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Patient/Legal guardian's informed consent

to a medical procedure pursuant to Section 34 and Section 35 of Act No. 372/2011 Coll., on Healthcare Services, as amended

PARTIAL COLONOSCOPY - SIGMOIDEOSCOPY (WITH POSSIBLE POLYPECTOMY)

Patient's name and surname: **National identification no.:**
Patient's legal guardian (name and surname, date of birth):
Relationship to the patient:

Purpose, nature, expected benefits, consequences and possible risks of the medical procedure:
Sigmoidoscopy (partial colonoscopy) is an examination of the rectum and part of the large intestine (colon) to rule out pathological findings using a colonoscope, which is a long, thin, flexible tube that allows imaging of the examined area. If a pathological finding is suspected, it is possible to take small tissue samples from the colon for histological examination using this device. The collection of samples is painless. If a polyp is found during the examination, a polypectomy will be performed (if circumstances allow) - the removal of the polyp using a polypectomy loop. A polypectomy is also painless.

The examination will proceed as follows:
Before the procedure: Healthcare staff will inform you about the preparation process. An enema (Yal, saline enema) is usually administered prior to the procedure.

Description of the procedure: Lying on your left side, an endoscopic device will be inserted into your rectum and the lower part of your large intestine (to the extent of about 40-50 cm from the anus). You may feel tension and pressure in your bowel as it is inflated, which is essential for good visibility during the examination. These problems are normal and will quickly pass. The procedure takes approximately 10-15 minutes.

After the procedure: Follow the advice of the attending physician.

Restrictions and recommendations to the patient's way of life with regard to his/her state of health and possible changes in medical fitness after the performance of the medical procedure: -

Risks and complications of the procedure:
Sigmoidoscopy can lead to certain complications, which are rare, but may require acute treatment or even surgery. Tissue sampling and the surgical removal of polyps only results in minor bleeding, unless you have an increased tendency to bleed.

In order to reduce the risk of major bleeding, allergic reactions or other complications to a minimum, please answer the following questions:

1. Do you or a member of your family have an increased tendency to bleed with even a small injury? ☐ yes ☐ no
2. Do you have any allergies? ☐ yes: …… ☐ no
3. Do you have a pacemaker, heart problems or asthma? ☐ yes ☐ no
4. Do you have glaucoma? ☐ yes ☐ no
5. Do you have any other serious illnesses? ☐ yes: …….. ☐ no

Other alternatives, their suitability, benefits and risks:
At present, there is no alternative procedure enabling an examination of the rectum and part of the colon, while taking samples of suspicious tissue or possible intervention in one medical procedure.

Further information: -

*** Answers to the patient/legal guardian's additional questions:**

Healthcare professional's declaration:
I declare that I have informed the patient/legal guardian indicated above about his/her state of health (the health of the person represented thereby), all the aforementioned facts, the planned procedure, treatment regimen, including possible complications in a clear and comprehensible manner.

In Prague on _____ _____
Healthcare professional's name and signature

Patient/Legal guardian's consent:
I, the undersigned, declare that I have been clearly and comprehensibly informed about the purpose, nature and course of the procedure and the possible risks of this procedure by a healthcare professional. I had the opportunity to ask the healthcare professional additional questions* and my questions were answered. Based on the information provided and careful consideration, I consent to the performance of this procedure.

In Prague on _____ _____
Patient/Legal guardian's signature

If the patient/legal guardian is unable to sign, a witness who was present on the expression of consent will sign:

Witness's name and surname: _____

Reason for inability to sign the consent form: _____

Manner in which the patient expressed his/her will: _____

In Prague on _____ _____
Witness's signature