

## Explanation for patients undergoing a colonoscopy

### Record of the explanation provided:

**Date:**

**Dear Patient**

Read the information **immediately** after receiving it. Complete the questionnaire, add the date and sign it preferably on the day before the planned procedure. If you have questions ask your doctor or the specialist carrying out the procedure (gastroenterologist).

You will be undergoing a **colonoscopy**. This package includes the following:

- **an information brochure**
- **a questionnaire**
- **the informed consent**

### The Information Brochure:

In the brochure you will find information about the procedure as well as the aims of the procedure and associated risks. Please read the brochure carefully.

Ask your doctor if you have any questions about the need or the urgency of the procedure, about other options, or about the risks of the examination. The physician who referred you for this procedure will be able to answer most of your questions. If necessary, the specialist (gastroenterologist) who will carry out the procedure can answer any additional questions (how the procedure is performed or other specific issues). If you would like to speak to the gastroenterologist please contact us or the physician who has referred you to us on time.

### The questionnaire:

Please complete the questionnaire, which includes questions on bleeding disorders as well as the questions on medications, intolerances or allergies. If you take **blood thinners** (e.g. Sintrom, Marcoumar, Xarelto) or if you regularly take **Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, Effient** etc. you need to speak to your physician at least one week before the procedure about stopping your medication if appropriate. Bring the completed questionnaire with you to the examination. Sign and date the questionnaire preferably one day before the procedure. If you have difficulties answering any of the questions contact us or your doctor in time.

### Informed consent:

Read the informed consent carefully. You should also date and sign it at the latest **one day prior to the procedure**.

The information brochure is for your keeping.

The questionnaire and the informed consent will be kept at our practice.

*Aufklärungsunterlagen empfohlen durch die Schweizerische Gesellschaft für Gastroenterologie SGGSSG, die Verbindung der Schweizer Ärztinnen und Ärzte FMH sowie der Stiftung Patientenschutz SPO.*

## **Information brochure: Colonoscopy**

### **Why perform a colonoscopy?**

During a colonoscopy the whole of the anus, rectum, large intestine and sometimes the last part of the small intestine will be examined. During the procedure pathological conditions of these organs can be diagnosed, and some can be treated (i.e. polyps removed) or the progress of known conditions can be monitored.

### **What preparations are necessary for a colonoscopy?**

Before a colonoscopy the large intestine must be cleansed thoroughly (see instructions provided). Follow these instructions exactly. Any iron preparation you are taking must be stopped 5 days prior to the procedure.

### **Driving or operating machinery?**

You will be given sedatives and possibly painkillers for the procedure. You will not be able to drive after receiving this medication. Do not drive your own car to the hospital. Please have somebody to accompany you after the procedure. You need to be accompanied to the hospital. Your signature is not valid for 12 hours after receiving the medication. This means that you should not sign any contracts during this time.

### **How is the colonoscopy performed?**

The doctor will insert a canula for an infusion into your arm to administer sedatives and pain medications you may need. The examination will be performed using a thin flexible „tube“ (endoscope) with a light and camera at the tip. This allows the physician to see the mucous membrane of the intestine and to look for pathological changes. If the physician finds any such changes a sample (biopsy) can be taken and examined later under a microscope. If polyps are found (growths on the mucous membrane which are usually benign but which may turn cancerous after several years) these will be removed when possible. Despite careful examination approximately 5-10% of polyps are not found. Suitable methods can be used to control bleeding that may result from the intervention (e.g. injections of thinned adrenalin or the placing of clips).

To enable a good view of the intestine wall the intestinal will be slightly inflated during the procedure. It may be necessary to press on the abdomen to help direct the endoscope or to take an x-ray. In addition to the physician there will be a trained nurse or assistant present at all times during the procedure.

### **Is the colonoscopy painful?**

Some elements of the procedure may be painful. The administration of sedatives or painkillers during the examination, however will render the examination almost always painfree.

### **What risks are associated with colonoscopy?**

The examination, the taking of the biopsy, and the removal of polyps are low-risk routine procedures. Although absolute care is taken complications may still occur which in rare cases can be life-threatening. Possible complications are bleeding (0.5 – 3%) which usually occurs directly after the removal of polyps and which is normally controlled during the procedure. In rare cases delayed bleeding may occur during the first week after the procedure. In very rare cases (0.3 – 0.5%) perforations of the intestinal wall may occur which sometimes can be endoscopically treated and in the worst case may necessitate surgery. The administration of sedatives can in very rare cases lead to impaired respiratory or cardiac function.

