COMPREHENSIVE
GASTROINTESTINAL HEALTH
EDUCATION. NUTRITION. COGNITION. PREVENTION.

COMPREHENSIVE GASTROINTESTINAL HEALTH
FLEXIBLE SIGMOIDOSCOPY CONSENT FORM

NAME: _____

PROCEDURE DATE: _____ **PROCEDURE TIME:** _____

1. I, _____ (patient or guardian) give consent for Dr. _____ or his/her associates to perform a flexible sigmoidoscopy with possible biopsy, removal of polyp(s) with possible coagulation/injection therapy of blood vessels or tissue, and control of bleeding if necessary.

2. I understand this procedure involves the passage of a digital optic instrument through the rectum to allow the physician to visualize the interior of a portion of the large intestine (colon). Sedation and pain-relieving medications may be given to minimize discomfort and relax me for the procedure. These medications may cause localized irritation and/or a drug reaction. I understand that with anesthesia/sedation for this procedure I will not be able to drive the remainder of the day and I should not have plans after the procedure. I understand that I MUST HAVE A DRIVER take me home.

3. I understand the reasons for the procedure which have been adequately explained to me by my physician. I understand I may call the office where I regularly see my physician with any questions about the preparation or procedure. I have had ample opportunity to ask questions before signing this consent.

4. There are some **RISKS** that are related to this procedure and they include, but are not limited to:

   - Allergic or adverse reaction to the sedative or other medications administered.
   - Infection or irritation at the IV site.
   - Perforation or tearing of the bowel wall is a known, but rare, complication which can occur at a rate of less than 1 per 1,000 flexible sigmoidoscopies.
   - Bleeding, usually after a polyp removal, can occur at a rate of 1 per 1,000 colonoscopies and continues up to four weeks after a polyp is removed.
   - Other extremely rare, but serious or possibly fatal risks include: difficulty breathing, aspiration (to swallow vomit into the lungs), heart attack, arrhythmia (change in heart rhythm), and stroke.
   - These complications, should they occur, may require surgery, hospitalization, repeat flexible sigmoidoscopy or colonoscopy, and/or a blood transfusion.
   - As flexible sigmoidoscopy only visualizes a portion of the colon, polyps or even cancers may not be identified. Having a flexible sigmoidoscopy does not guarantee that you will not develop colon cancer

5. I understand that there are no guarantees regarding the results of this procedure. Alternative options as deemed medically relevant have been discussed and may include, colonoscopy, fecal DNA tests, and/or radiologic imaging tests. I understand that these tests have their own limitations and benefits.

6. I have read and fully understand this consent form and understand that I should not sign if all of my questions have not been answered to my satisfaction or if I do not understand any of the words or terms used in this form.

   If you have any questions as to the risks or hazards of the proposed procedure or treatment, ask your physician now, before signing this consent form. **Do not sign unless you have thoroughly read and thoroughly understand this form.**

PATIENT/LEGAL REPRESENTATIVE SIGNATURE: _____

DATE: _____ **TIME:** _____

WITNESS SIGNATURE: _____

DATE: _____ **TIME:** _____