

Patient information/declaration of consent for colonoscopy (rectosigmoidoscopy)

Label

Declaration of informed consent

provided by:

Date:

Dear Patient,

Please be so kind as to read these documents as soon as you receive them. You should then complete the questionnaire and date and sign the documents, where possible on the day before the examination. If you have any questions, please contact your GP or the consultant performing the procedure (gastroenterologist).

You are to undergo a procedure known as colonoscopy (rectosigmoidoscopy). We now enclose the following documents for this examination:

- an information sheet
- a questionnaire
- the declaration of consent form

Information sheet:

The information sheet contains details about the procedure used for the examination as well as its purpose and risks. Please make sure you read it through carefully.

If you have any further questions about the necessity and urgency of the examination, alternative procedures or the risks it involves, please contact your GP. The doctor who referred you for this procedure can answer most questions about it. Specific problems or queries about the technical details of the procedure can be answered as necessary by the consultant performing the examination (gastroenterologist). If you require this, please contact us or the doctor making the referral in good time.

Questionnaire:

Please be so kind as to complete the enclosed questionnaire in full to clarify your tendency to bleed and respond to the questions about any medication, intolerances or allergies you have. If you take anticoagulants to thin the blood (e.g. Sintrom, Marcoumar) or aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, etc. on a regular basis, please ask your GP whether you should stop such medication in good time (at least one week before the examination). Please bring the questionnaire with you to the examination. Where possible, make sure you sign and date the questionnaire one day before the examination. If you have any problems or are unclear about answers to your questions, please contact us or your GP in good time.

Declaration of consent:

Please also read the declaration of consent form through carefully. Here too, please make sure you sign and date the questionnaire at the latest on the day before the examination.

The information sheet is yours to keep, while the questionnaire and declaration of consent form are held on file by us with your medical records.

Documentation for informed consent recommended by the Swiss society for gastroenterology (SGGSSG), the FMH Swiss Medical Association and the Swiss organisation of patients (SPO Stiftung Patientenschutz)

Information sheet for colonoscopy

Why do I need a colonoscopy?

Colonoscopy is a procedure to examine the whole of the large intestine, the final section of the small intestine and the rectum including the anus. This allows any disease of these organs to be identified (e.g. inflammation, ulcers, varicose veins, polyps or tumours) and also be treated in some cases, or the progression of known conditions to be monitored.

What preparations are necessary for a colonoscopy?

For a colonoscopy the bowel has to be completely empty (see separate instructions). Please follow the instructions for intestinal cleansing carefully. You should stop taking iron tablets 5 days before the examination.

Can I work/drive afterwards?

Sleep-inducing drugs and/or painkillers are generally administered for the procedure. This means that you will not be able to drive after taking such drugs, so please do not come for the examination with your own vehicle. Make sure you are accompanied by another person. After you have taken these drugs, you should not sign any legally binding documents for 12 hours afterwards, i.e. you should not take out any contracts during this period.

What happens during colonoscopy?

If sleep-inducing drugs and painkillers are to be given, they are first of all administered during an infusion via the arm. The examination is carried out with the help of a thin, flexible tube (endoscope) with a light and a camera at the end of it. This allows the doctor to examine the mucous membranes of the bowel for any abnormalities. If such changes are found, tissue samples (biopsies) can be taken and then analysed under the microscope. If this reveals polyps (growths occurring on mucous membranes which are generally benign but can turn cancerous over time), they will be removed where possible. Despite the greatest care and attention some 5-10% of polyps are not found. Any active bleeding can also be stopped with suitable methods (for example injection with diluted adrenaline or the use of clips).

During the examination air is introduced into the intestine to obtain a clearer view of its walls. Sometimes it is necessary to press on the outside of the abdomen to insert the endoscope further, or to use a fluoroscope (for X-ray imaging). During the examination not only the doctor is present, but also a specially trained healthcare professional (nurse or medical assistant).

Is colonoscopy painful?

Colonoscopy can sometimes be painful, and painkillers and/or sedatives can be given during the examination as required. These drugs make the procedure painless.

