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INFORMED CONSENT FOR FLEXIBLE SIGMOIDOSCOPY

Patient's Name: _____

Date of Birth: _____

Flexible sigmoidoscopy is a procedure in which your physician can look inside the distal part of your colon (large intestine) with a flexible lighted tube. This tube is about the thickness of your index finger and is inserted into the rectum and advanced slowly into the colon. A small amount of tissue (a biopsy) may be removed and sent to a pathologist for examination under a microscope. Polyps (abnormal growths in the colon), which if left undetected may develop into colon cancer, and they will be removed and sent to a pathologist for examination.

The benefits of the procedure include the early diagnosis and assistance with treatment of diseases of the colon, including colon cancer.

There are risks to this procedure, although we believe that the potential benefits outweigh the risks.

1. Bleeding is uncommon when biopsy or removal of polyp is performed. With severe bleeding blood transfusion and/or surgery may be required. _____
2. Perforation (a small hole through the bowel wall) is rare, but if it occurs surgery may be necessary. _____
3. Medications adverse reaction. Medications may be used to prevent pain and discomfort, and they can cause adverse reactions such as suppression of breathing or cardiac arrhythmias. Also, there is also no guarantee that you will be free from pain during the procedure. _____
4. Infection is rare and may require administration of intravenous antibiotics. _____
5. Although rare, there is a remote risk of heart attack or stroke. _____
6. Any of the complications above may lead to hospitalization and death. _____

There are alternatives to flexible sigmoidoscopy, including x-ray studies, but they do not allow the physician to biopsy abnormal areas or remove polyps. In the course of the procedure pictures may be taken to document findings. The examination is can not be guaranteed to be 100% accurate, and abnormalities can be missed in the course of the examination. There is also a possibility that the exam will be incomplete.

If you want more time to consider this procedure or have further questions, please ask us. Please be aware that delaying the procedure can subject you to a delay in diagnosis of serious conditions such as colon cancer.

HAVING READ AND UNDERSTOOD THE ABOVE, I FEEL THAT THE BENEFITS OF THIS PROCEDURE OUTWEIGH THE RISKS. I HAVE DISCUSSED THE RISKS, ALTERNATIVES, AND HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS.

 Signature

 Date

In presence of: Spouse _____ Companion: _____ Staff : _____
 Parent _____ Patient alone: _____