

## Colonoscopy and Endoscopy General Consent Information

### Overview:

- The La Peer Surgical Center's Consent for Colonoscopy is linked here for your review. You will be asked to sign the Consent for Colonoscopy when you arrive at the La Peer Surgical Center.
- In addition to the La Peer Surgical Center's General Consent, we are hereby providing you with the following general information about colonoscopy, its potential risks, and alternatives and their drawbacks.
- A colonoscopy is where the doctor uses an instrument called a colonoscopy to look at the inside lining of your bowel. This procedure starts from your back passage (anus) and goes up to the right side of your large bowel (cecum). In some instances, the physician may also enter the small bowel through the colon.
- An endoscopy is where the doctor uses an instrument called an endoscope to look at the inside lining of your esophagus, stomach, and upper part of small bowel. This procedure starts through the mouth and generally goes down the upper small bowel.
- Colonoscopies and endoscopies are done to see if there are any growths, polyps or disease in your bowel. Small pieces of your bowel may need to be removed for pathology tests (biopsy, polyp removal, etc.). This procedure generally requires sedation. See Anesthesia Disclosures for more info. ([hyperlink here](#))
- The doctor has explained to you the reason or your colonoscopy or endoscopy. If you are not sure, you have an opportunity to ask by initiating an inquiry before your colonoscopy or endoscopy.

### Risks of a Colonoscopy/Endoscopy with and/or without Sedation:

There are risks and complications with a colonoscopy/endoscopy. They include but are not limited to the following.

### Infrequent risks and complications include:

- Mild pain and discomfort in the abdomen for one to five days after the procedure. This usually settles with walking, and moving around to get rid of the trapped air.
- Nausea and vomiting.
- Faintness or dizziness.
- Weakness especially when you begin to move around.
- Headache.
- Sore throat (mainly with endoscopy).
- Pain, redness or bruising at the sedation injection site (usually in the hand or arm).
- Muscle aches and pains.
- Allergy to medications given at time of the procedure.
- Infection/phlebitis at the IV site, which is very rare.



**Uncommon risks and complications include:**

- For colonoscopies, about 1 person in every 1,000 will accidentally get a hole (perforation) to the bowel causing leakage of bowel contents into the abdomen. Surgery or additional endoscopic work may be needed to repair the hole. Hospitalization, bowel rest, intravenous (IV) fluids, and oral IV antibiotics may become necessary. This risk is smaller for an endoscopy.
- For colonoscopies, about 1 person in every 200 may experience bleeding from the bowel. For example, bleeding may occur where a polyp was removed. Hospitalization, a further colonoscopy/endoscopy, a blood transfusion or an operation may be necessary. This risk is smaller for an endoscopy.
- Not being able to see the entire bowel. This can happen particularly if your bowel is not completely clean or the colonoscopy could not be passed to the end of your large bowel. As a result, polyps, growths or bowel disease, may remain undetected.
- Heart and lung problems such as a heart attack or vomit in the lungs (aspiration) causing pneumonia. Emergency treatment may be necessary.
- Change of anesthetic from a sedation anesthetic to a general anesthetic.
- “Heavy arm” type feeling in any nerve due to positioning with the procedure. It is usually temporary
- It may result from in worsening of an existing medical condition, such as back pain or joint pain getting worse. This occurs rarely. It is usually temporary.

**Very rare risks and complications include:**

- Anal irritation with or without fissure.
- Eye irritation.
- Irritation or small abrasion of the lips.
- Damage to the teeth.
- Vocal cord irritation.
- Bacteremia (infection in the blood). This is treated with antibiotics.
- Stroke resulting in brain damage.
- Heart attack during or after the procedure.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.
- Death as a result of complications to these procedures is extremely rare.

**Risks of not having Colonoscopy and/or Endoscopy (EGD):**

- Missing disease and pathology.
- Inability to act in a timely manner to diagnose and treat/manage a problem that can be handled at an earlier stage.



### **Risk of Missing Pathology:**

- We take meticulous attention to have as thorough an evaluation as possible when doing endoscopy or colonoscopy.
- Despite all efforts, however, there remains a very small risk of missing lesions such as an ulcer or polyp or a small tumor/cancer.
- Improved colonoscopy preparation helps to reduce chance of missing pathology.
- Based on the findings during the procedure(s), physician may modify his recommendations for the next colonoscopy/endoscopy.

### **NEED for REPEAT Colonoscopy and/or Endoscopy:**

- Depending upon the findings, your doctor may recommend a repeat colonoscopy or endoscopy.
- Once a repeat procedure is recommended, you are required to make a notation in your schedule to make sure that you follow up with the doctor regarding the repeat procedure.
- As a courtesy, the doctor's office may send you a notification of the need or timing of the repeat colonoscopy/endoscopy. Experience, however, shows that "message delivery systems" such as mail, email, and fax may FAIL, and hence you should never rely only on courtesy notification from the doctor's office.
- Examples of repeat colonoscopy indications include but are not limited to high risk polyps, suspicious polyps that could not be removed during the first colonoscopy session, polyps that may require endoscopic ultrasound ("EUS") assessment, or when the doctor in his judgment believes that referral to a tertiary care facility is necessary.
- Examples of repeat endoscopy indications include but are not limited to "sub-mucosal" pathology, stomach ulcers, abnormal lining on biopsy or when the doctor in his judgment believes that referral to a tertiary care facility is necessary.

### **Alternatives to Colonoscopy:**

- Barium enema. Drawbacks: radiation exposure, less accuracy in finding small lesions, and discomfort. Does not eliminate the need for colonoscopy if pathology is found, or the study was inadequate.
- Fecal occult blood testing. Drawbacks: requires obtaining one or more stool samples. May not pick up small lesions. Generally, needs to be repeated yearly. Risk of false negative is higher than colonoscopy. False positive results may occur. A positive results dictates the need for additional testing including colonoscopy.
- CT scan colography. Drawbacks: Similar to Barium enema. More expensive.
- ColoGaurd, stool DNA testing for colon cancer: Drawbacks: Moderately expensive. May not eliminate the need for colonoscopy. Colonoscopy required if positive. False negative may occur. May not be covered by some insurance. Requires collecting/sampling stool.
- Blood tests for colon cancer (SimpliPro, ColoVantage, other). Drawbacks: may not be covered by insurance. False negative may occur.
- Newer technologies coming. Ask your doctor for the most updated information.



### Alternatives to Endoscopy:

- Upper GI X Ray. Drawbacks: radiation exposure. Less sensitive than endoscopy in detecting subtle lesions. False negatives may occur in as much as a third of the cases. Positive results or inadequate study may dictate the need for an endoscopy, Barium intake may cause constipation. Inability to obtain any biopsies if a suspicious lesion is noted
- Comment: An upper GI X ray may still be recommended by your doctor before or after an endoscopy to complement the endoscopy results.
- Capsule endoscopy of the esophagus for detection of GERD and Barrett's. Evolving technology. Drawbacks: contraindicated if stricture or narrowing is suspected' for example, a patient with swallowing difficulty.
- Visualization of the esophagus may be limited in view of rapid transit into the stomach. If something suspicious is noted or visualization not adequate, an endoscopy or X ray may also be necessary. No opportunity to take biopsies. Capsule moderately expensive.
- Transnasal Endoscopy (through the nose), using a small caliber endoscope. Drawbacks: infrequently used. Less detailed visualization of the lining. An added cost if an endoscopy also becomes necessary. Good for esophagus exam, yet not sufficient for stomach and small bowel evaluation.
- Newer technologies coming. Ask your doctor for the most updated information.