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Informational Leaflet for the Patient-Physician Meeting prior to a Coloscopy

Why perform a coloscopy?

This technique allows the detection and, to some extent, direct treatment of diseases of the large intestine.

Rationale behind this leaflet?

Prior to any intervention, I wish to familiarise you with the procedure of the examination, supplementary interventions, and associated risks. This provides you with an opportunity to write down questions before the meeting.

What happens during the procedure?

A flexible instrument is advanced through the anus into the previously cleaned intestine until it reaches the orifice of the small intestine. During the process, a thorough inspection of the mucous membranes is performed.

Is the examination associated with pain?

It can be painful at times, but a syringe with a sedative is always kept at hand or can be administered before commencing the examination. However, this precludes you from driving a vehicle for the remainder of the day. It is best if you arrange for being picked up.

Which supplementary interventions are available?

Small tissue samples may be obtained for microscopic analysis and polyps may be removed. Neither step is associated with pain.

What are the attendant risks of these interventions?

The examination itself as well as the removal of tissue samples bear only very little risk. In rare cases, the removal of polyps may be associated with some bleeding or intestinal injury. This may necessitate surgery.

What do I have to do after the examination?

For a few hours after the examination, you may experience some pressure in your abdomen (excess air in the intestines). You should immediately notify us or your family practitioner or the nearest hospital, if this deteriorates or if new abdominal pain or fever occur or if you notice some bleeding from the anus.

How can I help to keep the risk of complications low?

By complying strictly with the recommendations concerning your preparation and by answering the following questions:

- Are you taking any anticoagulant medication/haemodiluting agents?	o Yes	o No
- During the past 7 days, did you take any Aspirin, Alcacyl, Tiatral or similar		
flu medication or painkiller?	o Yes	o No
- Do you suffer from an increased tendency to bleed?	o Yes	o No
- Are you allergic to certain medications? Please specify:	o Yes	o No
- Do you use a heart pacemaker?	o Yes	o No
- Is there a need for you to have endocarditis prophylaxis?	o Yes	o No

I have read this informational leaflet, and the procedure and the attendant risks of the examination have been explained to me in a comprehensible fashion. I declare my consent to have this examination performed.

ridee/Date.	Place/Date:	Patient:	Physician:
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