

Q2 Please list components of consent that a competent ER practitioner would discuss with a patient prior to undergoing ER.

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Nature of the procedure and its anticipated benefits - success rate, etc. -Risks of the procedure - rate of recurrence, bleeding, perforation -Alternatives - no treatment in certain situations (elderly comorbid patient) with emphasis on surgery	11/13/2018 5:05 AM
2	risk of bleeding, risk of perforation, risk of recurrence and incomplete resection, risk of sedation and/or anesthesia	12/7/2017 5:31 PM
3	- The reasons why a polyp may require resection - The fact that not all polyps progress or undergo malignant transformation - The uncertainties with regard to prognostication in individuals and individual polyps with regard to progression and transformation - The limitations of current technology pre-resection to confirm lack of malignant transformation in upto 15% of cases - The alternatives for resection of the polyp particularly and specifically including that of surgical resection and non intervention - The major risks of bleeding, perforation and associated sedation or anaesthetic with consequences of any surgery that might be required in case of complications - The overall safety of these procedures as compared to surgical options - The need for further surveillance after ER - The potential risks of recurrence and its implications - The particular and specific risks in that individual due to comorbid conditions that might alter the overall risk:benefit ratio or particularly in scenarios with limited life expectancy due to the comorbidity	12/3/2017 9:16 PM
4	* risks * chance of radical resection * chance that lesion appears too deeply invasive at histopathology and additional resection necessary * surveillance after this ER * alternative techniques and for each (dis-) advantages, including not performing therapy	11/18/2017 9:03 PM
5	ELEMENTS OF PROCEDURE TIME TAKEN RISKS	11/7/2017 10:42 PM
6	The consent form should clearly discuss the risks and benefits of endoscopic management of colonic neoplastic lesions. The consent form should also document a discussion regarding treatment alternatives and the risks and benefits of both approaches. The risks that the endoscopist must discuss include: risk of periprocedural bleeding, perforation, residual adenoma and recurrence, need for emergency surgery and anesthesia related adverse events. The consent process should also include a discussion regarding the need for follow up based on various criteria (size of lesion, pathology) and the typical surveillance interval of 4 months and 16 months after the index procedure. Finally, endoscopists should be prepared to discuss their personal or center based performance metrics such as technical success, rates of residual adenoma and adverse event rates (perforation and clinically significant bleeding)	11/5/2017 1:21 PM
7	In addition to the standard complications of routine colonoscopy (risk of preparation, sedation risks etc), specific attention to the following: 1. Balancing risk and benefit of ER for benign colonic lesions taking into account patient age and co-morbidities 2. Discussing alternatives to ER especially in the context of early malignant lesions or multiple lesions that may require numerous procedures for clearance 3. Aspects surrounding peri-procedural anti-coagulation withdrawal if relevant and discussing risks of withdrawal versus risks of bleeding 4. Issues relating to management of previously incomplete resected polyps and SPOT tattoo involving polyps that may increase procedural risks and success rates 5. Complications of the procedure itself including management of these complications: Bleeding, Perforation, Serositis, Incomplete resection 6. Potential outcomes and subsequent management (i.e. in the setting of a malignant polyp) 7. Need for early interval surveillance colonoscopy for assessment of polypectomy sites	11/5/2017 3:35 AM
8	1. Patient related factors- co morbidities, anti platelets, anticoagulation 2. Alternatives including surgery 3. Specifics of the lesion to be tackled including size, location, access, previous histology, possibility of more advanced pathology & potential risk of invasion 4. Complications and how they are tackled 5. Potential need for admission if complications occur 6. Follow up including need for surveillance (upto 5 years). Recurrence/residual polyp and how it is dealt with 7. Post procedural instructions including diet, what to expect and a contact number (written instructions will be given on discharge) in the event of a complication	11/5/2017 2:14 AM
9	- pros and cons of local treatment vs surgery or abstention - procedure time and need for hospitalization or other procedural facts - risk of adverse events: perforation, bleeding, ... - outcomes in case of adverse events - Need for surveillance and intervals of surveillance - Possibility for surgery in case of SMIC bad prognosis	11/3/2017 1:22 PM

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10	indications and alternative approaches risks - bleeding/perforation/infection/sedation/anaesthesia - need for surgery/transfusion in event of serious complication. Likely requirement for follow up. What to expect after the procedure.	11/3/2017 11:35 AM
11	Chance of success including risk for the need of repeat treatment. Risks of procedure (perforation, bleeding, pain) and their treatment. Need for life-long surveillance after procedure.	11/1/2017 10:54 AM
12	Description of procedure with indication of duration. Complications including bleeding, perforation, pain, incomplete resection. Risk of admission and potential need for surgery. Risk related to sedation/anaesthetic.	10/31/2017 10:19 PM