What risks are associated with colonoscopy?

The examination itself and the removal of tissue samples or polyps are low-risk procedures. Complications may however occur even with the greatest of care, possibly also becoming life-threatening in exceptional circumstances. Possible complications include bleeding (0.5 - 3%), which generally occurs immediately after the removal of polyps and can be stopped directly using the endoscope. Less commonly, bleeding may be delayed, occurring in the week following treatment. Perforation (penetration of the intestinal wall) is very rare (0.3 – 0.5%), with surgery then being required in the worst-case scenario.

What should I (not) do after the examination?

If you have been given an injection containing a sedative / painkillers for a colonoscopy, you will then be monitored after the procedure until you have woken up. Immediately after the examination you may have a feeling of pressure in the stomach (due to the extra air in the bowel). If this feeling intensifies or you experience a new stomach ache, notice bleeding from the anus or run a temperature, please inform your GP or go to Accident & Emergency at once.

Any questions about the procedure?

If you have any further questions about the planned examination, please contact your GP. If you still aren't entirely clear about the procedure, get in touch with the consultant performing the procedure (gastroenterologist).

You can contact the following doctors about any queries or problems you might have:

GP		Tel:
Gastroenterologist		Tel:

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Questionnaire

Label

Questions about your tendency to bleed:

1. Do you have heavy nosebleeds for no apparent reason?		
2. Do your gums bleed for no apparent reason (when cleaning your teeth)?		
3. Do you have bruises (haematomas) or small bleeds on the skin without any apparent injury?		
4. Do you have the impression that you bleed a lot after minor injuries (e.g. when shaving)?		
5. Women: Do you have the impression that your period lasts a long time (>7 days) or do you constantly have to change tampons / sanitary towels?		
6. Have you ever experienced heavy or lengthy bleeding during or after dental treatment?		
7. Have you ever experienced heavy or lengthy bleeding during or after surgery (e.g. an operation to remove your tonsils / appendix or when giving birth)?		
8. Have you ever been given blood or blood products during surgery?		
9. Has anyone in your family (parents, siblings, children, grandparents, uncles, aunts) had a disease involving an increased tendency to bleed?		

Questions about medication, allergies, accompanying conditions:

1. Do you take anticoagulants to thin the blood (e.g. Sintrom, Marcoumar) or have you taken aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, etc. or medication for colds or flu, painkillers or rheumatism tablets in the last 7 days? If so, which ones?		
2. Do you have an allergy or hypersensitivity reaction (to medication, latex, local anaesthetics, sticking plaster)? If so, which?		
3. Do you have heart valve disease or a disease affecting the heart or lungs? Do you have a patient identification pass for the prevention of endocarditis (green / red)?		
4. Do you wear a cardiac pacemaker / defibrillator or metal implant?		
5. Are you known to suffer from any malfunction of the kidneys (kidney failure)?		
6. Are you diabetic?		
7. Women: Are you pregnant or could you be?		
8. Do you have loose teeth, a disease affecting the teeth or wear dentures?		

I, the undersigned, have completed the questionnaire to the best of my knowledge.

Place, date

Patient's name

Patient's signature

Documentation for informed consent recommended by the Swiss society for gastroenterology (SGGSSG), the FMH Swiss Medical Association and the Swiss organisation of patients (SPO Stiftung Patientenschutz)



Declaration of consent

(colonoscopy /
rectosigmoidoscopy)

Label

Declaration of informed consent

provided by: Date:

I, the undersigned, have taken note of the information sheet.

I have received detailed information from the physician about the reason (indication) for colonoscopy. I understand the nature of colonoscopy incl. the removal of any polyps as well as the procedure and risks involved. My questions have been answered to my satisfaction.

(Mark with a cross as appropriate)

I consent to the performance of colonoscopy incl. the removal of any polyps

Yes	No
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Name Patient

Physician's name

Place, date

Patient's signature

Place, date

Physician's signature

For patients who are unable to give consent themselves:

Legal or authorised
representative

Physician's
name

Place, date

Representative's signature

Place, date

Physician's
signature

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

