

CONSENT TO INTRAVENOUS SEDATION and TO TREATMENT OR PROCEDURE

INFORMATION FOR CONSENT

Sedation is helpful in alleviating anxiety, apprehension and discomfort during endoscopic procedures. It is simple and safe to use, but does have some effects which will last for up to twenty-four hours. This can lead to errors of judgement some time after all effects have apparently worn off.

For your safety we monitor oxygen saturation and heart rate continuously throughout the procedure, and can monitor blood pressure. We have appropriate reversal and emergency agents available, as well as oxygen.

THE POSSIBLE COMPLICATIONS OF GASTROSCOPY/COLONOSCOPY INCLUDE:

- Discomfort from the procedure
- Bleeding (post polypectomy 1 in 100)
- Perforation (colonoscopy rate 1 in 1000)
- Incomplete examination/missed lesions
- Side effects from medication

Any patient accepting intravenous sedation must specifically agree to the following conditions:

- NOT TO EAT AND DRINK FOR A PERIOD PRIOR TO YOUR APPOINTMENT (PLEASE FOLLOW SPECIFIC INSTRUCTIONS FROM YOUR SPECIALIST REGARDING THIS)
- TO BE ACCOMPANIED HOME BY A RESPONSIBLE ADULT
- FOR THE REST OF THE DAY:
 - NOT TO DRINK ALCOHOL**
 - NOT TO TAKE SEDATION MEDICATION**
 - NOT TO RIDE A BIKE, DRIVE A VEHICLE OR OPERATE MACHINERY**
 - NOT TO WORK, DO HOUSEWORK OR COOK**
 - NOT TO UNDERTAKE BUSINESS OR LEGAL MATTERS**
 - NOT TO BE ALONE OVERNIGHT**

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I have read and understand and agree to the conditions for intravenous sedation (above).
 I have an understanding of the procedure and am aware of the risks/complications (above).
 Permission given to dispose of any tissue sample after pathology is complete.
 I have been provided with a copy of this document.

NAME.....SIGNED.....

DATE:...../...../.....