

COLONOSCOPY CONSENT

This procedure, as well as other alternate modes of diagnosis and treatment have been presented to me. I give my permission to the doctors of Colon and Rectal Care, and to those they require to assist (surgeon, anesthesiologist) to perform:

Colonoscopy, Biopsy and Polypectomy

(This means examining the interior of the colon by a lighted tube, removing sample tissue if needed and removal of polyps.)

I understand that:

- I have the right to refuse, reschedule or postpone this procedure.
- Colonoscopy will not detect 100% of polyps or cancer and there is always a risk that a neoplasm is not identified.
- This procedure is recommended to me with the intention that it may contribute to my welfare, yet there is no assurance or guarantee that the procedure will achieve that objective. There is no assurance or guarantee that the same condition for which the procedure was recommended will not recur or that other problems secondary to the procedure do not develop postoperatively.
- I must follow the preparation instructions exactly, and even then, my colon may not be completely clear of stool, thus decreasing the quality of my exam.
- Colonoscopy is usually a safe and efficient diagnostic test.

I have been made aware of the following risks associated with Colonoscopy:

- Major complications from endoscopic procedures are rare, but may require hospitalization, and include injury or even death from both known and unknown causes.
- Perforation. Injury to the lining of the digestive tract by the instrument, which could result in leaking of digestive products into body cavities. If this occurs, surgery to repair the injury is often necessary. (Statistically this happens less than once in 2,000 patients' who have a colonoscopy.)
- Bleeding may occur from a biopsy site or where a polyp was removed requiring surgery. Injury to organs adjacent to the colon such as spleen and liver is rare but known to occur. (Statistically, this happens less than once in 10,000 procedures.)
- Other potential risks include localized irritation of the vein where the medication was injected, a reaction to the sedatives used, aspiration of saliva or stomach contents, or fever that requires antibiotics, or a complication from a pre-existing medical condition such as heart or lung disease or diabetes.

I have the option to further discuss this consent with Dr. Jager or Dr. Narayanan.

Signed: _____ Printed _____ Date _____

Witness: _____ Surgeon Name: _____