

GRAND TETON GASTROENTEROLOGY, P.A.

2770 Cortez
Idaho Falls, ID 83404
(208) 522-4000

NS 2015

Colonoscopy

INFORMED CONSENT FOR PROCEDURES AND OTHER MEDICAL SERVICES

NAME OF PATIENT: _____

I authorize and direct Paul Hendrix, M.D. and/or Clint Behrend, M.D. and/or Todd Williams, M.D. and/or Ned Warner, D.O. to perform a Colonoscopy with possible biopsy.

The purpose of this procedure is to examine the large intestine, or colon, by passing a flexible tube called an endoscope into the rectum through the colon into the cecum (the furthest part of the colon).

It is important that you follow the colon cleansing protocol before the procedure in order to achieve the result. The colon must be clean for the doctor to properly view the colon lining. If you have failed to follow the cleansing protocol your procedure may have to be canceled and repeated later. If you are allergic to any medications please make sure your doctor and nurse are notified. Notify your doctor immediately if you are taking Coumadin or any other blood thinning agent.

THE PROCEDURE...

The nurse will place an intravenous line (IV). You will then lay comfortably on your left side and the nurse, under the direct order from the doctor, will give you sedatives through the IV to make you drowsy. You may experience some cramping during the exam because of air which is introduced into the colon through the endoscope. Biopsies of the intestinal lining are sometimes taken and polyps may be removed. Biopsy and polyp removal are painless. Complications of colonoscopy are rare, but must be addressed. Risks include perforation of the bowel which may require surgery to patch the perforation, bleeding, sedation complications, and infection. The doctor may prevent or stop bleeding using a coagulation device if required.

Alternatives to the procedure are: No diagnostic testing or treatment. Radiological or surgical diagnostic testing or treatment. Second opinion by the gastroenterologist of your choice.

AFTER THE PROCEDURE...

You will remain under observation until you are fully awake and alert. It is recommended that you do not plan to sign important documents or make any important decisions for the rest of the day, as the sedatives may impair your judgement. Please make provisions for someone to drive you home. You may be sore following your procedure but usually some Tylenol will cover any discomfort you may have. Be sure to contact the physician on call for the practice at 522-4000 immediately if you should experience sever pain, bleeding, black stools, fever, following colonoscopy.

The nature, risks, purpose and other alternatives to the procedure have been fully explained to me and no warranty or guarantee has been made as to the result.

I fully understand all of the above and wish to proceed with the procedure as outlined above.

Patient _____ Date _____

Witness _____ Date _____