MEDICAL INFORMATION ABOUT COLONOSCOPY
TO BE READ AND UNDERSTOOD BEFORE EXAMINATION

Dear Sir or Madam,

Colonoscopy is a visual exploration tool used to seek to detect bowel-related disorders. Your doctor may need it performed to determine the origin of your symptoms or to detect cancerous or pre-cancerous tumours. We request that you to read this document very carefully in order for you to be informed about this medical procedure. Your doctor is at your disposal to provide you with any further information which you may wish to obtain.

WHY CHOOSE COLONOSCOPY?

Colonoscopy is currently the reference examination to detect bowel-related disorders. Not only is it very efficient to detect tumours, but it also enables the physician to take samples (biopsy) for examination by microscope. Furthermore, it can provide treatment such as the removal of polyps. Based on our current knowledge, colonoscopy cannot be substituted by another examination, unless it is contra-indicated. Neglecting colonoscopy when it is required, and consequently postponing or misunderstanding potentially serious diagnoses of polyp or cancer may have harmful consequences on your health. In some cases, this examination might not be complete and supplementary radiography of the intestine might therefore be required to see the whole of your bowels. Small tumours may still remain unknown even with complete examination if preparation is not optimal. Polyp removal does not prevent further recurrence. Therefore, performing surveillance colonoscopy is also advised.

HOW ARE POLYPS REMOVED?

Polyps often look like fungi and some of them can become cancerous. Polyps can be removed during colonoscopy when their size and location on the intestinal wall allow this. A cautery knife is most often used to cut and coagulate polyps. In some cases, polyps may be flat. They can therefore be lifted up and cut off by injecting sterile fluid beneath. Sometimes, a second colonoscopy is required to supplement treatment. Alternative treatment may also be proposed to remove remaining polyps such as surgical intervention.

HOW TO GET PREPARED FOR COLONOSCOPY?

Your bowels must be perfectly clean to perform an accurate examination and for effective treatment. To this end, very cautious preparation of your intestine must be performed before your examination. Please follow carefully the instructions you will be given for such preparation. No food must be eaten for 6 hours before your colonoscopy, and no liquids must be drank for 3 hours before. Smoking is forbidden as it increases gastric secretions, potentially leading to complications during anaesthesia. Even though instructions are followed carefully, there will remain a risk that preparation before the examination might at times prove insufficient and as a consequence, cause discontinuation of the examination. Another examination or supplementary radiography would then be need to be scheduled. Preparation for the colonoscopy could alter the effects of drugs you which may have to take such as contraceptive pills for example. Do not forget to inform your doctor about your medical history and usual medication.
HOW IS COLONOSCOPY PERFORMED?

A flexible device called an endoscope is used and introduced into the anus. During the examination, air or CO$_2$ is insufflated to loosen your bowels. Feelings of distension and flatulence may be felt after the examination. Samples might be taken if your doctor deem it necessary. General anaesthesia is often proposed and scheduled to improve examination tolerability. The anaesthetist-resuscitator will answer your questions about his practice and you should direct them to him. According to the current rules, the endoscope is disinfected after each patient, and the devices are sterilized or thrown away if single-use such as needles or biopsy forceps. These procedures are required to prevent any possible infections. You may be asked to remain in hospital after the examination for monitoring purposes or in case of complications.

WHAT COMPLICATIONS MAY ARISE DURING OR AFTER THE EXAMINATION?

Each medical or surgical intervention, exploration or examination inside the human body entails risks, even where proficiency and security conditions are met, consistently with the current rules and scientific knowledge. Proper bowels preparation is required as this allow high quality examination and reduces risks. Some uneasiness and pain may ensure and an accompanying individual should be present during such preparation to assist the elderly or patients with fragile health.

Colonoscopy is a frequent examination with uncommon complications. Main complications are:

- Intestinal wall perforation, which may occur during polyp removal or simple diagnostic colonoscopy. Perforation treatment often requires surgical intervention (which comes with its own risks). In some cases, the perforation can be staple during endoscopy.
- Bleeding, which may provoke complications during polyp removal or immediately after, but especially 5 to 10 days following the examination. They are due to treatments with thin blood. Blood transfusions may therefore be required.
- In rare instances, cases of spleen bruises have been reported, sometimes requiring surgery for spleen resection.

If abdominal pains, jaundice, red or black blood in stools, fever or shivers appear or persist after the examination, you must contact your gastroenterologist, your referring doctor or the hospital in which your colonoscopy was performed. Should it be impossible to contact them, please call:

Recommendations provided by your anaesthetist must be adhered to strictly.

Should it be impossible to contact the above, you must absolutely contact your referring doctor as soon as possible.

I acknowledge that I have received information.

I the undersigned, Mr or Mrs ………………………………………………… hereby………………………… certify that I have read the information sheet about my endoscopic examination which will be performed by Dr. ……………………………………………………………………… on …/…/….

I have also been provided with satisfactory answers to my questions about the examination.

In ……………………………………………………………………… (city), on …/…/… (date)

Patient’s signature

Updating April 2017