

Informed consent to a medical procedure

COLONOSCOPY

1. Description and course of the examination

Colonoscopy is a test performed in case of suspicion of diseases of the lower digestive tract, and also it is performed as a preventive examination. During the examination, the mucous membrane of the large intestine is assessed, and if a disease is found:

- sections are taken for histopathological examination,
- lesions are completely removed during polypectomy (polyp removal).

During polypectomy, a thin instrument with a loop is inserted through the endoscope channel and placed on the polyp stalk. The polyp is separated from the intestinal wall (electrocoagulation of blood vessels is performed to avoid bleeding), it is completely painless. The polyp is pulled out and sent for histopathological examination. Removal of adenoma-like polyps in the large intestine during colonoscopy reduces the risk of developing colorectal cancer.

A colonoscopy involves inserting an endoscopic probe (a flexible tube the diameter of a finger) through the anus into the cleansed intestine, which is moved through the entire large intestine until it reaches the mouth of the small intestine.

The examination can be performed under local anaesthesia or general anaesthesia.

Local anaesthesia involves spreading lidocaine gel around the anus.

General (intravenous) anaesthesia with the participation of an anaesthesiologist is especially recommended for people after abdominal operations, such as caesarean sections, gynaecological operations, kidney removal, peritonitis or diverticular disease.

The examination is performed on the left side, with the knees pulled up to the abdomen.

During the examination, the doctor may ask you to change your position to view the relevant parts of the intestines.

The duration of the examination is usually 30 minutes, depending on the patient's preparation, anatomical conditions and additional procedures performed at the same time, e.g. removal of polyps or taking sections for histopathological examination, which may significantly extend the examination.

The feeling of discomfort during colonoscopy depends largely on the patient's individual sensitivity and anatomical conditions. Distension of the intestine by the air introduced during the examination and traction of the intestine while manoeuvring the instrument may be unpleasant.

Indications for the proposed treatment:

- narrow stools,
- flatulence,
- unexplained weight loss,
- iron deficiency anaemia,
- bleeding from the lower gastrointestinal tract,
- change in the rhythm of bowel movements,
- chronic diarrhoea.

Expected benefits:

Performing detailed diagnostics of the lower gastrointestinal tract.

Risks and complications:

- dehydration (caused by preparation for the procedure),
- damage to the wall of the digestive tract,
- bleeding from the gastrointestinal tract,
- arrhythmia,
- abdominal pain,
- temperature increase,
- nausea, vomiting,
- loss of appetite.

Contraindications to the procedure:

- lack of patient consent,
- use of blood thinners,
- severe haemorrhagic diathesis,
- poor general condition of the patient,
- active respiratory infection,
- diseases that prevent the use of anaesthesia,
- allergy to anaesthetic drugs,
- symptoms of peritonitis,
- suspected perforation of the digestive tract,
- mechanical intestinal obstruction,
- recent procedures in the abdominal or pelvic area,
- pregnancy - unless the benefits outweigh the risks to the mother and foetus

Possible long-term effects:

- bleeding from the digestive system,
- pain in the anus,
- side effects of anaesthesia: hematoma at the injection site, phlebitis, side effects of drugs used during sedation (behavioural disorders, respiratory system disorders, hypotension, tachycardia, arrhythmia).

Alternative courses of action:

Rectal enema (contrast) and virtual colonoscopy and CT enterography - both methods do not allow distinguishing pathological structures from impurities, and most importantly - if pathology is detected, they require confirmation by colonoscopy and biopsy.

2. Preparation for the examination

7 days before the examination:

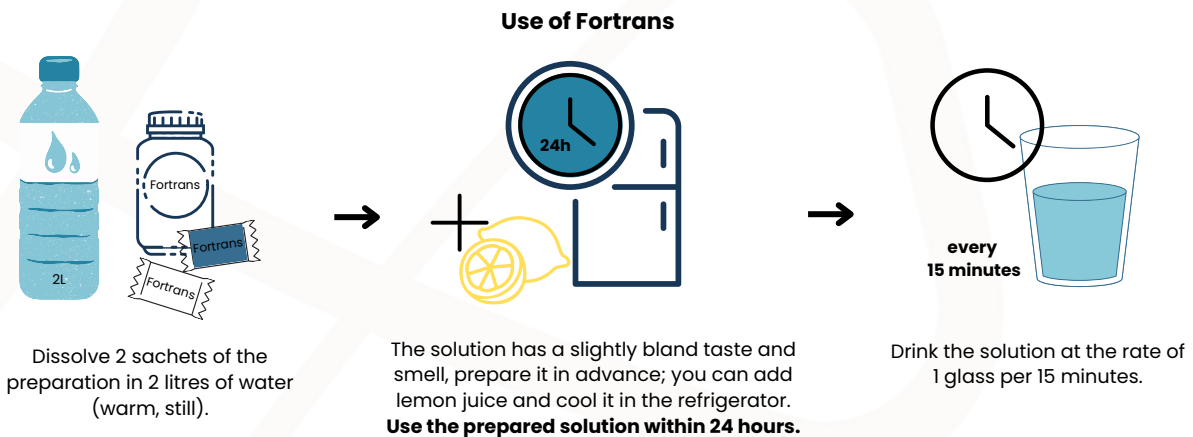
- you should stop taking iron preparations,
- people taking antiplatelet drugs (inhibiting platelet function) such as aspirin, Acard, etc. - should stop taking them after consulting the doctor who ordered the above-mentioned drugs,
- people taking anticoagulants such as Sintrom, Syncumar, Acenocumarol - should be sure to consult a doctor conducting anticoagulant treatment in order to change the drugs to low molecular weight heparin,
- patients with diabetes and other serious chronic diseases that may affect preparation for the examination must consult their doctor in advance to individually establish a detailed treatment plan,
- you should stop eating stone fruit, especially those with small seeds (kiwi, strawberries, grapes) and bread with grains, muesli, linseed, poppy seeds, etc. You should also avoid eating red beets (beetroots distort the colour of the intestinal mucosa).

3 days before the examination:

- do not eat vegetables, fruit, dark bread with grains,
- a liquid diet is recommended - any amount of coffee, tea, water, juices without fruit pulp and soups without vegetables and additives.

On the day before the examination:

- easily digestible breakfast (without carbonated drinks and milk),
- lunch at approx. 12.00: broth without vegetables, cream soup, possibly pudding or jelly,
- do not eat any meals after dinner!
- you can drink clear liquids (water, tea, compote),
- at 6:00 p.m. apply Fortrans.

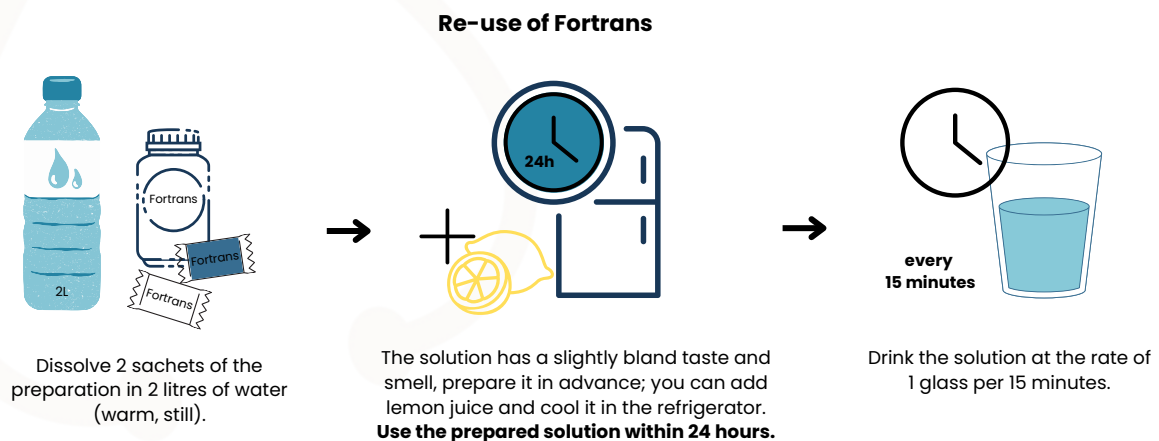


If the examination is planned as an examination under anaesthesia/sedation in the morning, the preparation should be drink twice on the day before the examination, starting at approximately 4:00 p.m. and the second time around 8:00 p.m.!

Note! People who regularly take medications take them as recommended by their doctor, preferably 2 hours before or after consuming the laxative.

On the day of the examination:

- you should not eat food,
- you can drink clear liquids (water, tea, compote, coffee without grounds and milk),
- stop drinking any fluids 4 hours before the examination
- use Fortrans 4 hours before the examination.



Patient's forename and surname

PESEL [personal ID No.]

