

Medical Record No:

Name:

Birthday:

National Taiwan University Cancer Center

Colonoscopy / Sigmoidoscopy Instruction and Consent Form

Please read the information thoroughly, await the physician's explanation, and then sign the consent form.

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No. 227

Colonoscopy / Sigmoidoscopy Instruction Form

The current form provides information on the benefits, risks, and alternative treatment options to the procedure that you are about to receive. We strongly suggest that you read the information carefully. If you have any further questions about the procedure, please do not hesitate to discuss it with your physician thoroughly before signing this document of consent. Your physician will be more than willing to answer any questions you may have.

1. Notes before the exam

(1) Please inform the doctor if you are on anti-coagulation medication, anti-platelet agents, pregnant, allergic to any drugs, or if you have any history of heart disease, hypertension, idiosyncratic, tuberculosis, liver disorders, hepatitis, HIV, or other contagious diseases.

(2) Have you had the following history: severe diseases glaucoma benign prostatic hypertrophy

medication allergies, list name of the medication: _____

heart disease (including arrhythmia) artificial valves pacemaker implant artificial vessels

lung disorders: _____ asthma (**please bring the medication with you**) or

other diseases, please list: _____

if you are on anti-coagulation medication, aspirin

(3) Before the procedure, you will be injected with medication (Meperidine, Butylscopolamine). Some people may experience temporary dizziness, nausea, dryness of the mouth, blurred vision, or palpitations.

(4) The exam room staff cannot change the type of exams. All kinds of endoscopy are prescribed by your clinic doctor, the ward doctor, or ER doctor.

※ Special instructions:

- Two days before the exam: stop eating meat, eggs, and milk. You may eat fish.
- One day before the exam: follow a low fiber diet, such as rice porridge, noodles, soybean juice, and tofu. Stop eating fruits and vegetables. Drink 300-500 ml of water after each meal.
- For a morning exam: eat only low fiber food (breakfast, lunch, and dinner), and fast (no food, except water and prescribed medications) after midnight on the day before the exam. Please take your blood pressure medications before 5:00 AM on the day of the exam, but do not take diabetic medications (nor use insulin injection).
- For an afternoon exam: eat low fiber food for lunch and dinner on the day before exam. On the day of the exam, please fast (no food, except water and prescribed medications) from 5:00 AM. Please take your blood pressure medications as ordered; do not take diabetic medications (nor use insulin injection) on the day of your exam.

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※ How to use laxatives:

● For Niflec

- ⊙ For a morning exam: please take Niflec at 11:00 PM the day before the exam. Add the entire contents of one pack of Niflec to 2,000 ml of cold water. Drink it all within 2 hours. Drink an additional 1,000 ml of water afterwards.
- ⊙ For an afternoon exam: please take Niflec at 5:00 AM the day of the exam. Add the entire contents of one pack of Niflec to 2,000 ml of cold water. Drink it all within 2 hours. Drink an additional 1,000 ml of water afterwards.

● For Fleet

- ⊙ For a morning exam: please take Fleet at 6:00 PM the day before the exam (add one bottle of Fleet to 360 ml of cold water or other clear liquid). Drink it all within half an hour. After having a bowel movement, drink an additional 1,000 ml of water. Please take the other bottle of Fleet at 4:00 AM on the day of the exam (add one bottle to 360 ml of cold water or other clear liquid, and drink it all within half an hour) Drink an additional 1,000 ml of water after having a bowel movement.
- ⊙ For an afternoon exam: please take Fleet at 7:00 PM the day before the exam (add one bottle of Fleet to 360 ml of cold water or other clear liquid). Drink it all within half an hour. After having a bowel movement, drink an additional 1,000 ml of water. Please take the other bottle of Fleet at 7:00 AM (add one bottle of Fleet to 360 ml of cold water or other clear liquid, and drink it all within half hour) on the day of the exam. Drink an additional 1,000 ml of water after having a bowel movement.
- * Stop taking Niflec when experiencing bloating or nausea. Resume taking Niflec when symptoms subside.
- * Please wear loose, comfortable clothing that allows easy access to the arms for injection. Please remove lipstick and nail polish.

