



Large Bowel Endoscopy (colonoscopy or rectosigmoidoscopy) Informed Consent Sheet

Examination Date:.....

Why a colonoscopy ?

This procedure has been proposed to you because it is the most accurate method for the diagnosis and the surveillance of inflammatory bowel disease, to identify causes of abdominal pain including other forms of colitis, to evaluate post-diverticulitis patients and to screen for colonic polyps (benign premalignant lesion of the gut) and for colorectal cancer. This is a non exhaustive list of indications. To fulfill some of these aims biopsies may be obtained. In addition, this procedure allows the physician to perform some therapeutic interventions (see below).

Why this document ?

This document is required by law prior to this procedure, as for many other medical procedures. Its aim is to inform you about the procedures, its benefits, risks and alternatives. It also serves as a support for the discussion with the physician and to collect some important safety information about your general state of health. Thus, **we ask you to be so kind to read this document, to answer the questions on the second page and to bring it back on the day of your procedure.**

How is a colonoscopy performed ?

The examination is conducted under sedation for your comfort and safety. Sedation may include either a light intravenous sedation and pain killer or a short complete sleep of a few minutes. The kind of sedation depends both of your preference and of your medical condition.

Then a flexible rubber tube (called an endoscope) will be inserted in the anal canal and push inwards in the large intestine, previously cleansed by a purgative bowel preparation. The tube is conducted by the physician to reach the distal end of the small intestine, called the ileum. During this process and during the withdrawal of the tube, the lining of the bowel will be carefully inspected. Biopsies may be obtained through the tube from areas of interest, to confirm, characterize or rule out disease states. These biopsies are sent to a pathology lab for examination under the microscope.

Is the procedure painful?

As the tube progresses through the large bowel, it can cause discomfort and pain, usually only during brief moments. Sedatives, pain killers or a complete anesthesia are routinely proposed and used to prevent discomfort and pain. These options will be presented to you prior to the procedure. Depending on your general state of health and of possible allergies, all options may not be equally accessible to you.

What are the therapeutical interventions possibly performed during a colonoscopy?

If polyps are detected during the procedure, they are usually directly removed with a snare or a biopsy forceps during the procedure, unless there is a local or general contraindication to do so. This is not painful to the patient. In case a narrowing of the gut (a stenosis) is identified, this segment may be dilated to allow the passage of the scope and restore an easier way for the stools. This is usually painful and requires additional sedation and pain control.

What is the preparation required prior to a colonoscopy ?

A colonoscopy requires the bowel to be completely emptied from its stool content, to allow a safe and easy progression of the tube, and to allow the physician to efficiently inspect the gut lining and perform therapeutical interventions safely. Therefore, you will also receive a detailed document explaining the cleansing procedure.

The day of the examination you need to be fasted (no solid or liquid foods) for 6 hours prior to the scheduled time of the procedure. You can still drink still water (for no other drinks !) up ou 3 hours prior to the procedure.



Gastroentérologie Beaulieu SA - Centre Crohn et Colite

Spécialistes en gastroentérologie et hépatologie :

Professeur Pierre Michetti

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Docteur Hayssam Moubayed

Docteure Marianne Vullièmoz

How to travel to the clinic?

You will probably receive a sedative or be put asleep for the procedure. **You should thus not plan on driving yourself on the way back from the physician's office after the procedure.** Plan to use public transportation or have a relative or friend to drive you back home. Avoid driving, using machinery and signing legal document for 12 hours after the procedure



Please note that your stay at our practice/clinic will last 1-2 hours

What do I do with my usual medications?

You should take your usual medications with a small amount of clear liquid (water or tea), despite the instruction to be fasted. This is particularly the case for anti-hypertensive agents, diuretics, or asthma drugs. This is also the case for regular cardiac dose aspirin.

If you take blood thinners (such as Sintrom, Marcoumar, Xarelto, Pradaxa, Eliquis), medications containing aspirine (Aspirine Cardio, Triatral, Plavix ou Clopidogrel) or if you are diabetic, please contact your general practitioner or our office in advance to the exam. Indeed it is likely that these medications will need to be stopped or adjusted for a few days in preparation of the procedure.

What are the risks associated with a colonoscopy ?

A colonoscopy performed for diagnosis purposes and taking biopsies are considered low risk procedures, with a risk of 0.2% of complications, which include bleeding from a biopsy site or bowel perforation. The risk of bleeding and of bowel perforation rises in case of polyp removal and/or dilatation of a narrowed bowel. The rate of complications associated with polyp excision or bowel dilatation are 1-2% of perforation and 5% of bleeding, despite all precautions taken. These complications may be immediate or delayed a few days (up to 7-10 days for bleeding). Bleeding is usually managed by a repeat colonoscopy to coagulate the bleeding vessel (by local injection or clip placement). Refractory bleeding and perforation may require emergency surgery in 1-2% of cases. Surgery is usually laparoscopic in these cases, but open surgery and/or transient stomy placement have been needed in rare instances.

What are the alternatives to a colonoscopy?

Depending your condition, there are several distinct alternatives. For diagnosis of an inflammation of the gut, a CT-scan or an MRI of the gut are possible. A bowel prep is also required. Biopsies, however, can't be obtained. Thus, if further suspected, an inflammation of the gut or a tumor will eventually still require a colonoscopy with biopsies. For polyp screening, CT-scan virtual colonoscopy is an alternative, but again bowel preparation is needed and a rectal tube is inserted to inflate the large bowel. As a result, the perforation rate is similar to the rate of a colonoscopy, which will still be required if a lesion is seen on the virtual exam. Alternative to a dilatation is typically a surgery. Other alternatives may exist for specific cases, to be discussed with your doctor.

What are the frequent questions asked to the physician prior to the procedure ?

During the preparatory visit or at least just before the procedure, you should ask all the questions that are important to you. Examples are:

- What is the need and urgency to perform a colonoscopy to me ?
- What are my alternatives to this method for my condition ?
- Do I run other risks, specific to my condition/procedure, that are not mentioned in this document ?
- How and when do I resume my blood thinning agents after the procedure ?

How to cooperate to minimize the risks of the procedure?

Careful attention to all steps of bowel preparation is important. In addition, we would like to have your answers to the following questions:

Do you take a blood thinning medication such as Sintrom, Marcoumar, Xarelto, Pradaxa, Eliquis or an anti-platelet agent such as Plavix/Clopidogrel' Yes No



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In the last 7 days, did you take Aspirin, Tiatral, Aspégic or an anti-inflammatory drug such as Aleve, Advil, Algifor, Voltaren, Irfen, Ponstan, or other? Yes No

Are you allergic to some drugs or to latex, eggs or soja? Yes No

If yes, which ones ?

Do you present a transmissible infectious disease ? Yes No

How will you feel after the procedure ?

For one or two hours after the procedure, you may experience some bloating or painful discomfort in the belly. Try to lie down and pass any residual air that was insufflated during the procedure. If the pain is strong or getting worse or sharp, if you develop fever, or present rectal bleeding, please contact us rapidly or, if not possible, contact your general practitioner or go to a nearby emergency room if you can't reach us or your doctor. The main dispatcher at Clinique La Source (tel : +41 21 641 3333) is able to contact us outside of office hours.

By my signature below, I declare that I have read this document and have been clearly informed by the doctor on the reasons of the exam, the details of the procedure, its conduct and the potential risks of the diagnostic procedure and of the possible interventions. I obtained satisfactory responses to my questions and consent to the conduct of the examination.

Patient Firstname and Name:

Place and date

Signature of patient

Signature of physician

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Revised Dec 2017