



Colonoscopy Consent Form

Patient Name: _____

Date of Birth: _____

This procedure involves looking into your colon with a flexible tube. If polyps or other unusual tissue is seen, a sample of that tissue will likely be removed. Removed tissue is sent to a laboratory for further analysis.

The benefits include the early diagnosis and potential cure of disease. Cancer would be one example, but there are others. As with any procedure, there are possible risks. We believe, however, that the potential benefits outweigh the possible risks for you at this time. Please read and understand that the risks include, but are not limited to, the following:

1. Infection can occur rarely. You might need medications after the procedure.
2. Bleeding may occur. It is possible you could have some spotting or even enough bleeding to need a transfusion.
3. Perforation means a hole in the intestine. If this should occur, you will need to go to the hospital and may need an operation.
4. Sometimes the sedatives and pain medications can decrease your blood pressure and breathing rate to low levels. We monitor you closely during the procedure to minimize this risk.
5. Rarely, the bowel cleanser can cause problems with kidney function or fluid balance in the body.
6. Sometimes we are unable to visualize polyps or other lesions. This might result in missed or delayed diagnosis.
7. Again, the complications listed above are quite unusual. If you have specific concerns or questions, please discuss them with us before the procedure.

There are *alternatives* to Colonoscopy, including X-ray studies, but they do not allow us to directly see the areas or to take biopsy samples. If you have questions about this procedure, please ask us. If you want more time to consider this procedure, we can provide it, but you may be subject to the risks of a delayed diagnosis - especially of cancer.

Informed Consent

Having read and understood the above, I feel the benefits of this procedure outweigh its risks. I have read and understood the patient instruction handout and the patient education handout. I agree to allow Dr. Butruille to perform the Colonoscopy procedure, with biopsies and removal of polyps if needed.

Signature

Date

Witness