

Patient's consent to colonoscopy and sigmoidoscopy

Patient's full name:

PESEL / date of birth: Patient ID:

What is colonoscopy?

Colonoscopy is an examination that allows to assess the length of the large intestine, while sigmoidoscopy allows to evaluate its left half and rectum. Both examinations, within their range, allow to trace the inside of the large intestine, assess the appearance of the mucous membrane, and verify the presence of lesions such as inflammatory lesions, polyps, tumours or vascular lesions.

How does colonoscopy work?

The examination involves introducing a flexible and smooth probe through the anal canal into the large intestine. At the later stages of the examination, a small proportion of patients may experience pain due to mesenteric pulling in which the large intestine is hanged or pain associated with the air being injected into the intestine, which relaxes the intestine to allow examination. The occurrence and severity of pain itself varies individually and depends on characteristics such as the anatomy of the intestine, the presence of adhesions following abdominal surgery, and individual variable sensitivity to pain. It is possible to perform an examination under analgosedation, which ensures full analgesia.

During the examination, specimens from the colon wall may need to be taken for microscopic evaluation (endoscopic biopsy) and polyps may need to be removed (endoscopic polypectomy). This is necessary to diagnose a number of significant diseases of the gastrointestinal tract.

The examination time varies individually and averages about 30 minutes. It may be extended if polyps or specimens need to be removed.

Endoscopic polypectomy

Scientific literature and long-term observations confirm that most colorectal cancers develop on the basis of benign polyps. The removal of polyps (polypectomy) is the most effective method of preventing colorectal cancer. It is associated with low risk and in most cases requires no analgosedation. Usually, it also allows the Patient to return to full life activity almost immediately. Polyps up to 15 mm are removed in outpatient settings. Larger or multiple polyps are removed during hospitalization.

The course of polypectomy

Endoscopic polypectomy is performed during the classical endoscopy of the gastrointestinal tract. Depending on the size and shape of the polyps, biopsies or the so-called diathermal loop, which is superimposed on the polyp or its fragment, are used to remove them. The polyp is then extracted and taken for microscopic examination. It should be emphasised that polyp removal itself is painless. In some cases, if the polyp is large of polyp configuration is complicated, it is necessary to perform the procedure in hospital settings.

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After the treatment

Any medical procedure carries a risk of adverse events. You should report any unexplained symptoms to your nurse or physician immediately. If analgesedation is used, do not eat or drink for 2 hours after the procedure, and do not drive for 24 hours after the examination.

Contraindications to colonoscopy/sigmoidoscopy:

- peritonitis, bowel perforation, acute diverticulitis of the colon, pregnancy (1st and 3rd trimester),
- symptomatic abdominal aortic aneurysm, severe coagulation disorder,
- exacerbation of chronic conditions (e.g. respiratory failure, heart failure).

Possible complications after colonoscopy/sigmoidoscopy:

The incidence of complications is estimated at 0.35%. The most serious complications include:

- Gastrointestinal wall perforation (0.14-0.18%).
- The majority of bleeding resolves spontaneously or is controlled by endoscopic methods, but sometimes requires surgical intervention (clinically significant bleeding requiring surgical treatment occurs in 0.008% of cases).
- Cardiovascular disorders (abnormal heart rhythm, chest pain).
- Allergic reactions to anesthetics used.
- The examination belongs to the basic methods of gastroenterological diagnostics and the associated mortality is extremely low.

Information on alternative diagnostic methods

The examination belongs to the basic methods of diagnosing lower gastrointestinal tract. Currently, there are no other methods that can replace it.

Questionnaire

In order to minimize the likelihood of complications and reduce the risk associated with the administration of anesthetics, please answer the following questions:

1. Are you allergic to medicines? Yes / No / Don't know
Which ones?
2. Are you taking anticoagulants (e.g. Acard, Polocard, Acenocumarol, Warfin, others)? Yes / No
Which ones?
3. Are you fasting today? Yes / No
4. Are you pregnant? Yes / No

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Patient's statement

I hereby declare that:

- I have been fully and clearly informed about my health condition and diagnosis;
- I have read the description of the proposed examination, its purpose and potential risks that may occur as a result;
- I have received comprehensive answers to all questions that have been asked and I have fully understood the information given to me;
- I have been informed that concealing or providing incomplete or false information about my current health condition may have negative consequences on my health and the expected effects of treatment.
- I undertake to proceed in a manner consistent with medical recommendations concerning examination/ procedure and post-procedure recommendations;
- I have been familiarised in detail with the full course of the proposed examination, the method of operation of the device, the expected duration of the procedure, the expected result and that it will be performed under local anaesthesia;
- I agree to remove polyps detected during the examination (polypectomy), and I have been informed about the indications and contraindications for the procedure, possible complications and if they require surgical intervention;
- I have been informed about the risk and possibility of developing transient pain symptoms during the procedure and especially after its completion, which sometimes necessitate the use of painkillers.
- **Statement not applicable to Patients who undergo examinations under the National Health Fund (NFZ):**

I have been informed about the possible need to collect specimens for histopathological examination. I hereby authorize LUX MED sp. z o.o. with its registered office in Warsaw to issue an invoice without my signature for the amount related to the above diagnostics, if necessary;

I agree to undergoing colonoscopy
I agree to undergoing polyp removal

Yes / No
Yes / No

.....
Date and legible signature – name and surname
of the Patient/statutory representative or legal
guardian

.....
In the case of a minor Patient aged between 16 and
18 years, additionally legible signature – name and
surname of the Patient's legal guardian/statutory
representative

Physician's Statement

I declare that I have informed the Patient about the planned examination/procedure, I have presented information on the examination and procedure, I described its purpose and the manner in which it is performed as well as the method of preparation and actions after the examination/procedure and I have presented alternative options. I also presented contraindications, possible complications and risks arising from examination/procedure. I provided the Patient with the opportunity to ask questions and have given all the necessary information.

.....
(place, date)

.....
(stamp and signature of the physician)

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