

Gastroenterology Associates

Gastroenterology and Hepatology

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Informed Consent Disclosure for Colonoscopy

You and your doctor are planning a colonoscopy, an examination of your colon. The purpose of this document is to explain potential complications of the planned procedure so you can make an informed decision as you agree to this exam. Because colonoscopy is a low risk procedure and the benefit of reduced risk for colon cancer far outweighs the risks of the procedure, colonoscopy is well worth doing. Below is a discussion of the more common complications that can occur, recognizing that not all complications can be anticipated.

Risks and Possible Complications:

1. **BLEEDING:** The most common risk associated with colonoscopy is bleeding. This is usually seen as bright or dark red blood that is passed into the toilet bowl. This can occur up to several weeks after the procedure. When a polyp is removed there is a 1 in 200 risk for bleeding to occur. You may pass small amounts (up to several tablespoons) of blood; however, this usually stops on its own. If more significant bleeding were to occur, you would be expected to contact your gastroenterologist, or the physician on-call for him/her, to discuss further management. In rare circumstances, blood transfusions or surgery is required for treatment. You will be given instructions to follow on avoidance of aspirin like medications and blood thinners (like coumadin) prior to the procedure to help decrease the risk for bleeding. Your physician will let you know when you may restart these medications after your procedure.
2. **PERFORATION:** There is also a risk for colon perforation, which is a tear or hole through the wall of the colon. This could result if the colon is torn as the instrument is advanced through it, or the full thickness of the wall is burned as a polyp is removed. This risk is about 1 in 2,000. If this occurs, surgery may be necessary to repair the perforation. Significant pain after the procedure is the usual sign. Again, you should call your gastroenterologist if you should have significant pain after the procedure. Some cramping from residual air used in the procedure may occur more commonly, and should not cause concern.
3. **GROWTHS NOT SEEN.** There is a slight risk that significant growths will not be seen. In a small percentage of cases, a failure of diagnosis or misdiagnosis may result. The colon can be somewhat twisted as the scope is advanced through; there can be residual stool that can't be cleared with washing, drinking plenty of fluids during bowel preparation will improve visibility during your exam; polyps at times can be quite flat or can be hidden behind folds; all making it difficult to clear the colon of all polyps. Of course your physician will do the best job possible to lessen this possibility.
4. **MEDICATION PHLEBITIS:** Medications used for sedation may irritate the vein used for your IV. This causes a red, painful swelling of the vein and surrounding tissue. Contact your gastroenterologist if this occurs.
5. **OTHER RISKS:** There is a very small risk (about 2 in 10,000) for a reaction to the medications given for the procedure or complications from heart or lung disease including respiratory depression, heart attack, or even death. These events, however, are extremely rare and our staff is trained in responding to them.
6. Colonoscopy preparation can cause nausea, vomiting, dehydration, uncommonly a drop in blood pressure and very rarely a potentially life-threatening sodium and/or magnesium imbalance.

Alternatives to Colonoscopy:

Although colonoscopy is an extremely safe and effective means of examining the colon, other diagnostic or therapeutic procedures are available. These include flexible sigmoidoscopy and x-ray studies. You may also choose no diagnostic studies understanding a significant lesion, even cancer, may be overlooked if no tests are done.

YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR PROCEDURE.

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