

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:

Birth registration number:

Patient's legal guardian (name and surname, date of birth):

Relationship to the patient:

Objective, nature and intended benefit of the 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 process will be 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.

The course of the examination: 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.

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.

Alternative treatment options:

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.

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