









## Patient Information and Consent to: Colonoscopy






Information pack code: END/COL/0421

(Reference=Department – 3 letters / Procedure – 3 letters / month & date for review – 4 numbers )

A	<p><b>About Colonoscopy</b></p> <p><b>Colonoscopy</b> is an examination of the colon, also called large bowel or intestine. The last part of the colon leads into the rectum where faeces (stools) are stored before passing out of the anus (back passage).</p> <p>The procedure involves passing a narrow flexible instrument through the anus into the bowel to examine the colon lining. This allows us to see if there are any problems such as inflammation or polyps (a polyp is a bit like a wart). The procedure usually takes thirty minutes but times vary considerably. If it takes longer again please do not worry.</p> <p>Sometimes it is helpful for diagnosis to take a sample (biopsy) of the lining of the bowel or stomach. A small instrument, called forceps, passes through the scope to 'pinch' out a tiny bit of the lining (about the size of a pinhead). This sample is sent to the laboratory for analysis. It is also possible to remove polyps in a similar way. Most people find this completely painless.</p>
B	<p><b>Intended Benefits</b></p> <p style="text-align: center;"></p> <p>Colonoscopy is used to assist in the diagnosis and treatment of bowel/ upper gut symptoms; to take biopsies and remove polyps. In some patient's Colonoscopy is used for screening and follow up of cancers, and as an aid in the follow up care and management of patients with other conditions.</p>
C	<p><b>Who will perform my procedure / treatment?</b></p> <p style="text-align: center;"></p> <p>Your procedure will be carried out by a qualified endoscopist, this is usually a consultant but occasionally your procedure will be performed by one of the specialist GP's who visit the department.          All trainees are supervised by a competent endoscopist who is trained to teach the procedure.</p>
D	<p><b>Alternative procedures or treatments that are available</b></p> <p>Occasionally a CT scan of the colon will be ordered by your consultant if they feel that the colonoscopy test is unsuitable for you.</p>
E	<p><b>Significant, unavoidable or frequently occurring risks of this procedure / treatment</b></p> <p style="text-align: center;"></p> <p>Colonoscopy procedures carry a small risk (one in 1,000 cases) of Haemorrhage (bleeding) or perforation (tear) to the bowel. These are more likely to occur after the removal of a polyp. On very rare occasions, this may require an operation which may involve making a temporary opening (called a stoma) in the abdomen to allow the passage of waste (faeces).</p>

F	<p><b>What will happen before your procedure</b>                  You can withdraw consent to the procedure at any time as long as it at a point where it is safe to do so.</p>
	<p>You should expect frequent bowel movements starting within three hours of the first dose of the bowel preparation. It is advisable to stay at home the day you take the bowel preparation and stay close to a toilet; make sure you have plenty of fluids in the house before taking the preparation.</p> <p>On arrival at the department, we will explain the procedure to you and ask you to sign a consent form. You can change your mind about having the procedure at any time.</p> <p><b>Sedation;</b> before the procedure we will give you a sedative (by injection into a vein) to make you feel relaxed and sleepy. The sedative will not put you to sleep (this is not a general anaesthetic). In addition, we will also give you some pain relief.</p> <p><b>Entonox;</b> can also provide additional support. This is inhaled via the mouth as required. The advantage to this is that you control your pain relief and breathe it in as you feel pain.</p>
	<p><b>Smokers are strongly advised to stop smoking before this procedure.</b> For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on <b>0800 169 0 169</b></p>
G	<p><b>What will happen during your procedure</b></p>
	<p>You will need to undress and put on a gown. We will ask you to remove any glasses and we will make you comfortable on a couch, lying on your left side with your knees bent. For your comfort and reassurance, a trained nurse will stay with you throughout the procedure.</p> <p>After the sedative is given, we will give you oxygen through a facemask and put a plastic 'peg' on your finger to monitor your pulse and oxygen levels. The sedative will make you relaxed and drowsy; it will not put you to sleep.</p> <p>The Endoscopist will then gently insert the colonoscope through your anus into your colon. During the procedure, air is passed into your colon to give a clear view of its lining. You may experience some wind-like pains, but they should not last long.</p> <p>At this time, you might feel as if you need to go to the toilet. This is a perfectly natural reaction but as the bowel will be empty, there is no need to worry. There may be periods of discomfort as the tube goes around bends in the bowel. If you find the procedure more uncomfortable than you would like, please let the nurse know and we will give you some more sedative or pain relief. In order to make the procedure easier you may be asked to change position (for example roll onto your back). However if you make it clear that you are too uncomfortable we will stop the procedure.</p>

