



**BRONX-LEBANON  
HOSPITAL CENTER**

Department of Medicine/Division of Gastroenterology  
Addendum To Patient Consent Form

ADDRESSOGRAPH

◆ **COLONOSCOPY**

Colonoscopy is a visual examination of the lining of your colon/large bowel (large intestine). This is done by passing a long flexible tube through the rectum and around the entire colon (large bowel). The doctor will be able to look for any abnormalities through this tube. Tissue samples, pictures and videos for further analysis may be taken at this time. Some treatments such as injections, removal of small tumors using an electric snare wire can be performed. Bleeding can also be treated.

***Risks:***

In rare cases complications including but not limited to allergic reaction to medications, tear of the intestine that requires surgical treatment, bleeding and death may occur.

***Alternative Measures:***

The choices of Barium Series or no treatment at this time have been explained to me.

***Risks: Include but not limited to missed lesions and allergic reaction to the barium.***

◆ **SEDATION/ANALGESIA**

Medication will be injected through the intravenous line that will make you drowsy but you will be able to follow commands. You understand that you can refuse to take the medications for sedation/analgesia.

***Risks:***

In rare cases, complications including but not limited to allergic reaction to medications, sore throat, nausea, vomiting, difficulty to breathe, paralysis, cardiac arrest and even death may occur.

***Alternative:***

I can have the colonoscopy without medication. Risk:

***Risks: Difficulty or inability to tolerate procedure.***

I understand the explanation of the procedure, sedation/analgesia, alternative measures, risk, benefits and I give my consent.

SIGNATURE	PRINT NAME	DATE
_____ Physician MD	_____ Physician MD	
_____ Patient	_____ Person authorized to consent	
_____ Witness	_____ Relationship to patient	

