

**POTENTIAL RISKS WITH HAVING A GASTROSCOPY AND COLONOSCOPY**

<b>COMMON EVENTS</b>	<b>What might happen.</b>	<b>Management measures</b>
<b>Abdominal discomfort and bloating.</b>	Due to the presence of air in the large intestine following the procedure.	Symptoms readily settle in most patients within 30-40 mins. Administration of antispasmodics such as Buscopan or Peppermint tea is often helpful.
<b>Nausea and vomiting</b>	These side effects are very uncommon with the use of available sedative drugs, but can occur.	Medications can be given before the anaesthetic is administered (please inform the anaesthetist if you have had side effects with anaesthetic agents in the past), or can be administered if symptoms occur following the procedures.
<b>Reaction to bowel preparation</b>	In general, bowel preparation is very safe, however in a minority of patients dehydration can occur leading to headaches. Absorption of oral tablets can be variable particularly anti-epileptic medications and the oral contraceptive pill. Electrolyte levels can also vary in the blood.	Administering your tablets 2-3 hours before the beginning of the bowel preparation is advisable. Administration of intravenous fluids could also help alleviate the nausea/vomiting/headache type symptoms. This can be administered in hospital prior to the procedure, if needed.
<b>LESS COMMON EVENTS</b>		
<b>Abdominal pain</b>	If polyps are removed, the use of cautery can occasionally cause a burn to the wall of the bowel causing pain.	Most patients with these symptoms settle within 1-2 days – please contact us, or go to the nearest hospital emergency department for a check up. It is important to exclude bowel perforation as a result of this injury. Often it settles with time, intravenous antibiotics and intravenous fluids might be required as well.
<b>RARE EVENTS</b>		
<b>Anaesthetic Risks</b>	Lung problems as a result of the anaesthetic drugs administered are very uncommon and the quoted risk is 1 in 15,000, persons with multiple medical problems are at increased risk.	Medications could be administered to correct most problems – which will be handled by the anaesthetist. Please feel free to consult and discuss with your anaesthetist prior to the procedure if there are any concerns.
<b>Perforation (making a hole in the oesophagus, stomach or large intestine).</b>	Perforation at gastroscopy is very rare (< 1 in 10,000, unless an oesophageal dilatation is performed). Perforation of the large intestine is 1 in 3,000 cases, the risk being higher if polyps need to be removed (1 in 500).	Administration of fluids, antibiotics are often required. Surgical treatment might be necessary.
<b>Aspiration</b>	Aspiration of fluid into the chest (vomiting) can occur during sedation/procedure.	If pneumonia complicates this aspiration – antibiotics and intravenous fluids might be required and a period in hospital for observation.
<b>Drug reaction</b>	Patients can experience an allergic phenomenon with administration of the sedative drugs.	This might require immediate cessation of the procedure, and assessment by the anaesthetist as to whether anti-dote type medications need administration.
<b>Splenic injury</b>	Colonoscopy can be associated with splenic bruising/injury/rupture.	Hospital admission for observation and surgical assessment will be required; surgical intervention might also be necessary.
<b>Damage to Teeth</b>	Every care is taken by your anaesthetist and nursing staff, not to damage teeth (including false, capped teeth and bridges). It is important however to understand with any anaesthetic there is a small risk that there could be damage.	
<b>Missed Cancers</b>	Small cancers within the digestive tract could be missed particularly if they are small and occur in 1 in 2,000 procedures.	
<b>Death</b>	Is a very rare complication (<0.01%)	

I have read the above information and have been given the opportunity to discuss the procedure with the doctor. I understand I can cancel the procedure at any time if I am not happy to proceed. I request the procedure now be undertaken.

**Date:** .....

**Patient : Print Name:** ..... **Signature:**.....

**Doctor: Print Name:** ..... **Signature:**.....

**PLEASE TURN OVER**

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**PATIENT INFORMATION REGARDING COLONOSCOPY PROCEDURE**

The colonoscopy is a flexible telescope, about the thickness of a finger that is inserted through the anus for examination of the large bowel. Certain procedures can be carried out through the colonoscopy including taking small tissue samples (biopsy) and removal of polyps. An alternate method of examining the large bowel is barium enema but this is generally considered to be less accurate and does not allow taking of biopsy samples or removal of polyps.

**A formal prostate examination is not undertaken at colonoscopy and will have to be followed by your general practitioner if there is any concern.**

Before the procedure, the bowel will need to be cleaned to allow proper examination. If the bowel is not adequately cleaned, the procedure may have to be abandoned and repeated at a later stage, once the bowel has been cleaned.

Please inform either the medical or nursing staff if you are sensitive (allergic) to any other drugs or substances. You would also notify the doctor if you have been taking blood-thinning tablets (Warfarin or Coumadin). If you have any doubt about the medication that you are taking, please discuss this with the doctor before the procedure. In addition, if you have heart valve disease or a pacemaker, this must be brought to the attention of the doctor. You will be sedated for the examination and will remain sedated for some time following. Therefore, you are advised not to drive or carry out any other demanding task for the remainder of the day.

Procedures that are carried out are removal of polyps which are often done by placing a wire snare around the base and applying an electrical current.

At the time of examination, you will be sedated and it is therefore not possible to discuss the removal of a polyp with you. If you have any reservation regarding removal of a polyp, you must discuss this matter before the colonoscopy with the doctor.

Following the procedure, further instruction will be given to you regarding what you should do in the following 24 hours after colonoscopy. The sedatives given at the time may impair your memory and therefore it is important that you are accompanied by a relative or friend home. If you have any severe abdominal pain, bleeding, fever or any other symptoms that cause you concern following the procedure, you should contact Dr. Rasaratnam or Dr. Rizvi immediately.

**PATIENT INFORMATION REGARDING GASTROSCOPY PROCEDURE**

Gastroscopy is a simple and safe investigation that examines the inside of your oesophagus, stomach and duodenum.

It involves the passage of a thin flexible tube via the mouth.

A biopsy (small tissue sample) may be taken for the specialist pathology examination. You will be given an injection into a vein, to make you relaxed and drowsy and you may remember little of the test.

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