

**COLONOSCOPY - SAFETY AND RISKS**

**PLEASE READ THIS CAREFULLY**

It is not possible to list all potential risks and complications of this procedure. If you have any specific concerns, please speak to Dr Mohsen prior to the procedure.

This important information is not meant to frighten you; but it is our responsibility to outline the risks. You can then make an informed decision whether or not to proceed. There are, of course, risks in **not** having the procedure e.g. missed diagnoses including cancer.

Complications of diagnostic colonoscopy are uncommon, and most surveys report serious complications in fewer than one in a thousand patients. Minor complications which can occur, include intolerance to the bowel preparation solution – usually nausea, vomiting and occasionally dehydration, or reaction to sedatives. Dehydration and fasting can cause headache.

Perforation (a hole in the bowel) or major bleeding from the bowel is extremely rare but if it occurs, may require surgery. When interventions such as removal of polyps are carried out at the time of examination, there is a slightly higher risk of perforation, or indeed bleeding from the site where the polyp was removed – often 5-14 days after the procedure. In the unlikely event of major haemorrhage occurring, blood transfusion may be necessary. Please inform Dr Mohsen if you have any religious or ethical reservations re blood transfusion.

Complications of sedation are uncommon and are usually avoided by administering oxygen and monitoring oxygen levels in the blood during the procedure. Rarely however, serious sedation related problems can occur. Aspiration of secretions into the lungs is a potentially serious complication, sometimes requiring hospital admission.

A number of rare side effects can occur with any endoscopic procedure. Death is a remote possibility with any interventional procedure. If you wish to have full details of rare complications explained, please indicate this to your referring doctor prior to the procedure and a consultation with Dr Mohsen will be organised to discuss your concerns prior to you commencing the preparation.

**CONSENT FOR COLONOSCOPY/POLYPECTOMY**

I have read and understand the procedure information for colonoscopy as outlined in the patient information brochure supplied and have read and understand the fees charged for this procedure. I hereby agree to the performance of the colonoscopy by Dr Mohsen and the taking of biopsies and removal of polyps if considered appropriate by Dr Mohsen at the time of the colonoscopy. I hereby give Dr Mohsen permission to access or obtain relevant medical information from any other health professional or ancillary service provider. I understand this will assist him in my diagnosis and management.

PATIENTS SIGNATURE.....

WITNESS SIGNATURE.....

NAME.....

NAME .....

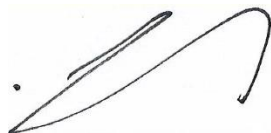
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DOCTORS SIGNATURE:



**PLEASE BRING THIS COMPLETED CONSENT FORM WITH YOU WHEN YOU ATTEND YOUR PROCEDURE**