H	<b>What will happen after the procedure</b>
	<p>Following the Colonoscopy, we will take you to a recovery area while the sedation wears off. When you are sufficiently awake, we will advise you to get dressed, offer you a drink, you can then go home; this maybe up to an hour following the procedure.</p> <p>You may feel bloated and have some wind-like pains if some of the air remains in your bowel; these usually settle down quickly.</p> <p>The nurse or endoscopist will then escort you into one of the interview rooms and inform you of the results of the test. We advise at this point to have someone accompany you into the discharge room as due to the medication you may not fully remember all the information given to you.</p>
I	<b>Eating and drinking</b>
	When you are sufficiently awake we will get you a drink and something to eat. Once discharged you can eat and drink as normal.
J	<b>Getting about after the procedure</b>
	We advise that you take the lift down to the lower floor (at Kings Lynn hospital) as due to the medication you may feel slightly dizzy and have reduced awareness.
K	<b>Leaving Hospital</b>
	It is essential that you are escorted home by a responsible adult who will need to attend the unit to collect you, unless you are on hospital transport.
L	<b>Resuming normal activities including work</b>
	We advise that you refrain from normal activities for 24 hours after the procedure due to the medication.
M	<b>Special measures after the procedure</b>
	<p>We advise you not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for a 24 hour period after the procedure. We also advise you to have a responsible adult stay with you for the next 12 hours. If you have no sedation no special measures are required.</p> <p>If you experience any of the following please contact your GP, the Endoscopy Department 01553 613760 within working hours 0800-1800 or the Emergency Department for further advice:</p> <ul style="list-style-type: none"> <li>• severe pain</li> <li>• black tarry stools</li> <li>• persistent bleeding</li> </ul>
N	<b>Anticoagulant –Blood thinning medications</b>
	<b>Oral Anticoagulants include:</b> Warfarin, Apixaban-(Eliquis), Dabigatran-(Pradaxa) and Rivaroxiban-(Xarelto) or similar Anticoagulant drugs.

