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CONSENT FOR PROCEDURE

COLONOSCOPY CONSENT

You and your doctor, or physician assistant, at CRSGH have discussed a colonoscopy. All procedures have risks. The specific risks related to colonoscopy include but are not limited to:

- Bleeding
 - Which could rarely require a blood transfusion or another procedure
- Perforation (creating a hole or tear in the colon)
 - Which is rare but may require surgery, admission to the hospital or other treatment
- Missing disease such as a polyp or cancer
 - Colonoscopy does not guarantee that you will not develop colon cancer, but removing polyps (growths) is proven to reduce the risk that you will develop colon cancer in the future
- Inability to complete the exam
- Allergic or adverse reaction to medications used for preparation for the procedure
- Allergic or adverse reaction to the medications used for sedation
- VERY RARE complications such as: heart attack, stroke, change in heart rhythm, aspiration (swallowing vomit into the lungs), seizure or problems with breathing
- If you take a medication to thin your blood, then stopping that medication could lead to problems such as a stroke or blood clot

Signing this form states that you are comfortable with the discussion with your surgeon about:

- The nature, purpose and risks of the procedure
- Alternatives to colonoscopy which include but are not limited to: no screening (do nothing), stool based tests or radiology studies like a "Virtual Colonography"

If you have additional questions, please contact your surgeon by calling our office at: 860.242.8591

 Patient Signature

 Date

 Print Name

 Date of Birth

 Physician Signature

 Date