

PATIENT CONSENT FORM FOR COLONOSCOPY

The informed consent of the patient is required to perform colonoscopy. To facilitate this decision, we inform about the type, significance and possible complications of the planned examination.

Patient's full name.....

Patient's Personal Identification Number (PESEL).....

Why is this examination proposed?

Based on the medical history and the tests performed so far, we suspect that you have colorectal lesions. Diagnostic examinations should be performed to accurately identify these changes or rule out their existence prior to possible therapy.

Performance of the examination

The examination is carried out after appropriate preparation, consisting in cleansing the intestinal remains, most often with orally administered laxatives, supported by rectal infusions. The examination itself is performed using a flexible colonoscope that is introduced through the anus into the large intestine. You may experience some pain during the procedure. In this case, you should report this to your doctor. When the pain persists for an extended period of time, it may be an indication to forgo further evaluation of the intestine. The colonoscopy instrument is specially disinfected before each examination. If necessary, specimens are taken from the lesions for histopathologic evaluation or polyps are removed. Sterile forceps or loops are used for this purpose.

Possible complications

No doctor can guarantee the success of the examination or its full safety.

Complications occur extremely rarely (0.35%). These include perforation of the gastrointestinal wall (0.14-0.18%) and bleeding (0.008%), which usually require immediate surgery.

Isolated cases of reflex cardiac arrest have also been reported. Mortality from these causes is even rarer.

In order to minimise the risk of bleeding and perforation of the intestine and reduce the risk associated with the administration of anaesthetics, please answer the following questions.

1. Do you have an increased tendency to bleed, especially after minor cuts, removal of teeth or to bruise after minor mechanical injuries?

YES []

NO []

2. Have similar symptoms occurred among members of your family?

YES []

NO []

3. Do you take medicines that affect blood clotting (aspirin, acard, dicumarol, etc.)?

YES []

NO []

Post-examination procedure

If you experience symptoms that are unclear to you, report them immediately to a nurse or doctor.

If you do not understand everything, please ask your doctor. Please bring results of previous colonoscopies.

Patient's Statement

I give my informed consent to have a diagnostic examination - COLONOSCOPY performed. I declare that I have been informed by my doctor about the indications for this examination, its course and possible complications.

.....
Date of the procedure

.....
Legible signature of the patient

I consent to the collection of material for microscopic examination and removal of polyps if medically indicated for this procedure.

.....
Legible signature of the patient

CONSENT FORM FOR GENERAL ANAESTHESIA

Patient' full name.....

Personal Identification Number (PESEL)/date of birth.....

Full name of the statutory representative.....

I. Anaesthesiologist

II. Planned type of the examination.....

Description of the general anaesthesia

GENERAL ANAESTHESIA "NARCOSIS"

Your planned endoscopy is to be performed under general anaesthesia, commonly referred to as "narcosis."

WHAT IS GENERAL ANAESTHESIA?

General anaesthesia means the fully controlled and reversible loss of consciousness and analgesia. The patient is in a condition that can be compared to a very deep sleep. A large group of drugs that anaesthesiologists administer intravenously and in gaseous form along with oxygen for breathing are responsible for sleep and lack of sensation during surgery.

In most general anaesthetics, the patient does not breathe on his or her own; this is done either by a machine called a ventilator or by the anaesthesiologist using a special breathing bag. In the case of gastrointestinal endoscopy, the anaesthesiologist will administer doses of medication such that the patient breathes on his or her own, but consciousness and pain sensation are suppressed.

SAFETY AND RISK DURING GENERAL ANAESTHESIA

Many factors influence the risk associated with anaesthesia. These include age, weight, gender, pregnancy, race, smoking, alcohol consumption, use of certain medications, heart disease, kidney disease, liver disease, pancreatic disease, and many others. For this reason, an evaluation of your condition by an anaesthesiologist is essential.

In the case of elective procedures, anaesthesiologists always determine the surgical risk for each patient by using a special operating risk scale, which is widely used throughout the world, after taking the patient's medical history and examining the results of additional tests and examinations. Due to this procedure we try to reduce the risks associated with anaesthesia as much as possible. Modern methods of anaesthesia allow the patients to be led safely through the period of surgery even if they are in a very serious condition and very old.

During anaesthesia and surgery, the anaesthetist supervises the basic vital functions of the body (cardiovascular system, respiratory system, nervous system, kidney function) in order to prevent possible complications that may result from anaesthesia and surgery.

In the event of a complication, the anaesthesiologist implements all available intensive care and intensive monitoring procedures during surgery and anaesthesia to ensure your safety.

HEALTH AND LIFE THREATENING COMPLICATIONS

Almost every area of life is at greater or lesser risk of failure, even the most tragic one. During anaesthesia for endoscopic examination, they occur extremely rarely.

These include blood or respiratory arrest, vomit entering the airway, vessel embolism (closure of the vessel lumen by a clot), air embolism, allergic shock, intolerance reactions to drugs, transfusion fluids and surgical materials (sensitization). These occur very rarely during surgery and anaesthesia, however, their course may

be serious. Life-threatening complications mainly affect elderly patients with severe general condition and numerous concomitant diseases that have not been previously diagnosed and effectively treated. In such cases, it is best to postpone the procedure for a certain period of time, during which stabilization of the most important vital parameters of your body is achieved. Due to such procedure, we minimise the risks associated with anaesthesia and surgery, which is confirmed by serious statistical studies showing that the chance of successful general anaesthesia is currently 99.9%.

