2003) about the procedure and its risks.

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that the procedure may include a blood transfusion.

I understand that a doctor other than the Specialist may conduct the procedure. I understand this could be a doctor undergoing further training.

I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital.

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make my condition worse.

On the basis of the previous statements, I
REQUEST TO HAVE THE PROCEDURE.

Name of Patient/ Substitute decision maker and relationship

IAN F LEMING

Signature

[Handwritten Signature]

Date

11.11.03

Name of Doctor

J. PATEL

Signature

[Handwritten Signature]

Date

11.11.03

Substitute Decision Maker Under the Powers of Attorney Act 1998 and/ or the Guardianship and Administration Act 2000. If the patient is an adult and unable to give consent, an authorised decision- maker must give consent on the patient's behalf.

F. INTERPRETER'S STATEMENT

I have given a translation in
(state the patient's language here) of the consent form and any verbal and written information given to the patient/ parent or guardian/ substitute decision maker by the doctor.

Name of Interpreter

Signature

Date

G. ADVANCE HEALTH DIRECTIVE

The patient has an Advance Health Directive/ Enduring Power of Attorney and will provide the doctor with a copy on admission yes no

H. DOCTOR'S STATEMENT

I have explained

- the patient's condition
- need for treatment
- the procedure and the risks
- relevant treatment options and their risks
- likely consequences if those risks occur
- the significant risks and problems specific to this patient.

I have given the patient/ substitute decision-maker an opportunity to

- ask questions about any of the above matters
- raise any other concerns

which I have answered as fully as possible.

I am of the opinion that the patient/ substitute decision-maker understood the above information.