

Information for patients undergoing colonoscopy

Dear Patient

Please **read** these documents **immediately** after you receive them. Please complete the questionnaire and medication list and **sign the consent form**, preferably **the day before** the examination. If you have any questions, please do not hesitate to contact us.

You are scheduled for a colonoscopy. This package includes the following:

- Information sheet
- Questionnaire and consent form
- List of medications

The information sheet contains details about the examination procedure, its objectives and risks. Please read this sheet carefully.

If you have further questions about the necessity and urgency, or any risks posed by the examination, please contact your GP or us.

If you are taking **blood-thinning medication** (e.g. Marcoumar, Sintrom, Xarelto, Eliquis, Lixiana, etc.) or **platelet-inhibiting medication** (e.g. Brilique, Plavix, Clopidogrel, Efient, etc.), please discuss the possible discontinuation of the medication with your GP at least 1 week before the examination.

If you have **obstructive sleep apnea syndrome (OSAS)** and wear a CPAP mask to sleep, please bring your CPAP device and mask with you on the day of the examination.

If you regularly take **asthma medication**, please inhale as usual on the day of the examination and bring the medication with you to the examination.

Please bring all documents, completed in full, with you to your examination appointment. The questionnaire and consent form will be kept in your medical file at our practice.



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Information sheet – colonoscopy including potential polyp removal

Why is a colonoscopy performed?

A colonoscopy allows the entire colon, rectum, and anus, as well as a section of the small intestine, to be examined. This enables diseases of these organs to be detected, partially treated, or monitored.

How is a colonoscopy performed?

The nurse will insert a canula into your arm to administer a sedative (propofol) and any pain medications you may need. A thin, flexible tube with a light source and camera attached to the tip is then inserted through the anus into the cleansed colon and advanced to the junction with the small intestine. By closely examining the mucous membrane, pathological changes can be detected. If necessary, small tissue samples (biopsies) can be taken. If polyps (usually benign growths on the mucous membrane, which can however develop into malignant tumors over several years) are found, these can usually be removed during the same session and sent for histological examination. The examination takes about 30-45 minutes. In addition to the doctor, a specially trained nurse is also present during the examination.

Is a colonoscopy painful?

Under normal conditions, the examination and any necessary additional procedures, such as polyp removal, do not cause any pain. If the examination takes a long time, bloating may occur, but this usually improves quickly after the examination.

What preparations are necessary for a colonoscopy?

Thorough cleansing of the bowel is necessary for optimal assessment of the colon. Please follow the separate instructions carefully. If you are taking blood-thinning medication or are diabetic, please discuss the preparations with your family doctor in advance. For a planned polyp removal, some blood-thinning medications should be temporarily stopped days before the procedure, always under explicit instructions from your physician.

What are the risks associated with a colonoscopy?

The colonoscopy itself, as well as the removal of tissue samples and polyps, are low-risk procedures. Despite the utmost care, complications such as bleeding (0.5–3%) or injury to the intestinal wall, including perforation (perforation; 0.3–0.5%). Most complications can be treated directly during the examination (e.g., bleeding, minor perforations); in rare cases, surgery is necessary (major perforation). Delayed bleeding may also occur, especially within the first week after polyp removal, which requires immediate medical attention. The administration of sedatives can in very rare cases impair respiratory and cardiac function.

What should I do after the examination?

After the examination with a sedative (propofol), you must not drive any vehicles or operate any machinery for 12 hours, and you should not sign any legally binding documents.

After the examination, you may experience a slight feeling of pressure in your abdomen for a few hours due to increased air in the intestine. If this increases or if you experience new abdominal pain, fever, or signs of bleeding (blood from the anus) after the colonoscopy, please inform your doctor immediately or go to the emergency department of your nearest hospital.

Questionnaire and consent form for colonoscopy

By carefully following the preparation instructions and completing the questionnaire and medication list in full, you can help to minimize the risk of complications. Thank you in advance.

Surname, name: _____ Date of birth: _____

Questions	Yes	No
Do you have an increased tendency to bleed (e.g. severe nose or gum bleeding, prolonged bleeding after minor injuries, severe bleeding during operations or dental treatment)?		
Are you taking anticoagulant medication (e.g. Marcoumar, Xarelto, Eliquis, Lixiana, Pradaxa, etc.) or platelet inhibitor medication (e.g. Plavix, Clopidogrel, Blilique, Fragmin, Clexane, etc.)? If so, which ones? _____		
Do you have any allergies to medication, food, latex or adhesive tape? If so, which ones? _____		
Do you suffer from serious heart or lung condition? If so, which ones? _____		
Do you have a pacemaker, defibrillator or metal implant?		
Do you have a history of epilepsy?		
Are you diabetic?		
Have you been diagnosed with malfunctioning kidneys (renal failure)?		
Have you been diagnosed with glaucoma?		
Do you have loose teeth, dentures or dental disease?		
For women: Are you pregnant or likely to be pregnant?		

I, the person signing, have read the information sheet and completed this questionnaire to the best of my knowledge. I have been informed about and understand the diagnosis, nature, procedure and risks of the examination or intervention. My questions have been answered to my satisfaction. I consent to this examination being carried out.

Place / Date

Signature of patient
(or legal representative)

Signature of doctor

Current list of medications

Surname, name: _____ Date of birth: _____

Medication	Dosage