	<p><b>Antiplatelet Drugs include:</b> Aspirin, Clopidigrel-(Plavix), Ticagrelor-(Brilique), Prasugrel-(Efigent), Dipyridamole-(Persantin) and Tirofiban-(Aggrastat) or similar Antiplatelet drugs.</p> <p><b>If you are on any anticoagulation and or antiplatelet medications please:</b> advise the endoscopy unit on 01553 613192. Your consultant will advise the coagulation team if the Warfarin or other medication needs to be stopped and the clinic will be in touch to arrange this. Instructions will be given regarding the starting of the medications after the procedure by the coagulation team and your consultant.</p>
<p>O</p>	<p><b>Check-ups and results</b></p>
	<p>Where possible all results will be given on the day of your procedure, however if biopsies are taken these can take up to a week for results. You will be notified by letter or at an out patients appointment of the results. All follow up appointments will be sent through the post.</p>
<p>P</p>	<p><b>Information and Support</b></p>
	<p>Please feel free to speak to a member of staff if you have any questions or anxieties.</p> <p>If you have special needs such as learning disability or cognitive impairment we have specialist staff that can support you. Please let us know.</p> <p><b>Endoscopy Department Tel: 01553613760</b></p> <p>FURTHER INFORMATION can be Obtained from these websites:</p> <div data-bbox="880 1106 1329 1243" style="border: 1px solid black; padding: 5px;"> <p><a href="http://www.dvtsafetyzone.co.uk/">www.dvtsafetyzone.co.uk/</a>  <a href="http://www.nice.org.uk/">www.nice.org.uk/</a>  <a href="http://www.patient.co.uk/">www.patient.co.uk/</a></p> </div>
<p>Q</p>	<p><b>Privacy and Dignity</b></p>
	<p>We will always do our best to respect your privacy and dignity, such as the use of curtains. If you have any concerns, please speak to the department sister or charge nurse.</p>
<p>R</p>	<p><b>Help with this leaflet or communicating with staff</b></p>
	<p>If you would like help with this or any other information; in <b>large print</b>, in audio format or need assistance with translation / language services please ask the department staff.</p>
<p>S</p>	<p><b>Patient Advice and Liaison Service</b></p>
	<p>If you have any concerns or queries about the hospital, your treatment or need support or assistance, please contact our Patient Advice and Liaison Service.</p> <p>They are here to help.</p> <p><b>Tel: 01553 613351 / 01553 613343</b></p> <p>Email: <a href="mailto:pals@qehkl.nhs.uk">pals@qehkl.nhs.uk</a></p>
	<p>References: Addenbrookes Colonoscopy patient leaflet  <a href="http://www.cuh.org.uk/addenbrookes/patients/patient_information_index.html">http://www.cuh.org.uk/addenbrookes/patients/patient_information_index.html</a></p>

FORM 1 & 2 (Adults and competent children & parental agreement to investigation)	
<b>Consent For :</b>  <b>Colonoscopy</b>	Addressograph Surname: First names: Date of birth: Hospital number:
Responsible Consultant:	Add below special requirements specific to this patient e.g. help with communication/learning disability/cognitive impairment:
<b>A</b>	<b>Statement of health professional</b>
1	<p>I confirm I am a health professional with an appropriate knowledge of the proposed procedure</p> <p><input type="checkbox"/> The patient has been provided with the procedure specific patient information leaflet reference number QEH: <b>END/COL/0421</b></p> <p><input type="checkbox"/> EIDO other details: <input style="width: 500px; height: 20px;" type="text"/></p> <p><input type="checkbox"/> The patient has been offered the information about the procedure but this has been declined</p> <p>I have explained the procedure to the patient including the following which are described in the above procedure specific patient information leaflet:</p> <p><b>The intended benefits:</b>                      Colonoscopy is used to assist in the diagnosis and treatment of bowel symptoms; to take biopsies and remove polyps. In some patients Colonoscopy is used for screening and follow up of colorectal cancer, and as an aid in the follow up care and management of patients with other bowel conditions.</p> <p><b>Serious or frequently occurring risks:</b> As listed in the patient information sheet. Whilst this examination is usually a very safe procedure there are as with any procedures associated risks. These are:</p> <ul style="list-style-type: none"> <li>• Some discomfort due to air used to distend the bowel. This should not last long. Most patients tolerate this procedure well and few patients will remember it because of the sedation. However some patients find the procedure uncomfortable even with sedation. In these circumstances the Endoscopist will need to decide whether to proceed with the examination. You can be reassured that the Endoscopist will balance the necessity of the procedure (and the need to repeat of it fails) against the patients reactions and the likelihood of the experience being remembered.</li> <li>• A possible reaction to the drugs used for sedation and the drug used to reduce the movements of the bowel.</li> <li>• A small risk (one in 1,000 cases) of bleeding (haemorrhage) or perforation (tear) to the bowel. This risk is increased if Polypectomy or Biopsy is undertaken. On very rare occasions, this may require an operation which may involve making a temporary opening (called a stoma) in the abdomen to allow the passage of waste (faeces).</li> </ul>

