

1. Purpose of the Procedure

I understand that a colonoscopy is a procedure that allows a physician to examine the inside of my large intestine (colon and rectum) using a long, flexible tube with a camera. It may be performed to investigate symptoms such as bleeding, abdominal pain, or changes in bowel habits, or as a routine screening for colorectal cancer.

2. Procedure Description

During the colonoscopy:

- The doctor will insert the colonoscope into the rectum to view the colon lining.
- Air or carbon dioxide may be introduced to improve visibility.
- Biopsies (tissue samples) may be taken.
- Polyps (abnormal tissue growths) may be removed for further examination.

3. Risks and Complications

I understand that while colonoscopy is generally safe, potential risks include:

- Bleeding, especially if a biopsy or polyp removal is performed
- Perforation (a tear in the colon wall), which may require surgery
- Infection
- Reaction to sedatives

4. Sedation and Anesthesia

I acknowledge that sedation will be administered to reduce discomfort. I understand the risks associated with sedation, including drowsiness, allergic reactions, or breathing difficulties.

5. Alternatives

I am aware that alternatives to colonoscopy may include:

- CT colonography (virtual colonoscopy)
- Fecal occult blood test (FOBT)
- Stool DNA test

However, these may not allow for tissue sampling or polyp removal.

6. Consent

I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

I voluntarily consent to undergo a colonoscopy, including the removal of polyps or biopsy if necessary, and the administration of sedation.

Date:

Signature of Patient: