

## COLONOSCOPY INFORMATION SHEET

### Dear patient,

The examination of the large bowel takes 15-30 minutes and enables us to find the exact cause of your symptoms.

If you wish you may have a sedative or anaesthetic.

In this case you will have to be monitored for 30-60 minutes after the examination and you must not drive, operate dangerous machinery or make important decisions for 24 hours afterwards. It would be advisable to be accompanied or travel home by taxi.

For your examination you will be lying down, normally on your left side, and we will carefully pass a flexible video endoscope in through your anus while blowing air in to open out the hollow organs and enable a precise assessment.

As well as painlessly taking tissue samples or removing polyps we can also document the examination with colour photos.

### Is the examination dangerous?

With the very narrow video endoscopes used, colonoscopy these days is a routine examination with little risk of complications. Nevertheless it can result in injuries, bleeding and perforation with peritonitis which can be life-threatening and may require surgical treatment. Rarely there are allergic reactions to drugs, causing difficulty in breathing or an abnormal heart rhythm, which necessitate resuscitation.

### Is a special diet necessary?

During the week before the examination you should not eat wholegrain foods, grapes, kiwis, peppers or tomatoes; apart from this there is no special diet.

## QUESTIONNAIRE

### Please answer the following questions carefully:

Do you have cardiovascular disease?	YES / NO
Do you have a cardiac pacemaker?	YES / NO
Do you have a lung disease?	YES / NO
Do you suffer from high blood pressure (hypertension)?	YES / NO
Do you suffer from a blood disorder (factor deficiency)?	YES / NO
Do you suffer from an infection (hepatitis/HIV)?	YES / NO
Do you have a known neurological condition (epilepsy)?	YES / NO
Do you have a known allergy to any drugs or latex?	YES / NO
Do you have any metal implants (hip/knee/shoulder)?	YES / NO

### Declaration of consent:

I understand the nature of the planned examination, I know about the risks and possible complications, and I consent to the planned examination and if necessary to unforeseeable follow-up procedures.

Place, date, time:

Patient :

Physician: