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## **Colonoscopy**

### **Informed Consent for Gastrointestinal (GI) Procedure with Monitored Anesthesia Care (MAC)**

I authorize Miguel Arenas, MD, (My "Physician") to perform the following procedure: ***Colonoscopy with possible biopsy, polypectomy, injection therapy, cautery and/or dilation.***

The following information is presented to help you understand the reasons for and some of the possible risks and complications of these procedures.

**Your Sedation and anesthesia services will be administered and monitored by a Nurse Anesthetist (CRNA) providing Monitored Anesthesia Care (MAC)**

**MAC with Propofol:** Propofol is a very short acting *anesthetic agent* that is administered by your CRNA.

Propofol causes you to fall into a **deep sleep** which is maintained throughout your procedure. After the procedure most patients should awaken within a few minutes. Your anesthesia provider (CRNA) will remain with you throughout your procedure.

Desired effects include:

1. Cooperation
2. Relaxation
3. Minimal vital sign and oxygen saturation variation

**Undesired effects include:**

1. Unarousable sleep
2. Hypotension
3. Agitation, Combativeness
4. Respiratory depression/apnea
5. Cardiac arrhythmia or arrest

#### **Explanation of Procedure:**

Direct visualization of the digestive tract with lighted instruments is referred to as gastrointestinal endoscopy. Your physician has advised you to have this type of examination. The following information is presented to help you understand the reasons for and some of the possible risks of these procedures.

At the time of your examination, the lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed or the lining may be brushed. These samples are sent for laboratory study to determine if abnormal cells are present. Small growths (polyps), if seen, may be removed by polypectomy other abnormal growths or areas may be biopsied.

#### **Principal Risks and Complications of Gastrointestinal Endoscopy:**

Gastrointestinal endoscopy is generally a low risk procedure. However, all of the complications listed below are possible. Your physician can discuss their frequency with you, if you desire, with particular reference to your own indications for gastrointestinal endoscopy. **YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR TEST or POTENTIAL COMPLICATIONS as the following is not inclusive, as any patient may have their own unique result or reaction.**

**1. PERFORATION:** Passage of the instrument or a polypectomy may result in an injury to the gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs, surgery to close the leak and/or drain the region is usually required.

**2. BLEEDING:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilation. Management of this complication may consist only of careful observation or may require blood transfusions or possibly a surgical operation. You must inform your physician of any bleeding disorder or tendencies you may have or if you are taking and have not stopped any **BLOOD THINNING Medications** such as: Aspirin, NSAIDS, Anticoagulants or any other blood thinner it is **YOUR RESPONSIBILITY** to let your physician know prior to your procedure. Failure to do so may increase your risk of complications and or bleeding.

**3. MEDICATION PHLEBITIS:** Medications used for sedation may irritate the vein in which they are injected. This causes a red, painful swelling of the vein and surrounding tissue. The area could become infected. Discomfort in the area may persist for several weeks to several months.

**4. OTHER RISKS:** Include drug reactions, IV infiltration, aspiration, and complication from other diseases you may already have. Cardiopulmonary arrest and death are extremely rare but remains remote possibilities. You must inform your physician of all your allergic tendencies, present medications, or health problems. Although gastrointestinal endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, it is not 100 percent accurate in diagnosis. In a small percentage of cases, a failure of diagnosis or a misdiagnosis may result.

#### **Alternatives to Gastrointestinal Endoscopy**

Other diagnostic or therapeutic procedures such as CT, MRI, X-ray, ultrasound medical treatment, and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these issues with you.

#### **Brief Description of Endoscopic Procedure**

#### **COLONOSCOPY**

After the administration of IV sedation (MAC) your Physician passes a flexible instrument into the rectum to allow examination of all or a portion of the large intestine (Colon). Additionally, any patients with a colostomy or ileostomy will have that area of their digestive track endoscopically examined as well.

**Polypectomy**, removal of small growths called polyps, is performed if necessary using a wire loop with or without electrical current, or it may be removed with biopsy forceps. If a bleeding site is found, injection therapy or coagulation by heat may be done. If an area of concern is discovered, it may be injected with a medical grade tattoo ink for later identification. Polypectomy, dilation, coagulation and biopsy are all accompanied by a higher risk of bleeding or perforation. Older patients and those with extensive diverticulosis are more prone to complications and perforation.

I Consent to the taking of any photographs during my procedure. I certify that I understand the above information regarding my Procedure and Sedation. I have been fully informed of the risks and possible complication of my procedure. I hereby authorize and permit The Doctor and whomever he may designate as his assistant to perform upon me the above noted procedure(s).

**EMERGENCY CARE:** If an emergency should arise, calling for additional procedures, operations, or medications. I authorize my physician and anesthesiologist and his/her designees to do whatever they deem advisable in my best interest. I authorize transfer to a hospital for in-patient care (including anesthesia and blood transfusions), if warranted by my condition.

**ACKNOWLEDGEMENTS:** I understand the importance of disclosing my complete medical history to my health care providers, including any/all medications that I am taking, both prescription and over the counter. I understand that my use of herbal remedies, alcohol, or any other type of illegal drug may give rise to serious complications and must be disclosed. I further understand that I should also disclose any complications that arose from past anesthetics.

**I acknowledge** that I am not to drive a motor vehicle or drink alcohol or make any critical decisions before tomorrow. No guarantees or warranties have been made concerning the procedure. I can expect to receive individualized discharge instructions after the procedure. I have had an opportunity to discuss the issues noted above with my physician and or practitioner and to have my questions answered.

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Translator