MEDICON a.s.
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Patient's (Legal Representative's) Informed Consent

with the medical procedure according to § 34 and § 35 of Act No 372/2011 Coll., on Health Services, as subsequently amended

COLONOSCOPY (WITH POSSIBLE POLYPECTOMY)

Patient's Name and Surname:
Birth Registration Number:
Patient's legal representative (name, surname, date of birth):
Relation to the patient:

Objective, Nature and Intended Benefit of the Procedure:

A Colonoscopy is an examination of the colon to rule out pathology using a coloscope. This long thin, flexible instrument allows the surface of the intestine (mucosa) to be viewed. If pathology is suspected during the procedure, this instrument can remove small pieces of bowel tissue for histological examination. Sampling is painless. If a polyp is found during the examination, a polypectomy will be performed (if circumstances permit) - the removal of the polyp with polypectomy forceps. Polypectomy is also painless. The removed polyps (growths) are also sent for histological analysis.

The Examination Process Will Be as Follows:

Before the Procedure:

Proper preparation is a crucial prerequisite for a high-quality and uncomplicated examination. At least 5 days before the examination, omit fruit, vegetables and fibre (indigestible parts of the diet) from the diet; the day before the examination in the morning, use only clear broth ("bouillon") without solid components as a diet, after which only clear liquids can be drunk (**not**, for example, juice with pulp).

If you are taking medication to supplement your iron, it is advisable to discontinue it one week before the examination. The need to stop other medications, especially those that affect blood clotting, will be assessed by the doctor referring you for the test.

Drinking of cleansing solution (Clensia, Fortrans, Eziclen, Moviprev, Plenvu, Picoprep, etc.) is done in undivided or divided mode. Detailed instructions for drinking the solution are usually included in the package leaflet.

Reading this document and completing the health information questionnaire before the procedure is essential. - See below. If the cleansing is insufficient, the procedure must be repeated.

The Course of The Examination:

Just before the procedure, you will be offered an injection-premedication (for calming and pain relief).

At the beginning of the examination, the examining physician will perform a finger examination of the rectum. He or she then inserts an endoscope, usually coated with lubricating gel, through the anal canal. During the procedure, air is blown into the intestine for better visibility. This may cause a feeling of bloating, abdominal discomfort, or pain. Passage of the device through the bowel may cause transient pain. These discomforts are common with the examination and will pass very quickly. To help the device pass through the bowel, the doctor may ask the nurse to squeeze the patient's abdomen from the outside.

Before the procedure, the patient must inform the examining staff of any drug allergies, use of medications affecting blood clotting, glaucoma, severe heart and lung diseases, or other serious circumstances related to his/her medical condition.

After The Procedure:

After the examination, it is necessary not to eat or drink for an hour. After premedication, the patient must undergo a 30-minute observation; transport home is suitable with an escort. If the patient does not have an escort, he/she will wait in the ward for 2 hours (while the premedication is in effect). If the patient leaves the waiting room before this, he or she does so at his or her own risk.

It is forbidden to drive motor vehicles for 24 hours and not to engage in other activities requiring heightened attention.

Restrictions and Recommendations on Patient's Lifestyle Concerning The Medical Condition and, if Applicable, Changes in Medical Competency Following The Medical Procedure:
It is necessary to avoid all physical exertion and adhere to a resting regime at least until the following day. If a larger polyp has been removed, the following regime measures will be followed, which you will be informed about.

Examination Risks and Complications:
Colonoscopy can lead to some complications, such as an allergic reaction to the drug, perforation of the intestine or bleeding. These complications are relatively rare but may require acute treatment or even surgery. Tissue sampling and surgical removal of polyps result in only minor bleeding unless you are particularly prone to bleeding.

Alternative Treatment Options:
Currently, there is no full-fledged alternative to colonoscopy. The primary indication of the examination guides the choice of alternative methods. In some cases, a contrast X-ray or CT scan of the colon may be performed. The colon can be examined by swallowing a camera capsule in individual cases. Still, this examination does not allow the collection of material for histological analysis, is not widely available and is not covered by public insurance.

Patient's (Legal Representative's) Additional Questions:

Healthcare Professional Declaration:
I hereby declare that I have informed the above patient (legal representative) in an understandable manner about his/her health condition (the health condition of the person represented by him/her) as well as about all the facts mentioned above, the planned procedure, the treatment procedure, including the warning of possible complications.

*In Prague, on*_____ _____

Healthcare Professional Name and Signature

Patient's (Legal Representative's) Informed Consent:
By signing below, I declare that the health care professional has clearly informed me about the procedure's purpose, nature and course and have been informed about the possible risks of the procedure. I have asked the healthcare professional additional questions*, and my questions have been answered. Based on the information provided and after due consideration, I give my consent to the procedure.

*In Prague, on*_____ _____

Patient's (Legal Representative's) Signature

If the patient (legal representative) cannot sign, a witness who was present when the consent was given shall sign:

Witness's Name and Surname: _____
Reason for not signing consent: _____
The way in which the patient has expressed his/her will: _____

*In Prague, on*_____

_____

Witness's Signature