

**ADVANCED GASTROENTEROLOGY OF SOUTH FLORIDA, PA**  
**Karthik Mohan, DO**  
**Board Certified Internal Medicine**  
**Board Certified Gastroenterology**  
**Palmetto Medical Plaza**  
**7100 West 20 Ave, Suite 301**  
**Hialeah, Florida 33016**

Phone (305) 556-3727 Fax (305) 556-3711

## Informed Consent for Colonoscopy

Name: \_\_\_\_\_ Procedure Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. I, \_\_\_\_\_ (patient or guardian) give consent for Dr. Karthik Mohan or his/her associates to perform a colonoscopy with possible biopsy, removal of polyp(s) with possible coagulation/injection therapy of blood vessels or tissue, and control of bleeding if necessary.

2. I understand this procedure involves the passage of a digital optic instrument through the rectum to allow the physician to visualize the interior of the large intestine (colon). Sedation and pain relieving medications may be given to minimize discomfort and relax me for the procedure. These medications may cause localized irritation and/or a drug reaction. I understand that with the anesthesia/sedation for this procedure, I will not be able to drive the remainder of the day and I should not have plans after the procedure. I understand that **I MUST HAVE A DRIVER** take me home.

3. I understand the reasons for the procedure that have been adequately explained to me by my physician. I understand I may call the office where I regularly see my physician with any questions about the preparation or procedure. I have had many opportunities to ask questions before signing this consent.

4. **RISKS:** Possible complications of this procedure include, but are not limited to bleeding and tearing or perforation of the bowel wall. These complications, should they occur, may require surgery, hospitalization, repeat colonoscopy, and/or a transfusion. Perforation of the bowel is a known, but rare complication that can occur at a rate of 1 per 1,000 colonoscopies. Bleeding, usually after a polyp removal, can occur at a rate of 1 per 1,000 colonoscopies and continue up to two weeks after a polyp is removed. Other extremely rare, but serious or possibly fatal risks include difficulty breathing, heart attack, and stroke. Polyps, especially small ones, can be missed 5-10 percent of the time, and in rare cases, a colon cancer can be missed. Colonoscopy does not guarantee that you will not develop colon cancer, but removing polyps is documented to significantly decrease your risk of colon cancer in the future.

5. I understand that there are no guarantees regarding the results of this procedure. Alternative options as deemed medically relevant have been discussed and may include fecal occult blood tests and/or radiological imaging tests. I understand that these tests have their own limitations and benefits.

6. I have read and fully understand this consent form, and understand that I should not sign if all of my questions have not been answered to my satisfaction or if I do not understand any of the words or terms used in this form.

**IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PROPOSED PROCEDURE OR TREATMENT, ASK YOUR PHYSICIAN NOW, BEFORE SIGNING THIS CONSENT FORM. DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_