**NHS Humber Health Partnership**

**FLEXIBLE SIGMOIDOSCOPY**

**INFORMATION CHECKLIST**

This leaflet contains important information about **flexible sigmoidoscopy**.

It provides information to enable you to make decisions about whether you are in agreement with the planned examination. **It is extremely important that you read this leaflet.**

In particular it provides information about the purpose and intended benefits, side effects, and risks of **flexible sigmoidoscopy.** It also explains consent to undergo the procedure and where further information can be found and from whom.

Sources of further information and contacts are given at the end of this leaflet.

**THIS WILL FORM PART OF THE CONSENT FOR YOUR PROCEDURE**

**PLEASE COMPLETE AND SIGN THE CHECKLIST BELOW:**

I have read the Flexible Sigmoidoscopy leaflet. Yes No

I understand the information it contains. Yes No

I understand why I am having my sigmoidoscopy, and

intended benefits and alternative tests. . Yes No

I accept that there are potential risks of bleeding and

Perforation (puncture, tear, hole) of the bowel during

sigmoidoscopy and I have been given every opportunity

to discuss this with my consultant and/or the person

performing the sigmoidoscopy – the endoscopist. Yes No

I understand and accept that biopsies (samples of tissue)

may be taken. Yes No

I accept that polyps will be removed if deemed necessary

by the endoscopist, due to the reasons explained in this

leaflet. Yes No

I feel I have had the opportunity to seek further

information, ask questions and have received information

and answers to my satisfaction. Yes No

Patient Name ……………………………………………………………………………..

Signature ………………………………………………………………………………….

Date ………………………………………………………………………………………..

**ANY QUESTIONS YOU MAY HAVE**