2. After the procedure:

- (1) Discharge: If there is no discomfort, you may leave the hospital after notifying the medical staff.
- (2) To find out the test results, please make an appointment at the clinic the day after the exam. For biopsy results, please return to the clinic one week after the exam.

3. Indications:

- (1) Test area - lower digestive tract (large intestine). There are two types of endoscopic exams:
 - Sigmoidoscopy: The range of inspection is from the rectum to the sigmoid colon.
 - Colonoscopy: Covers all large intestines (from rectum to the cecum).
- (2) Test Purpose - to detect suspected lesions or source of bleeding in the large intestines for further management or treatment.

4. Benefits: (With this procedure, the benefits listed below may be achieved. However, the physician cannot guarantee any definite beneficial results. It is up to you to make an informed decision after fully comprehending the benefits and risks.)

- (1) Removal of tissues: a type of biopsy; the physician places a long thin metal forceps through the endoscope, to take out a small tissue specimen for microscopic analysis. Patients usually do not feel the biopsy. Possible complications include bleeding and perforation, but the probability is less than 0.1%.
- (2) Polypectomy: an electro-ablation method used to remove a larger sized polyp for both diagnostic and therapeutic purposes. Possible complications include bleeding and perforation, but the probability is less than 0.2%.
- (3) Hemostasis: a local injection, electrocautery, argon plasma coagulation, or hemoclip used to

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stop bleeding if necessary. Possible complication is perforation.

- (4) Success rate: almost 100% except for patients with low tolerance, unusual anatomy, incomplete preparation (bowel has not been emptied), or change of vital signs (e.g. consciousness, heart rate, or blood pressure) during the procedure. If the exam cannot be completed, other exam will be scheduled.

5. Risks: (There is no surgical procedure, or medical intervention, that is free of risks. The potential risks listed below are recognized. However, there are certain unexpected risks that are not listed below.)

Possible complications: some patients may suffer from abdominal distension, abdominal pain, or even perforation, but the probability of this happening is less than 1%.

6. Alternative treatment options: (The alternative treatment options of the proposed surgical procedure, or medical intervention, are listed as follows. If you decide not to accept the proposed surgical procedure, or medical intervention, there might be some associated risks involved. Please consult your physician before making your final decision.)

- (1) Lower GI series
- (2) Angiography (for acute bleeding)
- (3) Red blood cell scan (for chronic bleeding)
- (4) CT Scan

Consequences of not receiving an endoscopy: an accurate diagnosis cannot be made which may affect the outcome of the treatment; you will not receive the benefits of this low invasive procedure.

7. Supplemental instructions from the physician: (If none, please write none)

Signature of the Physician: _____

Date: ____/____/____ (MM/DD/YYYY) Time: ____/____

Colonoscopy / Sigmoidoscopy Consent Form

I (the patient) _____, born on _____ (MM/DD/YYYY), due to _____ require a **colonoscopy/sigmoidoscopy**. I have discussed the benefits, risks, and alternative treatment options of the proposed exam with the physician. I fully understand all the instructions and explanations from the physician and hereby give consent to the treatment.

I agree do the inspection only.

to receive the procedure and necessary treatment (e.g. biopsy, polypectomy and hemostasis, etc.)

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Signature of the Consenting Party: _____ I.D. No: _____

Relation to the Patient: self, spouse, guardians, son, daughter, or others: _____

Address : _____ Phone: _____

Date: ____/____/____ (MM/DD/YYYY)

(1. Witness signatures are not necessary if the consent form is signed by the patient or legal representatives. 2. If the patient is alert but unable to sign and other legal representatives are absent, the patient's fingerprint can be used but two witnesses' signatures are required. 3. If the patient is unable to represent himself or herself and relatives / other legal representatives are absent, witness signatures by a law enforcement officer, fireman, social worker, or volunteer are necessary; witnesses' signatures can also be signed by two qualified doctors under emergency conditions.)

Signature of the Witness: _____ Signature of the Witness: _____

I.D. No: _____ I.D. No: _____

Date: ____/____/____ (MM/DD/YYYY)