

Place Patient Label Here

Flexible Sigmoidoscopy

Educational Material and Consent Form

Facility Name:

Name of provider conducting informed consent:

The facts in this form will help you learn more about the procedure your doctor has recommended. Please read it carefully. You will be asked to sign the last page of this form.

Your Health Problem

Your doctor has recommended that you have a flexible sigmoidoscopy, which is a procedure that lets the doctor look inside a portion of your colon. Your doctor will be able to see problems in the rectum and sigmoid colon, such as ulcers (sores) or early signs of colon cancer.

The Procedure and Follow Up

Before the procedure, you will be given a preparation, or enema, to help clear your colon. If you have any problems with the preparation, tell your doctor before the procedure starts. Your colon must be completely empty so that your doctor will be able to see the colon clearly.

Flexible Sigmoidoscopy is usually performed without sedation. However in some cases you may be given a small amount of sedation that will make you sleepy and relaxed. Deep sedation makes you unconscious for your procedure and reduces any pain associated with the procedure to zero or near zero. You will still be able to breathe for yourself with deep sedation. If you receive sedation for your procedure, you will not be able to drive your car home, and you must arrange for a friend or family member to drive you home.

The doctor will use a flexible tube called a colonoscope. You will be placed on your side, and the doctor will insert the colonoscope into your anus (rear end) and up into the colon. A picture of the colon will be broadcast onto a video screen that your doctor will view during the procedure. If your doctor sees a problem spot, a tissue sample (biopsy) will be taken for further testing. The whole procedure should take approximately 30 minutes.

During the flex sig, your doctor may find an abnormal growth of tissue called a polyp and remove it. Polyps are removed because they can cause rectal bleeding and may contain cancer.

Risks and Common Problems

There are risks linked to this procedure, which include but are not limited to:

- **Bleeding:** You could get heavy bleeding from a biopsy site (if a biopsy is taken during your flex sig).
- **Bowel perforation:** The procedure could cause a puncture or hole in your bowel. If you have a bowel perforation, you will need another procedure or surgery to fix the hole.
- **Medication reaction:** You could have a reaction to the medication used before and during the procedure to make you sleepy and relaxed. You could get low blood pressure or breathing problems.
- **Infection:** You could get a sickness caused by germs, which would have to be treated with drugs that kill germs or slow their growth.
- **Missed polyps:** There could be other polyps or lesions in your colon that are not seen during the procedure.
- **Rectal irritation:** You may have some pain in the area where the colonoscope was inserted in your anus (rear end).
- **Other organ damage:** There is a small chance that other organs could be damaged during the procedure. This could include your spleen, liver or kidneys. This is very rare.

If any of the problems listed above happen to you, you may need to have more procedures.

Other Choices

If you choose not to have the procedure, then you could have:

- A colonoscopy
- A barium enema,
- A CT scan,
- A CT colonography,
- Stool testing (Hemoccult), or
- Surgery

If you choose not to have a flex sig or any of the other choices listed above, then problems with your colon may continue and you could get colon cancer.

More Facts

The main benefits of having a flex sig are:

- To get a tissue specimen for biopsy,
- To find out the reason for unexplained blood in the stool, abdominal pain, or constant diarrhea,
- To find out the type and seriousness of any inflammatory bowel disease,
- To monitor the health of patients with past polyps, colon cancer, or a family history of colon cancer, and
- To help make the right diagnosis or manage bowel disease.

Consent to Treatment

I understand all the facts given to me in the first two (2) pages of this form. I now give my consent to _____ and his associates to do a flexible sigmoidoscopy on me. I prove with my signature below that my doctor has discussed all of the facts in this form with me, that I have had the chance to ask questions, and that all of my questions have been answered.

Signature of Patient or Responsible Party

Date and Time

Witness

Date and Time

Physician

I confirm with my signature that I have given the patient two (2) pages of educational material and have discussed with the above-named patient the risks, likely results, other choices, and possible problems of a flexible sigmoidoscopy. The patient has had the chance to ask questions, all questions have been answered, and he or she has expressed understanding. Thus informed, the patient has asked that I perform a flexible sigmoidoscopy on him or her.

Physician Signature

Date and Time

Place Patient Label Here