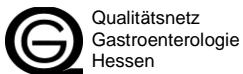


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Qualitätsnetz
Gastroenterologie
Hessen



Offenbacher DarmCentrum

Patient information and consent for diagnostic and therapeutic endoscopy of the large intestine (colon) and / or rectum (colonoscopy/rectoscopy)

Dear patient,

your doctor has prescribed an endoscopic examination of the lower gastrointestinal tract.

What is the purpose of this leaflet?

The aim of this leaflet is to provide information about the planned examination, the therapeutic procedures that may be applied, and the risks associated. If you would like more information, do not hesitate to ask the doctor before the examination.

Course of examination

After giving an adequate premedication, a flexible instrument (endoscope) is introduced through your anus into the large intestine. If necessary, biopsies will be taken and polyps can be removed.

Possible additional treatments (if necessary)

- Biopsy removal of abnormal lesions
- Removal of polyps
- Treatment of haemorrhoids
- Treatment of bleeding lesions

Preparation

Before undergoing a colonoscopy, your bowel has to be cleaned with specific medication. Please read and follow carefully the instructions provided on a separate document.

Risks

Complications of this procedure are rare. Nevertheless, there are possible complications, i.e. bleedings (0,5-3%), infections or perforation (< 1%) which may require a second endoscopic treatment or operation.

After the procedure

After receiving a premedication, you are not allowed to drive any vehicle for the rest of the day after the procedure. In case of increasing pain, the onset of vomiting, fever or other problems after the procedure, inform us or your doctor or the nearest hospital.

Questions to be answered

The following questions are important for your doctor to estimate the risk of bleeding.

Question	Yes	No
Are you on any medication affecting blood coagulation/bleeding disposition (i.e. Aspirin, Marcoumar/Warfarin, Xarelto, non-steroidal anti-inflammatory drugs like ibuprofen or diclofenac ?)		
Do you get hematoma even with minor injuries?		
Did you ever suffer from bleeding complications following operations?		
Did you ever need blood transfusions?		
Do you have allergies to medication, soy or egg?		
If yes: to which substance?		
Do you have any known heart disease, valve dysfunction, lung or liver disease?		
Did you have a pacemaker?		
Did you have any abdominal surgery?		
For woman: Are you pregnant?		

Informed consent

I have read and understood clearly all the information provided and understand the risks and the possible complications of colonoscopy / rectoscopy. Having read and understood this document and all the information contained in it, I give my written consent to undergo this procedure.

Name of patient

Name of doctor

Date

Signature

Date

Signature