### **What do I have to do following the procedure?**

If you have been sedated or given painkillers for the colonoscopy you will be monitored after the procedure until you have woken up. In the first few hours after the procedure you may feel pressure in your abdomen (due to increased air in your intestine). If the symptoms increase or if you experience new onset of **stomach pain**, if you pass blood or if you start to run a temperature contact your doctor immediately or go directly to the emergency department of the nearest hospital.

### **Questions on the procedure?**

If you have any further questions about the planned procedure ask your doctor. Before the procedure you can discuss any remaining issues with the specialist (gastroenterologist).

### **If you have any questions or problems you can contact the following physicians:**

General practitioner		Tel:
Gastroenterologist	GastroZentrum Hirslanden	Tel: 044 387 39 55

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## Questionnaire

### Questions about bleeding disorders:

yes no

1. Do you experience severe <b>nosebleeds</b> for no apparent reason?		
2. Do your <b>gums bleed</b> for no apparent reason (when cleaning your teeth)?		
3. Do you " <b>bruise easily</b> " or suffer small bleeds on your skin without having injured yourself?		
4. Do you have the impression that you <b>bleed longer after minor injuries</b> (e.g. after shaving)?		
5. For women only: Do you have the impression that <b>your periods are especially long</b> , (>7 days) or that you have to change you tampons or sanitary protection very often?		
6. Have you ever suffered long or severe <b>bleeding</b> during or <b>after dental treatment</b> ?		
7. Have you ever suffered long or severe <b>bleeding during surgery</b> ?(e.g. tonsillectomy, appendectomy, giving birth) ?		
8. Have you ever been give <b>blood products</b> during surgery?		
9. Does anyone <b>in your family</b> (parents, siblings, children, grandparents, uncles or aunts) suffer from a condition <b>causing an increased tendency to bleed</b> ?		

### Questions about medications, allergies or other diseases:

1. Do you take <b>coagulation inhibitors</b> (blood thinners) (e.g. Sintrom, Marcoumar, Xarelto) or have you taken <b>Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, Effient etc.</b> or 'flu' medication, <b>pain killers or anti-rheumatic medication</b> within the last 7 days? If yes, which?		
2. Are you <b>allergic / hypersensitive</b> (to any medication, latex, local anaesthetics, bandaids) ? If yes, which ones ?		
3. Do you suffer from a <b>defective heart valve</b> , or from <b>heart or lung disease</b> ? Do you carry a card for <b>endocarditis-prophylaxis</b> ( green / red) ?		
4. Do you have a <b>pacemaker / defibrillator</b> or a <b>metal implant</b> ?		
5. Have you been diagnosed with malfunctioning kidneys ( <b>renal failure</b> )?		
6. Are you <b>diabetic</b> ?		
7. For women: Are you pregnant or are likely to become <b>pregnant</b> ?		
8. Do you have any <b>loose teeth, bridges or crowns</b> or <b>dental disease</b> ?		

**I, the person signing, have completed the questionnaire to the best of my knowledge.**

Place, Date	Name of the patient	Signature of the patient
.....	.....	.....

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## Informed Consent

### Colonoscopy

(imaging of the rectum and large intestine)

**Record of the oral explanation given by:**

**Date:**

I, the person signing, am aware of the information brochure.

I have been informed by the physician about the reasons (indication) for the colonoscopy. I have understood the type, procedure, and risks the colonoscopy. My questions have been answered to my satisfaction.

*(check the appropriate box)*

<b>I agree to the colonoscopy</b>	Yes	No
<b>I agree to receive a sedative and/or painkiller for the procedure</b>	Yes	No

	Name of the patient .....		Name of the physician .....
Place, date .....	Signature of the patient .....	Place, date .....	Signature of the physician .....

**For patients who cannot provide their own consent:**

	Legally responsible person .....		Name of the physician .....
Place, date .....	Signature of the legally responsible person .....	Place, date .....	Signature of the physician .....

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