

# Risks of Colonoscopy and Gastroscopy

We aim to provide the best quality digestive healthcare for you in a high efficient, high quality, safe and friendly manner. However, as with all medical procedures, there is some risk. Our centre has policies and procedures in place to manage and minimise risks to our patients. *For your information some of the possible risks of gastroscopy and colonoscopy are listed below.*

Common Problems	What Happens?	How Do We Treat the Problem?
<b>Bloating &amp; Abdominal Discomfort</b>	There may be some air remaining in the large bowel as a result of the procedure.	Usually no treatment is required. Walking and moving around helps to pass the trapped air.
<b>Nausea and Vomiting. Bruising at Injection Site</b>	Some people experience nausea and/or vomiting as a result of the anaesthetic. Some patients may experience some soreness and reddening or bleeding at the injection site.	Medication can be given for nausea and vomiting and generally relieves symptoms quite quickly. Applying pressure to the area will stop the bleeding. A pressure bandage and cold packs may be applied to minimise the bruising. The bruising is not serious and will usually resolve within a week.
<b>Reaction to Bowel Preparation</b>	Occasionally patients may experience headaches and poor absorption of normal medications including birth control and anticonvulsant medications. Changes in the blood salt levels (electrolytes) may occur.	Taking your medication at least 2 hours before the preparation is advised. We may give fluids to you via the vein and medicine to relieve the headache and nausea. Additional methods of contraception are suggested until the next menstrual cycle.
Uncommon Problems	What Happens?	How Do We Treat the Problem?
<b>Bleeding</b>	Major bleeding from the stomach or bowel can occur in 1 in 10,000 people following a biopsy and 1 in 1,000 after the removal of a polyp. Sometimes bleeding may occur up to 12 days after the procedure.	Bleeding usually settles without further treatment. Sometimes another gastroscopy or colonoscopy may be needed to stop the bleeding after polyp removal. Rarely, you would be transferred to hospital for observation. Occasionally a blood transfusion or surgery is necessary.
<b>Abdominal Pain</b>	Burning of the bowel wall following removal of polyps can occur in approximately 1 in 500 people. This may cause severe abdominal pain, rapid pulse and fever between 12 hours and five days after the procedure.	Most problems settle within 48 hours, but you should contact us and go to hospital for a check up to ensure that the bowel is not perforated. It may be necessary to give antibiotics, arrange x-rays, blood tests and observation in hospital. We may ask for a surgical opinion.
Rare Problems	What Happens?	How Do We Treat the Problem?
<b>Damage to spleen</b>	Rupture or tearing of the spleen has very rarely been reported at colonoscopy.	Hospitalisation and assessment could be required with the possibility of surgery to correct the tear.
<b>Perforation</b> (puncture or tear of the large intestine, stomach or oesophagus)	At colonoscopy, the large intestine may rarely be perforated, 1 in 5000 cases. The risk is higher, about 1 in 100, if a polyp is removed. At gastroscopy, The risk of perforation of the gullet (oesophagus) is <1 in 100 if a dilatation is performed.	Fluids and antibiotics may be given via an intravenous drip and the tear may require repair by surgery to the abdomen or chest.
<b>Missed Cancer</b>	Due to the nature of the anatomy and preparation of the gut, it is possible to miss small cancers and other disorders in approximately one in 1,000 procedures.	
<b>Damage to Teeth</b>	All attempts are made to protect teeth; however, it is possible for teeth or crowns to be damaged during the procedure.	
<b>Anaesthetic Risks</b>	About one in 10,000 people may experience heart or lung problems such as low oxygen levels, low blood pressure or irregular heartbeat. People with illhealth are more at risk.	The procedure is immediately stopped should anything happen. Medication may be given to reverse the effects of sedation. Sometimes, other procedures may be required. Discuss concerns with your anaesthetist.
<b>Aspiration</b>	Some patients may vomit or reflux during the procedure and some of the stomach contents can enter the lungs and cause pneumonia.	If pneumonia occurs, you would be transferred to hospital for observation and given intravenous fluids and antibiotics. Usually we just need to observe you for a little longer.
<b>Drug Reaction</b>	Some patients may experience an allergic reaction to one or more of the anaesthetic drugs.	You may require intravenous drugs to stop the reaction and, occasionally, transfer to hospital for observation.

As with any medical procedure, death is a rare complication. **ANY QUESTIONS?:** Please do not hesitate to come and see us or telephone. One of our doctors is always happy to talk to you a few days before the procedure if you are at all concerned. We look forward to seeing you on the day. An interpreter can be arranged for you, if required.

**PLEASE READ THE REVERSE SIDE OF THIS PUBLICATION**

# MEDICAL ASSESSMENT AND ADMISSION

Affix patient label

GASTROSCOPY and/or COLONOSCOPY

Additional Actions:

- Oesophageal biopsy
- Gastric biopsy
- Duodenal biopsy
- Oesophageal dilatation

- Goals of care factsheet given & discussed
- Healthcare rights factsheet given & discussed

What matters to you?

***Please read the following acknowledgement and only sign in the presence of the Doctor.***

**I acknowledge that:**

- The gastroenterologist has explained the proposed procedure.
- I have read the information sheet and understand risks of the procedure and anaesthetic, including risks that are specific to me.
- I understand my options of **not** having the procedure. I understand that the procedure may be incomplete.
- I have read and understand my rights and responsibilities.
- I give my consent to the collection and testing of blood for communicable diseases including Hepatitis and HIV antibody, in the event of exposure of a staff member to blood or body fluids during the course of treatment.
- I was encouraged to ask questions and raised concerns with the doctor about my condition, the procedure and its risks and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand that should I require an ambulance or admission to another hospital, I will be responsible for the costs.
- I understand that if biopsies (tissue samples) are removed during the procedure, these may be tested for disease and then disposed of sensitively by the pathology provider.
- I understand that no guarantee has been given that the procedure will improve my condition, and that the procedure may rarely make my condition worse.
- Following the procedure I will have a responsible adult drive me home, and follow all discharge instructions.
- I realise that mental impairment may persist for several hours following the administration of anaesthesia. I will avoid making decisions or taking part in activities which may depend upon full concentration or judgement for 24 hours.
- The answers I have given to all questions are true to the best of my knowledge.

On the basis of the previous statements, **I REQUEST TO HAVE THE PROCEDURE** (Gastroscopy / Colonoscopy) under light anaesthetic.

**Patient signature X**

**Date**

**Doctor's name** (please print) **X**

**Signature**