

Dr Simon Louis - FRACP, MBBS

Gastroenterologist

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Colonoscopy Consent Form

Prior to attending for your colonoscopy it is important that you are informed of the risks associated with the procedure. Please also bear in mind that there are risks associated with not having this procedure e.g. missed diagnosis including cancer.

Colonoscopy is the most accurate investigation available to investigate the bowel/colon. However there is a risk that an abnormality may not be detected.

Perforation (making a hole in the bowel) is the most serious complication of colonoscopy. The reported incidence in Australia is less than one in one thousand procedures. Should this occur surgery would be required and extended hospitalization could be necessary.

Complications of sedation are uncommon but in patients with severe heart or lung disease serious sedation reactions can occur. The anaesthetist will discuss sedation with you prior to the procedure.

At the time of the procedure any polyps encountered will be removed to reduce the chances of cancer in the future. Serious bleeding is a rare complication (less than 1 in 1000 procedures). In the unlikely event of a serious bleed following polyp removal, a blood transfusion may be required.

Please inform Dr Louis before the procedure if you have any objection to the removal of polyps or to blood transfusion.

Intolerance to the bowel preparation is rare but includes dizziness headaches and vomiting.

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Please answer the following questions at home prior to commencing preparation for colonoscopy.

1. Do you understand what a colonoscopy involves and why it is being done?

Yes/No

2. Do you understand the risks associated with colonoscopy?

Yes/No

3. Do you agree to the removal of polyps if they are found?

Yes/No

4. If you are female are you confident that you are not pregnant?

Yes/No

If you have answered no to any of the above questions it is advisable that you book a consultation with Dr Louis prior to your colonoscopy.

I have read and understand all of the information I have been given regarding colonoscopy.

I consent to Dr Simon Louis performing colonoscopy and understand the risks involved.

Name**DOB**...../.../.....

Signature.....**Date**.....

Please complete and bring with you on the day of the procedure.