

YAKIMA GASTROENTEROLOGY ASSOCIATES, P.C.

**INFORMED CONSENT FOR COLONOSCOPY WITH
POSSIBLE BIOPSY AND/OR POLYPECTOMY**

Your doctor(s) have referred you to us for colonoscopy with possible biopsy and/or polypectomy. This procedure involves examining the colon with a long flexible tube through which we can visualize the colon and rectum, and if necessary take small biopsies (samples of tissue) and/or remove polyps. Polyps are tumors (growths) of the bowel.

The reasons why this procedure is commonly done include investigation and/or removal of polyps/ investigation of abnormal x-rays of the colon/ investigation of possible cancer of the colon/ investigation of lower gastrointestinal bleeding/ evaluation of inflammatory bowel disease.

You will be given instructions on how to prepare your colon. It is essential that you follow this meticulously so that your colon and rectum will be completely clean of fecal material and so that a thorough examination can be done. You will be given pain killing and sedative medication. Then a flexible colonoscope will be gently inserted into your rectum, and carefully guided as far as possible into the rest of your colon. If any polyps are seen, they can be snared (sort of lassoed with a wire loop) and removed. Alternatively, they can be biopsied (a small piece of tissue removed) with a biopsy forceps. Biopsies and/or polypectomies do not cause pain. We will try to examine your entire colon and rectum and remove any polyps that we may find, and biopsy any suspicious or abnormal areas. The average examination takes about one hour; however, there is wide variability in this, and it could be as short as a half an hour, or as long as two and a half hours. Following the examination you will be observed for about one (1) hour. There is discomfort associated with colonoscopy, sometimes considerable pain. We are able to minimize this with the use of pain medications and sedatives.

Any procedure carries risks with it. Colonoscopy with biopsy and/or polypectomy represents a significant advance in our ability to diagnose and treat conditions of the colon and rectum. It has been widely used clinically. It does carry some risks with it. However, these are quite uncommon.

1. Drug reaction: It is possible, although extremely unlikely, that you might develop a reaction to one of the medications.
2. Perforation of the colon: This occurs rarely. If a perforation were to occur, surgery might be necessary to repair the perforation. Of those patients who require surgery for perforation, there is about a 1% risk of death.
3. Bleeding: Significant bleeding may occur from biopsy and/or polypectomies; however, this is rare. It might require blood transfusions and even more remotely surgery.

Alternatives of treatment: Most experts now believe that almost all cancers of the colon and rectum start off as polyps. Cancer of the colon and rectum is the most common cancer next to skin cancer. Each year there are more than 100,000 new cases in the United States. If we can find a cancer at an early stage, or if we can remove polyps from patients before they become cancerous, then we could greatly improve the survival from the disease. If you have a polyp, then we might either follow you with periodic x-rays to see whether the polyp is getting larger, risking the possible development of cancer, or we could subject you to an operation with opening of your abdominal wall and bowel for removal of the polyp. This operation carries 1% risk of death.

The procedure(s), alternatives, benefits, risks, complications were explained to me. I had the opportunity to ask questions. All of my questions about the procedure(s), alternatives, benefits, risks, and complications were answered to my satisfaction. I understand that, before or during the course of the procedure(s), unforeseen circumstances may necessitate additional or different procedures than those listed above or discussed with me. I authorize the physician/credentialed provider and other practitioners to perform such other procedures as are, in their judgment, necessary or appropriate. I acknowledge that no warranty or guarantee as to result or cure was made to me.

I CONSENT TO THE ABOVE PROCEDURE(S) AND TO ADDITIONAL PROCEDURES AS DEEMED NECESSARY OR APPROPRIATE BY MY PHYSICIAN/CREDENTIALLED PROVIDER.

Patient's Signature*	Printed Name	Date and Time
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*Patient is unable to consent because _____ . I therefore consent for patient.

Authorized Consenter's Signature	Printed Name	Relationship to Patient	Date and Time
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Witness's Signature <input type="checkbox"/> Mark this box if telephone consent	Date and Time
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I HAVE EXPLAINED THE ABOVE PROCEDURE(S) TO THE PATIENT OR AUTHORIZED CONSENTER.

Physician's/Credentialed Provider's Signature	Printed Name	Date and Time
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Place original form in chart and provide a signed copy to the patient.

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