**NHS Humber Health Partnership**

COMBINED UPPER GI ENDOSCOPY & COLONOSCOPY

**INFORMATION CHECKLIST**

This leaflet contains important information about having an **upper GI endoscopy &** **colonoscopy**. It provides information to enable you to make decisions about whether you are in agreement with the plannedprocedures. **It is extremely important that you have read this leaflet.**

In particular it provides information about the purpose and intended benefits, side effects and risks of having an **upper GI endoscopy and** **colonoscopy**. 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 leaflet. Yes No

I understand the information it contains. Yes No

I understand the purpose of these procedures, intended benefits Yes No

and alternative tests.

I accept that that there are potential risks which

include bleeding and perforation (puncture, tear, hole) of the Yes No

bowel or gut and I have been given every opportunity to discuss this

with my consultant and/or person performing the colonoscopy.

I understand and accept that biopsies (samples of tissue) may be Yes No

taken.

I understand and 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:**