



## Information and compliance for an Ileo-Colonoscopy (endoscopy of the large intestine/last part of the small intestine)

### Dear patient,

The investigation occurs due to complaints or as prevention. The thin, flexible scope is pushed forward from the anal orifice through the colon into the last part of the small intestine. For a good inspection of the mucous membrane we insufflate CO<sub>2</sub> gas (carbon dioxide) which will be exhaled over the lungs and makes no painful bloating. Mucosamples (biopsies) will be taken with a little forceps and polyps, which are benign alterations of the mucous membrane, are removed with an electric snare. Both treatments will cause no pain. In case of bleeding vessels or mucosa they are locked with metal clips or treated with argon gas. The clips remove spontaneously after healing. In some cases its necessary to colour the mucosa in blue for special evaluation. The investigation will take 15-45 minutes usually under sedation (deep sleep) with Propofol (a quick- and short lasting intravenous sleeping inducing drug). In case of allergies it is possible to use alternatives like Midazolam+/- Pethidin (Benzodiazepine/pain reliever: delayed effect, long lasting sedation). For further information please visit our website.

### Sedation complications (very rarely 1:10.000):

Allergic reactions, descent of blood pressure, oxygen saturation or heartbeat, aspiration (stomach-fluid) into lungs, inflammation at the venous punction area.

**Therefore it`s important:** Fasting, don`t smoke. 24 h after the investigation don`t drive under the influence of drugs, don`t operate with technical equipment and machines, don`t make decisions with legal meanings, don`t drink alcohol. Make sure that you are accompanied on your way home, if possible, and preferably for some hours at home and keep an emergency phone number with you. Working ability is given the following day, except for pilots, professional drivers.

### Complication of the Ileocolonoscopy (very rarely 1:10.000, slightly more likely with electric polyp removal):

Injury of the colon, small intestine or neighbor organs (like splen), bleeding, infection, inflammation of the lungs (pneumonia) caused by stomach liquid. In very few cases hospital treatment, surgery or blood transfusion is required.

### Please answer the following questions:

**Do you easily have bruises or a bleeding disorder, long lasting bleeding after little injuries or tooth extraction?**

- no  
 yes: \_\_\_\_\_

**Do you take medication which influences blood clotting (e.g. wie ASS, Aspirin®, Clopidogrel, Plavix®, Xarelto®, Pradaxa®, Eliquis®, Lixiana®, Brilique®, Marcumar®)?**

- no  
 yes: \_\_\_\_\_

**Do you have allergies (e.g. hay fever) or hypersensitivity against medication, soy, hens´ egg white or other food products, plaster, latex, local anesthesia?**

- no  
 yes: \_\_\_\_\_

**Do you suffer from any lung-, heart- or metabolic disease (e.g. coronar heart disease, myocardial infarction, heartfailure, heart defect, cardiac arrhythmia, high blood pressure, bronchial asthma, diabetes mellitus)?**

- no  
 yes: \_\_\_\_\_

**Do you have implanted prothesis, pacemaker or cardiac defibrillator?**

- no  
 yes: \_\_\_\_\_

**Do you suffer from chronic diseases (neurologic, e.g. epilepsy; infectious (hepatitis, HIV), internal organs (like liver cirrhosis), eyes disorder (like glaucoma), malignant illness, blood- or bone-marrow-illness, autoimmune disease?**

- no  
 yes: \_\_\_\_\_

**Did you have surgery in the past of heart, lungs, stomach or bowels?**

- no  
 yes: \_\_\_\_\_

**Do you have loose teeth, tooth prothesis, provisionary solutions, implants or tongue piercing?**

- no  
 yes: \_\_\_\_\_

**For fertile women:**

**Are you pregnant?**

**Do you take oral contraceptives?**

- no  
 yes

- no  
 yes

**Behaviour before the examination:**

Please follow the instructions, especially the fasting period carefully because it effects the investigation quality and security. The intake of tablets especially at the morning of the examination will be discussed with you.

**Behaviour after the investigation:**

In case of pain, fever, bleeding, unwellness after the investigation please call us at the same day. In emergency cases and out of medical practice opening hours please contact an emergency hospital. If and when you are able to eat depends on the investigation procedures and will be explained to you after the examination.

**Declaration / Statement**

I read the explanations carefully and understood the content. I agree to the endoscopy of the colon and small intestine, if necessary taking biopsy, removal of polyps or treatment of vessels.

The following questions have been discussed with the doctor:

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\_\_\_\_\_  
\_\_\_\_\_

Hamburg,

\_\_\_\_\_  
Signature patient/custodian

\_\_\_\_\_  
Signature physician