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GASTROSCOPY and COLONOSCOPY

Information and consent to undergo the procedures

Name: _____ **Date of Birth:** _____

Address: _____

Appointment: Date: _____ **Time:** _____

Location for your procedure: Linacre Private Hospital Day Surgery at 12 Linacre Road Hampton

The Gastroscopy Test:

A gastroscopy has been recommended to inspect the interior of your oesophagus, stomach and duodenum for diseases including ulcers and cancer. Gastroscopy involves swallowing a thin flexible tube. With the assistance of the anaesthetic swallowing the tube is usually painless and easy. A digital micro camera in the tube allows a picture to be shown on a high definition monitor screen.

The Colonoscopy Test:

A colonoscopy has been recommended to inspect the interior of your large intestine (colon). This involves inserting a long flexible tube, approximately the thickness of a finger, though the anus and along the interior of the large intestine. A micro camera in the tube allows an image of the colon to be shown on a video monitor screen.

Often samples (biopsies) of approximately 3 mm in diameter are taken from various sites to determine the health of the oesophagus, stomach and intestine. These samples are later examined under a microscope by a specialist pathologist.

Preparation:

The accuracy of the tests depends on the stomach and bowel being clean inside. All liquids must be stopped at 6.30 on the morning of your procedure.

Do not take iron tablets for five days prior to your colonoscopy.

In the thirty-six hours prior to your procedure:-

Do not eat any solid food

Drink only clear liquids

Drink the colon cleansing preparation as described on the separate preparation sheet.

What to expect during gastroscopy and colonoscopy:

Both gastroscopy and colonoscopy are usually well tolerated. The anaesthetist will give you an intravenous sedative. For gastroscopy you will be lying on your left side while the gastroscope is introduced through the mouth. After the gastroscopy is completed the colonoscope is advanced along the large intestine (also known as the colon). As the colonoscope is slowly withdrawn, the colon lining is carefully examined. There may be a feeling of pressure or bloating during the procedure, however the anaesthetic usually takes away any discomfort. The procedure takes 20 to 30 minutes. In some cases passage of the colonoscope through the entire colon cannot be achieved.

Polyps and their removal:

Polyps are abnormal growths in the lining of the colon. The majority of polyps are benign (non-cancerous) but one cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent to a pathologist for analysis. Removal of polyps is an important means of preventing colorectal cancer.

Polyps are removed using a fine loop snare which cuts the attachment of the polyp from the intestinal wall by means of a diathermy current. You should feel no pain during the polypectomy. There is a small risk (0.2%) that removing a polyp will cause bleeding or result in a perforation (a burn to the wall of the colon) which may require emergency surgery.

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Following your Gastroscopy and Colonoscopy:

After your procedure Dr. Merrett will explain the results to you. If you have been given medications during the procedure you will be observed until most of the effects of the sedation have worn off.

You will need someone to accompany you home after your colonoscopy as your judgment and reflexes may be affected. You must not drive a car or operate machinery until the day following the procedure even if you feel able to do so.

Occasionally gas placed in the colon by the instrument can cause bloating or cramping abdominal pain. This usually passes within a few hours. There may be a small amount of blood passed as a result of biopsies but this should not be a concern. Severe pains or major bleeding should be reported to your doctor immediately.

The effect of the oral contraceptive pill may be lost by bowel preparation and alternative contraception should be used until after the next menstrual period.

Risks of Colonoscopy and Gastroscopy:

Colonoscopy is generally a safe procedure. Complications can occur but are rare when this test is performed by doctors with specialized training and experience in the procedure. The risk of serious complications including perforation (the endoscope making a hole in the bowel) around the world is approximately 1 case in 1000, however in our hands the risks are significantly less than this. Should a perforation occur an operation is necessary to repair the hole. In some circumstances it is not possible to repair the bowel primarily, in which case a temporary colostomy or bag is necessary. This is then closed several weeks later with a more minor procedure. Deaths have occurred in Australia from colonoscopy but fortunately are very rare.

Gastroscopy potential risks are similar to colonoscopy as above but adverse events are much less common.

Major bleeding is another possible complication however this occurs even more rarely. The bleeding usually occurs in the setting of a polyp removal and nearly always settles spontaneously. Sometimes it is appropriate to admit a patient to hospital for observation. Surgery to stop the bleeding is only very rarely required. The risk of bleeding is increased if you are taking anticoagulants such as warfarin, clopidogrel or aspirin.

Although these complications are very rare it is important that you are aware of the possibility. If you require further information or clarification please do not hesitate to ask. Other diseases including diabetes, heart or kidney disease may increase the risk of colonoscopy. **If there are other diseases suffered or anticoagulants taken a formal consultation should be arranged with Dr. Merrett before commencing preparation for the procedure.**

Intravenous anaesthesia is given to ensure that the procedure as comfortable as possible. The anaesthetic carries a small risk of a reaction to the drugs. This may be more significant if you have another medical condition. Localized irritation of the vein (in the arm) where the medication is injected may cause a tender lump.

MOST IMPORTANT:

Drink only clear liquids on the day before your procedure.

Do not drink any liquid after 6.30 am on the day of your colonoscopy.

Arrange to have a friend or relative drive you home.

Do not operate machinery, consume alcohol, sign legal documents or make important decisions until the following day.

I have read and understand this information and I wish to proceed with the gastroscopy and colonoscopy test and the associated anaesthetic.

Signed: _____

Name: (please print) _____ Date: _____

Witness: _____

Please direct all enquiries to our secretary on telephone 9867 5585