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Consent Form for Colonoscopy

I, the undersigned _____, consent to have Dr. Marwan A. Balaa, perform a colonoscopy on me with possible removal of tissue (biopsy, polyps, tumors...) during that procedure.

I understand that the colonoscopy is an examination of the wall of the colon (large intestine) using a flexible tube, a colonoscope, which measures about the size of a small finger in diameter, and which is advanced through the anus under direct vision. During the procedure, polyps can be identified and removed, and areas of the colon wall that look abnormal can be sampled (biopsied) and examined by a pathologist under a microscope. The aim behind a colonoscopy is to identify pre-cancerous growths and remove them before they turn into a cancer. The main benefit of the procedure is that it identifies such growths and gives us the ability to remove them before they become a cancer. While colonoscopy is the best available test to examine the colon, it is not perfect. **Please read the section on Quality Measures under the heading of Procedures / Colonoscopy on our website (www.GutCare.com).**

I also understand that the alternatives to colonoscopy are x-ray studies (barium enema and CT scan), but those studies do not allow the removal of abnormal tissue (polyps) if any are identified. We encourage you to ask questions to help you make up your mind as to how you wish to proceed.

There are some risks associated with the colonoscopy, but the general belief in the scientific world is that the benefits far outweigh the risks. The most common risks include:

Bleeding: Can happen around 1 in 400 cases, almost exclusively after polyp removal and much less likely after biopsy. This may require the transfusion of blood, repeating the colonoscopy to stop the bleeding, hospitalization or surgery.

Perforation: Puncture of the colon wall can happen in 1 in 500 cases, most likely in association with the removal of polyps. This may require hospitalization and surgery to repair the site of puncture.

Reaction to medications: I will receive Fentanyl and Versed unless I am allergic to those drugs. These drugs could cause an allergic reaction, redness at the site of administration of the drug and even suppress breathing or cause irregularity in my heart beat. These medications will make the procedure more comfortable, but I understand that I may have some discomfort during the procedure. Should I wish it, I could ask for the services of an anesthesiologist, to give me stronger medications that will make the procedure pain-free.

Breathing problems and heart problems: There are rare reports of strokes and heart attacks occurring during the colonoscopy, in patients who are at risk for those medical conditions.

The colonoscopy will be preceded by sedation unless I choose not to be sedated. I understand that if I wish to be sedated, I will not be able to drive myself home after the procedure, and that I would thus need to arrange ahead of time for someone to transport me home after the completion of the procedure.

Having read the above, I have a good understanding of the benefits, alternatives to, and risks of the colonoscopy and sedation, and feel that my questions have been adequately answered.

Patient's Signature: _____

Date: _____

Witness' Signature: _____

Date: _____