Note! People who regularly take medications take them as recommended by their doctor, preferably 2 hours before or after consuming the laxative.

The result of preparation should be diarrhoea until the content becomes clear or yellowish watery.

NOTE! Failure to follow the recommendations, especially regarding diet and drinking water, may result in inadequate cleansing of the intestine and the need to repeat the examination. In case of improper preparation, the patient bears the same costs as in the case of a full examination.

Outfit:

- comfortable clothing that does not restrict movement,
- spodnie na gumce (najlepiej dresowe).

Must be removed:

- not permanently attached dentures,
- hearing aid (if worn on the left ear).

The results of the following tests must be provided:

- complete blood count,
- PT (INR),
- APTT,
- electrolytes.

3. Proceeding after the examination

You cannot eat or drink for 2 hours after the examination under anaesthesia. After this time, you can start an easily digestible diet. After the examination under intravenous anaesthesia, it is necessary to return home with an accompanying person. You cannot drive a motor vehicle or perform work requiring precision within 12 hours of the test.

4. Anaesthesia

Description and course of anaesthesia:

Intravenous anaesthesia is a type of anaesthesia often used for short-term procedures. It involves administering short-acting anaesthetic agents intravenously or in the form of medical gases. Sleep comes after several dozen seconds. The patient breathes on his/her own during anaesthesia. During anaesthesia, vital signs are monitored.

Risks and complications:

- unexpected reactions to anaesthetic drugs, shock,
- respiratory failure,
- hypoxia,
- aspiration (if the patient is not fasting),
- headache,
- difficulty opening eyes,
- tendency to nausea and vomiting,
- blurred vision,
- difficulty waking up the patient or prolonged waking the patient due to hidden genetic defects,
- postoperative chills.

The examination can also be performed under local anaesthesia.

5. Patient's questions

I have no questions (tick if you have no questions)

I have questions (enter them below):

During the conversation with the doctor, I had the opportunity to ask any questions regarding the planned endoscopic examination. All my questions and doubts were clarified in a clear and satisfactory manner. I have been informed by the doctor about my health condition, diagnosis, possibilities and proposed diagnostic and treatment methods, about the foreseeable consequences of their use or omission, and the expected results of the actions taken. The doctor thoroughly explained to me the purpose, course of the examination, as well as possible complications and risks associated with the proposed procedure.

Date and signature of the doctor

Date and signature of the patient
(or legal guardian)

Patient's forename and surname _____

PESEL [personal ID No.] _____

6. Patient's statement

Do you have an increased tendency to bleed?

 YES

 NO

Do you take medications that affect blood clotting (e.g. Acard, Xarelto, Polocard, Pradaxa, Aspirin, Polopiryna, Ticlopidine, Acenocoumarol, Warfarin, Clopidogrel, etc.)?

 YES

 NO

What medications were you taking that affect blood clotting and when were they stopped?

What? _____

When? _____

Do you have a pacemaker or cardioverter implanted?

 YES

 NO

Women of childbearing age - can you be pregnant?

 YES

 NO

 I declare that I have not concealed any important information regarding my health, tests or past diseases.

 Date and signature of the doctor

 Date and signature of the patient
 (or legal guardian)

 After reading the information presented and based on the information obtained from the doctor, **I give my informed consent to the colonoscopy procedure.**

I also consent to:

- Performing a polypectomy
- Taking samples for histopathological examination, if the examination results indicate the need to perform them
- Other treatments if medical staff consider them necessary

 YES

 NO

 YES

 NO

 YES

 NO

 Date and signature of the doctor

 Date and signature of the patient
 (or legal guardian)

Price list

Gastroscopy with urease test under local anesthesia	490 zł
Colonoscopy under local anesthesia	590 zł
Polypectomy (up to 2 specimens with histopathological examination)	1000 zł
Histopathological examination of another polyp	100 zł
General anesthesia for gastro- and colonoscopy	500 zł
Gastroscopy with urease test + colonoscopy with general anesthesia	1490 zł
Histopathological examination of a small sample from gastro- and colonoscopy (first)	90 zł
Histopathological examination of a small sample from gastro- and colonoscopy (next)	50 zł
Dyeing (Black Eye)	190 zł
Clipping (1 clip)	220 zł
Endoloop installation	360 zł
Helicobacter pylori test (urease test)	60 zł

 Date and signature of the doctor

 Date and signature of the patient
 (or legal guardian)