	<p><b>Alternatives to this procedure:</b></p> <p>I have also discussed what the treatment / procedure is likely to involve</p> <p>Any extra procedures that might become necessary during the procedure such as:</p> <p><input type="checkbox"/> Photographs</p> <p><input type="checkbox"/> Blood transfusion</p> <p><input type="checkbox"/> Other procedure (please state): Surgery if complications arise</p>	
	<p><input type="checkbox"/> See also advance directive / living will (e.g. Jehovah`s Witness form)</p>	
2	<p><b>Side for procedure (Circle)</b></p>	
	<p><b>LEFT / RIGHT / N/A</b></p>	
3	<p><b>Confirmation of Mental Capacity</b></p>	
	<p><b>I confirm</b> that the patient: (please tick)</p> <p><input type="checkbox"/> Is able to <i>comprehend</i> the information and <i>retain</i> it long enough to make the decision</p> <p><input type="checkbox"/> Is able to <i>use</i> this information <i>to make a decision</i></p> <p><input type="checkbox"/> Is able to <i>communicate</i> the decision</p> <p>If necessary, clarify your reasoning in the patient record</p> <p>If the answer is no to any of these questions please use consent form 4 `Form for adults who are unable to consent to investigation or treatment` and complete a full mental capacity assessment.</p> <p><i>Advice on patient capacity can be found in the `Consent to Examination or Treatment Policy` or can be obtained from the Mental Health Liaison nurses or Clinical Psychology dept.</i></p>	
4	<p><b>Anaesthesia/Sedation</b></p>	
	<p>This procedure will involve: (please tick)</p>	
	<p><input type="checkbox"/> General and / or regional anaesthesia</p>	<p><input type="checkbox"/> Sedation</p>
	<p><input type="checkbox"/> Local anaesthesia</p>	<p><input type="checkbox"/> None</p>
	<p><input type="checkbox"/> ENTONOX nitrous oxide/oxygen mixture</p>	<p><input type="checkbox"/></p>

5	<p><b>Signed</b> (Health professional).....</p> <p><b>Name</b> (Print).....<b>Designation</b>.....</p>
B	<b>Confirmation of consent</b>
	<p><b>Confirmation of consent</b> (where the treatment / procedure has been discussed in advance).                  On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead</p> <p><b>Signed</b> (Health professional).....<b>Date</b>.....</p> <p><b>Name</b> (PRINT).....<b>Job title</b>.....</p> <p><b>Please initial to confirm all sections have been completed</b>.....</p> <p>(In an emergency situation this may not be the consultant undertaking the procedure)</p>
C	<b>Consent of patient / person with parental responsibility</b>
1	<b>I confirm</b> that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding
2	<b>I have understood</b> the Information provided to me about this procedure and am in receipt of the patient information leaflet recorded overleaf
	<b>I agree</b> to the procedure or course of treatment
3	Patient to initial on the receipt of leaflet: <div style="border: 1px solid black; width: 400px; height: 30px; margin-left: 300px;"></div>
4	<b>I understand</b> that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
5	<b>I understand</b> that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this (This only applies to patients having general or regional anaesthesia)
6	<b>I understand</b> that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health
7	<b>I have been told</b> about additional procedures which may become necessary during my treatment. I have listed below any procedures <b>which I do not wish to be carried out</b> without further discussion:

8	Patient's signature.....Date..... Name (PRINT).....
D	<b>Consent of person with parental responsibility (for children under age 16 only)</b>
1	I confirm I am a person with <b>parental responsibility</b> for the patient named on this form Signed .....Date..... Relationship to patient.....
2	<i>If the patient is competent but unable to sign and has indicated his/her consent, a witness should sign below.</i> Signed (Witness).....Date..... Name of witness (PRINT)..... Address:..... .....
E	<b>Interpreter or advocate's statement (If appropriate)</b>
	I have interpreted the information to the best of my ability and in a way in which I believe the patient can understand: Signed (Interpreter).....Date..... Name (PRINT)..... Or please note the <b>language line</b> reference ID number.....
F	<b>Withdrawal of patient consent</b>
	<input type="checkbox"/> The patient has withdrawn consent (ask patient to sign and date here) Signed (Patient).....Date.....