{ PLACE PATIENT LABEL HERE }

Flexible Sigmoidoscopy / Biopsy / Polypectomy

Procedure to be performed at:

- ☐ **GAP Salem Endoscopy Center**: 875 Bethesda Rd. Winston-Salem, NC 27103
- ☐ **GAP Piedmont Endoscopy Center**: 1901 S. Hawthorne Rd. Suite 308 Winston-Salem, NC 27103
- ☐ **GAP Kernersville Endoscopy Center**: 445 Pineview Dr. Suite 240 Kernersville, NC 27284

Description of Procedure:

You will lie on your left side. A flexible tube with a small camera (called a sigmoidoscope) will be inserted into your rectum or stoma. This will allow your doctor to see up to approximately two feet inside of your colon. Because the flexible sigmoidoscopy only examines the lower portion of the colon, a polyp or cancer located further up may not be seen. Photos may be taken as considered advisable or necessary by the doctor. Your doctor will insert air into your colon so that they can have a better view. You may experience bloating after the procedure because of this, but this will be relieved by passing gas.

Your doctor may take a small sample of tissue or remove abnormal growths (called polyps) for testing. Polyps may be removed because they may contain cancer or pre-cancerous cells. Any tissues that are removed may be reviewed by a pathologist.

Sedation:

I consent to the administration of moderate or deep sedation/anesthetics (by mouth or through a needle placed in a vein in my arm or hand) as considered necessary or advisable by the physician, certified registered nurse anesthetist, and/or registered nurse under supervision of the physician. I understand the alternatives, the risks involved, and possible complications of sedation.

Teeth in poor condition and dental prosthetics may become loose, broken, or dislodged during the protective procedures related to anesthetic. While every effort is made to protect teeth, such damage is a recognized risk. Gastroenterology Associates of the Piedmont will not accept responsibility for damage to teeth or dental prosthetics.

Potential Risks:

- Irritation of veins (5%)
- Excessive sedation (1%)
- Allergic reaction to medication (<1%)
- Aspiration (If you vomit and it gets into your lungs, pneumonia can occur) (<1%)
- Perforation (a hole or tear in the colon)
  - Risk increases to 1% if polyps are removed.
  - Rarely, blood transfusions or surgery may be required to treat these conditions.
- GI Bleeding (<1%)
  - Risk increases to 1% if polyps are removed or if patient is currently taking a blood thinning medication.
  - Rarely, blood transfusions or surgery may be required to treat this condition.
- Rectal irritation
- Infection
- Death
- There is a small chance that other organs (spleen, liver, kidneys) could be damaged during the procedure.
- Risks may increase if patient uses steroids or has significant respiratory, liver, kidney or brain impairment.

{ PLACE PATIENT LABEL HERE }

After the Procedure:

- I understand that if I am scheduled for a procedure with sedation, I must have an adult (age 18+) available to accompany me home. This adult may be given my discharge instructions.
- I agree not to drive/operate machinery for eight hours after leaving this facility.
- I agree not to drink alcohol, take tranquilizers or sedatives for eight hours after leaving this facility.

Additional Information:

- Procedures that are presently unknown may be performed that are different from or in addition to those planned in the case that the doctor or his/her associates or assistants consider them advisable or necessary.
- Doctors in training may be present and participate during the procedure(s).
- We do not honor living wills or Do Not Resuscitate Orders (DNR) at this facility due to the fact that a terminal, incurable, vegetative state is not anticipated in this outpatient setting.
- Gastrointestinal endoscopy is generally a safe and effective way to examine the gastrointestinal tract. It is not 100 percent accurate in diagnosis. No guarantee has been given by anyone as to the result of the procedure(s). It is not guaranteed that all polyps will be seen or removed during the procedure. Other options are available, including (but not limited to) radiologic studies, surgery and medical treatment.

The nature and purpose of the procedure(s) along with its potential risks, potential complications and alternatives have been explained to me.

My known allergies and medications have been reviewed with clinical staff and/or my physician prior to having this procedure.

All of my questions have been answered to my satisfaction. I understand the information I have been given and voluntarily consent to the proposed procedure(s).

I request that Dr. _____ perform a flexible sigmoidoscopy / biopsy / polypectomy procedure on me as described in this form.

Signature of Patient *(or person authorized to consent)*: _____

Relationship: ☐ Patient ☐ Other: _____

Witness Signature: _____

Physician Signature: _____

Date: _____ Time: _____ AM / PM