

Informed consent of the patient (patient's legal representative) for colonoscopy

Patient – name and surname:	Birth registration number (insurance number):
Date of birth: (if no birth registration number exists)	Health insurance company code:
Patient's permanent address: (or other address)	
Name of legal representative (guardian):	Birth registration number:

Name of procedure

Colonoscopy

imaging of the colon and, if necessary, the end of the small intestine with an endoscopic device

Purpose of the procedure

In order to clarify and solve your problems or as a preventive measure for an early detection of possible disease changes, you should undergo a colonoscopy, i.e. an endoscopy of the colon. This involves the insertion of an endoscopic device through the anus and a direct view of the colon and possibly the end of the small intestine with possible subsequent therapeutic procedures such as mucosal sampling, removal of polyps, stopping bleeding, dilatation of stenoses (widening of strictures), etc.

Nature of the procedure

The following is essential before the procedure performance!

- Cleanse the intestine by drinking one of the cleansing solutions the day before and in the morning of the examination. Please follow the information given conscientiously.
- 3 days before the examination, omit fruit, vegetables and fibre (indigestible parts of the diet) from the diet. The day before the examination in the morning, use only meat broth (bouillon) without solid parts as a diet. After that, only clear liquids can be drunk. If you are taking iron supplementation drugs, it is advisable to discontinue them a week before the examination.

The performance of colonoscopy:

After the finger examination, the endoscope is inserted through the anal canal into the rectum and then gradually through the colon to the point where the small intestine enters the large intestine. For good clarity, the colon must be inflated with air or carbon dioxide. Inserting the endoscope and inflating the gas may be perceived as uncomfortable. If necessary, a calming injection is given. If necessary, a tissue sample is taken with forceps for histological examination. In individual cases, polyps are removed during colonoscopy, usually using loops and electrocoagulation current. Bleeding areas can be treated by injecting a substance for stopping the bleeding, applying a metal clamp or applying heat with an electric probe. Narrowed areas can be widened with a special balloon.

The following is essential after the medical procedure!

- Do not drive a car or operate machinery for 24 hours if a sedative injection is given.
- A short stay in the hospital may be necessary after some medical procedures.

In case of any problems after the procedure (abdominal pain, rectal bleeding, etc.) it is necessary to immediately notify the attending physician!!!

Expected benefit from the procedure

The more accurately and the earlier the doctor can determine the type and extent of the disease, the better the chances are of a successful treatment.

Alternatives to the procedure

Contrast X-ray or CT scan of the colon, which are, however, less accurate and do not allow tissue sampling and medical procedures.

Consequences of the procedure

After therapeutic intervention, especially removal of the polyp, 1-3 days of hospitalization with exclusion of food, administration of infusions and control of the blood count.

Potential risks of the procedure:

Complications of colonoscopy are rare and may include bleeding after tissue sampling or after a medical procedure, an allergic reaction to a sedative injection, and perforation of the bowel. Complications are usually minor, but some may even require a subsequent surgery.

To reduce the risk of complications and especially allergic reactions to a minimum, please answer the following questions:

note Circle your answer:

1. Do you have an increased tendency to bleeding even with small injuries or after a tooth extraction?	YES	NO
2. Does your skin bruise easily or is there a predisposition to bruising in your family (blood relatives only)?	YES	NO
3. Do you suffer from hay fever, bronchial asthma, hypersensitivity to foods, medicines, patches, local anaesthetics?	YES	NO
4. Do you suffer from a chronic disease (e.g. glaucoma, epilepsy, asthma, diabetes, heart failure)? If so, which one?	YES	NO
5. Are you pregnant?	YES	NO

Consent:

I have been clearly informed about the alternatives to the procedure performed at the University Hospital Olomouc, which I can choose from.	YES	NO
I have been informed about the potential limitations to my usual way of living and to my working ability after the medical procedure, as well as about potential changes in my medical fitness in the event of a potential or expected change in my health.	YES	NO
I have been informed about the treatment regimen and appropriate preventive measures as well as about the follow-up medical procedures.	YES	NO
I have understood all the explanations and information provided and explained to me by the doctor. I had the opportunity to ask additional questions, which were all answered by the doctor.	YES	NO

After obtaining the aforementioned information, I declare that:

- I agree with the care proposed and with the procedure. I also agree with additional procedures required to save my life or health in the event of unexpected complications requiring such procedures to be immediately performed.	YES	NO
- I have disclosed to the doctors all information known to me about my health condition that could adversely affect my treatment or endanger my surroundings, in particular by spreading a infectious disease.	YES	NO
- I give my consent to taking samples of my biological material (blood, urine) for laboratory analysis should the need arise, particularly to rule out some infectious disease.	YES	NO

Date	Time	Signature of the patient or legal representative (guardian)

Name and surname of the physician who provided the necessary information	Signature of the physician who provided the necessary information

If the patient is unable to sign, state the reasons why the patient was unable to sign and how the patient expressed his/her will:

Name and surname of the healthcare professional/witness who was present	Signature of the healthcare professional/a witness who was present	Date