



COMPREHENSIVE GASTROINTESTINAL HEALTH  
FLEXIBLE SIGMOIDOSCOPY CONSENT FORM

NAME: \_\_\_\_\_

PROCEDURE DATE: \_\_\_\_\_ PROCEDURE TIME: \_\_\_\_\_

INITIAL  
HERE

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: \_\_\_\_\_
  - a. Allergic or adverse reaction to the sedative or other medications administered.
  - b. Infection or irritation at the IV site.
  - c. Perforation or tearing of the bowel wall is a known, but rare, complication which can occur at a rate of less than 1 per every 3,000-5,000 flexible sigmoidoscopies.
  - d. 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.
  - e. 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.
  - f. These complications, should they occur, may require surgery, hospitalization, repeat flexible sigmoidoscopy or colonoscopy, and/or a blood transfusion.
  - g. 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 \_\_\_\_\_