



MEDICAL INFORMATION ABOUT COLONOSCOPY BEFORE EXAMINATION

Dear Sir or Madam,

Colonoscopy is a visual exploration used to detect bowel-related disorders. Your doctor may need it to determine the origin of your symptoms or detect cancerous or pre-cancerous tumours. We ask you to read this document very carefully in order for you to be informed about this medical intervention. Your doctor is at your disposal to provide you with any further details you may require.

WHY CHOOSE COLONOSCOPY?

Colonoscopy is currently the reference examination to detect bowel-related disorders. Not only is it very efficient to detect tumours, it also enables us to take samples (biopsy) for microscope examination. Besides, it can provide treatment such as polyp removal. Based on our current understanding, colonoscopy cannot be replaced by another examination, unless it is contraindicated. Neglecting colonoscopy when it is required, postponing or misunderstanding potentially serious diagnoses of polyp or cancer may have harmful consequences on your health. In some cases, this examination might not be complete and supplementary radiography of the intestine might therefore be required to see the whole of your bowels. Small tumours may still remain unknown even with complete examination if preparation is not optimal. Polyp removal does not prevent further recurrence. Therefore, surveillance colonoscopy may be useful.

HOW TO REMOVE POLYPS?

Polyps often look like fungi and some of them can become cancerous. Polyps can be removed during colonoscopy when their size and location on the intestinal wall allow it. A cauterizing knife is most often used to cut and coagulate them.

In some cases, polyps may be flat. They can therefore be lifted up and cut off by injecting sterile fluid underneath, or killed by Argon Plasma Coagulation. Sometimes, second colonoscopy is required to supplement treatment. Otherwise, alternative treatment is proposed to remove polyps such as surgical intervention.

HOW TO GET PREPARED FOR COLONOSCOPY?

Your bowels must be perfectly clean to perform accurate examination and useful treatment. In that respect, cautious preparation of your intestine must be followed before the examination. Please follow carefully the instructions you will be given for the preparation.

No food is to be eaten for 4 to 6 hours before the examination. Smoking is forbidden as it increases gastric secretions, which could lead to complications during anaesthesia. Even though instructions are followed carefully, the preparation before the examination might sometimes be insufficient and cause discontinuation of the examination as a consequence. New examination or supplementary radiography would then be scheduled.

The preparation could alter the effects of drugs you may have to take such as contraceptive pills for example.

Do not forget to inform your doctor about your medical history and usual medication.

HOW IS COLONOSCOPY PERFORMED?

A flexible device called an endoscope is used and introduced into the anus. During the examination, air is insufflated to distend your bowels. Feelings of distension and flatulence may be felt after the examination. Samples might be taken if your doctor thinks it necessary. General anaesthesia is often proposed and scheduled to improve examination tolerability. The anaesthetist-resuscitator will answer your questions concerning his specialty. According to the current rules, the endoscope is disinfected after each patient, and the devices are sterilized or thrown away if single-use such as needles or biopsy forceps. These procedures are indispensable to prevent any possible infections. You may be asked to remain hospitalized after the examination for monitoring purposes or in case of complications.

WHAT COMPLICATIONS MAY ARISE DURING OR AFTER THE EXAMINATION?

Each medical or surgical intervention, exploration or examination in the human body presents risks, even when proficiency and security conditions are met, consistently with the current rules and scientific knowledge. Good preparation of the bowels is indispensable as it enables good quality examination and reduces the risks. However, there are disadvantages and inherent risks such as uneasiness and pain. An accompanying person should be present during the preparation to assist the elderly or patients with fragile health.

Colonoscopy is a frequent examination with uncommon complications.

Main complications are:

- Intestinal wall perforations, which may occur during polyp removal or simple diagnostic colonoscopy. Perforation treatment often requires surgical intervention (with its own risks).

- Haemorrhages, which may provoke complications during polyp removal or immediately after, but especially 5 to 10 days following the examination. They are due to treatments which thin blood. Blood transfusions may therefore be required.

If abdominal pains, jaundice, red or black blood in stools, fever or shivers appear or persist after the examination, you must contact your gastroenterologist, your referring doctor or the establishment in which colonoscopy was performed. Should it be impossible to contact them, please call at:

Recommendations provided by your anaesthetist must be strictly followed.

Should it be impossible to contact any of them, you must absolutely contact your referring doctor as soon as possible.

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I acknowledge that I have received information

I the undersigned,

Sir or Madam

certify that I have read the information sheet about the endoscopic examination that will be performed by Dr. on .../.../....

I have also been provided with satisfactory answers to my questions about the examination.

In (place), on .../.../.... (date)

Patient's signature