SIDE EFFECTS OF ANAESTHETICS AND OTHER AGENTS

This phenomenon concerns the medications responsible for anaesthesia and other agents used during surgery. Adverse reactions may occur during general anaesthesia, with hypersensitivity to certain medications and transfused fluids, and they may also result from the severity of disease processes, which are asked about in the questionnaire below. Nausea and vomiting, due to modern methods used in their prevention, are becoming less and less troublesome, and their control in the postoperative period has become a major concern for anaesthesiologists. Placing a soft plastic tube in the trachea to secure the airways patency may cause transient swallowing difficulties, transient hoarseness in the postoperative period, and extremely rarely causes damage to the vocal cords. As mentioned above, the patient breathes on his or her own during gastrointestinal endoscopy. Placement of an intubation tube in this case occurs only during complications.

Tooth damage mainly affects those that are mobile and even then damage occurs very rarely. Each anaesthesiologist protects the patient's teeth from injury. During general anaesthesia, a rapid rise in body temperature in response to anaesthetics may extremely rarely occur in the setting of a massive metabolic breakthrough that is referred to as malignant fever.

Patient's Statement

- 1) I declare that I have read and understood the contents of this form and have been informed by.....
about the proposed type of anaesthesia.
- 2) I declare that I have had the opportunity to ask questions about the proposed anaesthesia and have received answers that are complete and fully understandable to me. I understand the doctor's explanation and have no further questions.
- 3) I declare that during the medical interview and examination I did not conceal any essential information concerning my health condition, examinations and previous diseases as well as any medicines I was taking or hypersensitivity to any substances included in the medicines that may be administered in connection with the proposed method of anaesthesia.
- 4) **I voluntarily consent to the proposed anaesthesia for me* / my child* / person in my care*.**

Consent received: date

time.....

.....
Signature of patient/statutory representative
physician

.....
Signature and stamp of

I do not consent to the proposed anaesthesia for me* / my child* / person in my care*. I declare that I have been informed of the possible negative consequences to health and life.

.....
Signature of patient/statutory representative

.....
Signature and stamp of physician

*delete as appropriate

DEAR PATIENTS!

PLEASE READ AND ANSWER THE FOLLOWING QUESTIONNAIRE BEFORE TALKING TO THE ANAESTHESIOLOGIST.

Anaesthesiology questionnaire

Patient's full name.....

Personal Identification Number (PESEL)

Body weight..... Height.....

1. Are you under the care of a medical specialist? If so, which one?
.....
2. Have you been ill recently? If yes, what medical conditions?
.....
3. Medications you are currently taking
.....
4. Have you had any operations so far? If yes, what kind?
.....
.....
5. Have you experienced any complications from surgery, anaesthesia?
.....
6. Have you had a transfusion of blood or other blood products?
.....
7. Have there been any complications from the transfusion?
.....
8. Are you currently pregnant?

Have you been diagnosed with a disease of any of the following organs, systems?

9. Cardiovascular system (heart defect, heart rhythm disorders, ischemic heart disease, myocardial infarction, hypertension, syncope, shortness of breath, phlebitis, calf pain while walking, varicose veins of lower limbs)
10. Respiratory system (asthma, emphysema, chronic obstructive pulmonary disease, pneumoconiosis, tuberculosis, others)
11. Gastrointestinal tract (gastric ulcer, duodenal ulcer, oesophageal stricture, gastroesophageal reflux, diarrhoea, constipation, haemorrhoidal varices, others).....
12. Liver (jaundice, cirrhosis, cholecystolithiasis, other).....
13. Pancreas (acute, chronic pancreatitis).....
14. Urinary system (nephritis, nephrolithiasis, renal insufficiency, elevated creatinine values, kidney transplant status, other).....
15. Thyroid gland (hyperthyroidism, hypothyroidism, non-toxic goitre, other)
16. Metabolic diseases (diabetes, malignant hyperthermia, gout, obesity, other)

17. Organ of vision (cataract, glaucoma, retinal detachment, scleral haemorrhages, inflammation, amblyopia, other).....
18. Blood and hematopoietic system (clotting disorders, haemophilia, frequent nosebleeds, petechiae, other)
19. Bone and joint system (osteoarthritis, discopathy, muscle weakness, bone disease, other)
20. Nervous system (epilepsy, paralysis, paresis, stroke, other).....
21. Hearing organ (hypoacusis, inflammation, other).....
22. Allergies (if yes, what kind?).....
23. Dentures.....
24. Other conditions not listed above.....
25. Addictions.....

I declare that I have not withheld any facts or information regarding my health. In the absence of any doubt about the questions contained in the questionnaire, I affix my handwritten signature. I have had the opportunity to ask questions.

.....
Date

.....
Signature

To be completed by an anaesthesiologist

The patient was qualified for anaesthesia YES NO

ASA 1 2 3 4 5

.....
Date

.....
Physician's signature and stamp

The condition of the patient when transferred to the care
of a person close to the patient:

HR...../min

BP.....mmHg

SaO2.....%