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FRACP - Gastroenterology & Hepatology

Procedure Information & Consent Form:

Gastroscopy (endoscopy) is a way of examining the throat, esophagus, stomach and the first part of the small bowel. Colonoscopy is a way of examining the large bowel, and in most cases, the last part of the small bowel. These tests use flexible fibre-optic tubes with a light and camera to examine & intervene in the bowel. These devices are maintained in strict accordance with Australian requirements for cleaning and disinfection to the point of removing germs as routinely tested on all scopes.

These procedures are used to examine the surface lining, remove growths and obtain biopsies (small tissue samples <2mm in size) to examine under the microscope.Further intervention to stretch narrow areas of the gut - dilation - or control bleeding vessels are often performed with these instruments.

To reach this point, a decision has been made that the benefits outweigh the risks and alternative methods of evaluation (where feasible) will not provide the same information, benefit, or safety profile.

You must inform us if you:

- **Have any unstable heart issues, unstable epilepsy or diabetes, or any blood thinning medication.**
- **Have had a severe reaction to sedatives, anaesthetics or any specific drug allergies.**
- **Have a pacemaker with a defibrillator. these are a special case and we need to make arrangements depending on the procedure.**
- **Some cases require antibiotics to cover the risk of secondary infection. This is most often the case in patients with damaged heart valves, valve replacements, impaired immunity or liver disease.**

These conditions may increase the risk of anaesthetic to you.

1. Sedation: you will not remember much of the procedure.
The current sedation used is deeper than what was called "twilight" anaesthesia. Oxygen is given by a mask or a through small tube. This can sometimes make your nose and mouth dry. Nose bleeds are rare.

Because of the sedation you will need a lift back home. You should not drive or operate machinery or use public transport for 24 hours. You will not be able to navigate roads without supervision. You will not be in a position to care for others for at least 12 hours.

You should not be involved in any legally binding decision making or processes that make you legally liable for 24 hours.

Vomiting is rare with current anaesthetics. This is more common where nausea is the presenting reason for investigation or where intervention such as burning bleeding tissue or clips are used.

2. You must not eat or drink anything for at least 6 hours before the procedure. This allows us to better evaluate the bowel and reduces the risk of the stomach contents flowing into your lungs (aspiration). This includes water, lollies and chewing gum.

a. Aspiration can be severe enough to be life threatening. The risks are higher if there is a lot of blood in your stomach, if your stomach or esophagus (gullet) are blocked, or if you are already prone to episodes of choking/aspirating. You will need a carer for 24 hours.

b. Unstable asthma increases the severity of this condition.

3. The risk of damage to the colon requiring surgery or hospital stay is approximately 1:10,000. This risk

is higher where the colon is inflamed, thin, complicated by scar tissue or diverticular disease. The risk also increases where a large growth needs to be removed - polypectomy. In this situation the only alternative way of removing the growth is surgery.

4. The risk of bleeding severe enough to result in admission is estimated at 1:1000. This risk is higher when large lesions are removed. The use of blood thinners (warfarin, heparin, clexane, clopidogrel and to a lesser degree possibly aspirin) increases bleeding risk. If you are on these agents you should make sure that we have your most recent medication list. Special precautions may be needed. There are several ways to control bleeding with endoscopy and colonoscopy; these procedures are often used to control intestinal bleeding and avoid surgery.You may need a blood transfusion for this.

5. Local discomfort of a temporary nature is experienced in 5 - 10% of people. Severe pain is uncommon and in my experience is seen where we are investigating the cause of pre-existing pain.
6. Every test has a miss rate (false negative rate). In the case of colonoscopy to find cancer, the estimates are that 1 in every 200 cancers found may have been missed in a colonoscopy in the preceeding 18 months. This rate is higher as the growth in question decreases in size. Factors increasing the risk of a missed lesion are poor bowel clearance, complex bowel anatomy and diverticular disease.

7. Every test also has a failure rate; the chance that we will not achieve the desired end point. In the case of colonoscopy, the end point is to see all of the large bowel. I am able to do so in 97% of cases; technical issues and complexity of pathology involved prevent full examination in the remaining 3%. Other investigations may be required to complete the examination of the bowel.

8. Endoscopy & Colonoscopy are not designed to examine all of the small bowel (4m) or organs outside the bowel. Depending on your presentation other investigations may be needed to examine these areas.

9. Many diagnoses are based on the microscopic examination of biopsies taken during these procedures. I will usually ask you to make an appointment to see me to discuss these results. Due to legal reasons, my staff are unable to discuss or interpret results over the phone.

10. The removal of food stuck in the gullet and stretching narrow segments of the esophagus carries a risk of bleeding, aspiration and damage to the gullet wall - perforation. Perforation of the esophagus is a severe and potentially life threatening complication. It is also uncommon (<1:1000). The alternative to endoscopy in these situations is major surgery. Surgery is almost never needed for these situations given the good outcomes from endoscopic intervention.

11. Bowel clearance is a vital step to colonoscopy that influences safety & reliability of this investigation. It is also the most symptomatic part of the process. I use an agent called Picoprep & Glycoprep. This is effective and reduces the total volume of fluid needed. There are few critical points:

You must have a large quantity of fluid before and during the use of Picoprep & Glycoprep to allow it to work and decrease dehydration and discomfort. I advise 1.5 - 2 litres of clear fluid before and during the treatment period.

Where there is blockage in the bowel, the process of bowel clearance can worsen symptoms. Please contact me if there is excessive pain, abdominal distention or vomiting.

You must be stable on your feet and able to mobilise well and frequently during bowel clearance. Where this is an issue you may need admission to hospital for this step.

I would like you to continue all of your regular medication through the preparation period except:
a) blood thinners - warfarin, heparin, clexane, clopidogrel
b) Diabetes medication - altered doses should be discussed with your diabetes specialist or myself prior to the procedure. Unstable diabetics run the risk of very high or very low sugar levels. Admission to hospital may be needed in some cases.

12. Where these procedures are used to control bleeding, the overall benefits are limiting blood loss, making your circulation stable and avoiding surgery. In severe cases, or where the bowel wall has been damaged by the cause of the bleeding, you may need surgery or a period of time in intensive care. The agents used to control bleeding blood vessels all run the risk of abnormally increasing clotting and can

put the heart under strain in the case of adrenaline.

13. Please keep us up to date with your contact information, emergency contact information and your planned mode of return home after the procedure.

Please bring this sheet with you as your consent form. If you have any questions, please discuss them with your anaesthetist or myself prior to the procedure

I, ***DOB:*** residing at _____ have read this information sheet and have had a chance to discuss any questions/concerns with the relevant doctors and give my consent to/ as needed on the basis of the findings or emergency therapy as needed.

Signed _____ Date _____

Witness
I, Dr Gautam Ramnath, have discussed these procedures with and answered an specific queries raised.