

Terry C. Lin, D.O. Inc.

Gastroenterology and Hepatology

Therapeutic Endoscopy

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Consent form for Colonoscopy

I, the undersigned _____, consent to have Dr. Terry C. Lin, perform a colonoscopy on me with possible removal of tissue (biopsy, polyps, tumors, etc.) and any potential treatment that is deemed medically necessary.

I understand that the colonoscopy is an examination of the wall of the colon (large intestine) using a colonoscope (flexible tube with a camera). A colonoscope, which measures about the size of a small finger in diameter, will be advanced through the anus under direct visualization. During the procedure, polyps can be identified and removed. Polyps, as well as any other abnormalities found, will be sampled (biopsied) and examined by a pathologist. The aim behind performing a colonoscopy is to identify and treat any structural abnormalities.

I also understand that the alternatives to a colonoscopy are x-ray studies (barium enema and CT scan), but those studies do not allow abnormal tissues (polyps) to be removed if any are identified. We encourage you to ask questions to help with how you wish to proceed. There are some risks associated with the colonoscopy, but generally, the benefits far outweigh the risks. The most common risks include but are not limited to:

Bleeding: This, almost exclusively would occur after polyp removal and much less likely after biopsy. This may require the transfusion of blood, repeating the colonoscopy to stop the bleeding, hospitalization, or surgery.

Perforation: Puncture of the colon wall can happen, most likely in association with removing polyps, or in the presence of severe diverticular disease This may require hospitalization and surgery to repair the site of puncture.

Reaction to medications: I will receive Fentanyl/Versed, and or Phenergan/Zofran unless I am allergic to those medications. These drugs could cause an allergic reaction, redness at the site administered and may suppress breathing or cause irregularity in heartbeat. These medications will make the procedure more comfortable, but I understand that I may have some discomfort during the procedure.

Breathing problems: There are rare reports of strokes and heart attacks occurring during the colonoscopy. I understand if I have a heart condition that is monitored by a cardiologist, I should inform my doctor that I will be having a colonoscopy and would need the doctor to give me cardiac clearance to proceed.

The procedure will be preceded by sedation unless I choose not to be sedated. I understand that if I wish to be sedated, I will not be able to drive myself home after the procedure. I would thus need to arrange, ahead of time, appropriate transportation after the procedure is completed.

Having read the above, I have a good understanding of the benefits, alternatives, and risks of the colonoscopy and sedation, and feel that my questions have been adequately answered.

Patient's Signature: _____

Date: _____

Witness' Signature: _____

Date: _____