

### 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:** 5 days before the procedure it is necessary to follow a fat-free diet. 1 day before the examination, it is necessary to drink a laxative prescribed by the doctor + other liquids according to the doctor's instructions. Patient must inform the examining staff of any drug allergies, use of medications affecting blood clotting, glaucoma, serious heart or lung disease, or other serious circumstances related to his/her medical condition.

**The course of the examination:** 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.

**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.

**Risks and complications of the procedure:**

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.

**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

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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