

PATIENT LABEL

CONSENT TO MEDICAL TREATMENT

Procedures and Potential Risks

Anaesthetic agents The surgical procedures provided at the Centre for Digestive Diseases do not require a general anaesthetic as intravenous sedation is given for these procedures. The Sedationist will insert a small needle into a vein in the back of your hand or in your arm through which the sedative will be injected. The injection may cause a local reaction. Bruising under the skin may occur, but should not cause permanent damage and is usually not painful. If you are having a panendoscopy procedure, your throat may be sprayed with an anaesthetic agent and may feel numb for a short time.

Panendoscopy Also known as a Gastroscopy, Panendoscopy allows the Gastroenterologist to comprehensively examine your oesophagus, stomach and duodenum using an endoscope equipped with a video camera. Panendoscopy also allows the Gastroenterologist to take biopsies (tissue samples) for pathology testing and polyps can also be removed during the procedure.

Oesophageal Dilatation This procedure is performed to open up a stricture (narrowing) of the oesophagus. A guidewire is passed through the stricture with the flexible tube and then a dilator is passed over the guidewire to open up the stricture. An endoscope is used for examination during this procedure.

Colonoscopy This procedure allows the Gastroenterologist to comprehensively examine your large intestine (colon). An endoscope equipped with a video camera is passed via the rectum through the full length of the colon. Biopsies (tissue samples) can be taken for pathology testing and polyps can also be removed during the procedure.

Infra Red Coagulation (IRC) Infrared Coagulation is a widely used method for treating haemorrhoids. This procedure is performed usually after undergoing a colonoscopy while the patient is still sedated. This procedure involves applying infrared light through the anus to compress and seal haemorrhoid veins.

Argon Plasma Coagulation (ARC) This procedure allows the Gastroenterologist to seal irregular tissue. It is performed after undergoing a colonoscopy while the patient is sedated. This procedure involves using argon gas and electrical current to seal irregular tissue without any direct contact.

Complications The procedures described above are considered to be safe. However, temporary discomfort or pain may occur following introduction of air into the stomach or bowel. Major complications are rare but can occur. These complications include perforation (puncture) of the oesophagus, stomach, duodenum, small bowel or colon. Additionally, infection, cardiac or respiratory arrest related to sedation / anaesthesia, haemorrhage (bleeding) following removal of polyps may also occur. If you wish to discuss the potential risks or any issues regarding your procedure(s) in more detail, please ask to speak with the gastroenterologist.

This consent form explains your rights and our responsibilities.

I..... consent to undergo the procedure(s)
 of..... to be performed by Dr.....

- I have read this document and I understand the procedure(s) and the potential risks as outlined above;
- I have had the opportunity to discuss the procedure(s) and risk factors with the above doctor;
- The procedure / treatment may not give the expected result even though the procedure / treatment is carried out with due professional care;
- I agree to the administration of anaesthetics, medications, or any other forms of treatment that may be needed, and these may have some risks;
- I also understand that biopsies of tissue and other unexpected treatments or procedures are sometimes necessary and I agree to these if required;
- I acknowledge that, should I require admission to hospital for further care, I will be responsible for the costs incurred;
- I understand that I will be unfit to drive or operate any machinery for 12 hours after my procedure(s) and will make alternative travel and care arrangements;
- I agree to follow the instructions as written in the 'Patient Information' Booklet;

I request and consent to the procedure(s) / treatment described above for me.

Patients Signature..... Date:.....

Witness signature:..... Name: Dr..... Date:.....