



**M. Asif Mohiuddin, M.D.**  
Board Certified Gastroenterology

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### **COLONOSCOPY CONSENT FORM**

Dr. M. Asif Mohiuddin is going to examine your colon (large bowel) with a long flexible tube (colonoscope) to determine if any disease processes are present. Often a problem or disease will not be seen on X-ray. Sometimes the examination is done to locate polyps, which are small growths inside the colon. Polyps are usually benign (nonmalignant or cancerous), and can be removed with colonoscope at the time of the examination. Occasionally, a polyp is too large and an abdominal operation may be advised. Proper preparation is very important for this examination since the colon must be very clean in order to see it well.

At the time of examination you will receive intravenous sedation to relax you. Let the physician or nurse know before the test if you are allergic to any medications. Some patients fall asleep and do not remember having the procedure done. The examination is carried out with you lying on your left side on the examining table. A nurse is present to help the physician and check on you frequently. The colonoscope is passed into the rectum by the physician and will give you the sensation that you are having a bowel movement. Because the physician passes air from the colonoscope into your rectum, you may feel distended and full. If you have urge to pass this air by rectum, it is permissible to do so, unless the physician requests otherwise. The examination may usually last between 15-60 minutes. You may eat or drink as soon as you have recovered from the sedation.

Alternative procedures are barium enema and flexible sigmoidoscopy.

1. I hereby authorize Dr. M. Asif Mohiuddin to perform a colonoscopy. I understand and agree that this procedure involves: Passing a tube into the rectum for the purpose of visualizing a portion of the large intestine with possible biopsy, removal of polyps, possible brushing (obtaining a specimen for study), dilation (stretching of a portion of the intestine), possible coagulation (stopping bleeding), possible decompression (removal of pressure), and or photography/video.
2. I understand during the course of this procedure(s) or sedation, unforeseen conditions may become apparent which require an extension of the original procedure(s) or additional treatment(s) from that described above. I therefore, authorize Dr. M. Asif Mohiuddin to perform such procedure(s) or additional treatment(s) as they, in the exercise of his professional judgment, deem necessary.
3. I understand and agree that there are risks involved in this procedure:
  - a. That may include, but are not limited to: Hemorrhage (bleeding), perforation (poking a hole in the intestine), that may require surgery, distention (bloating), explosion of intestinal gases, cardiac/respiratory complications, allergic drug reaction, and/or hypotension (lowered blood pressure). In rare cases, may lead to death or permanent or partial disability including colostomy bag.
  - b. I understand that Dr. M. Asif Mohiuddin will do everything possible to prevent these complications but that he cannot guarantee that they will not happen.
  - c. I acknowledge that no guarantee has been made to me as to result or cure. I understand the benefits, risks and complications of this specific procedure.
4. I also acknowledge that reasonable acceptable alternate courses of therapy are barium enema and flexible sigmoidoscopy and the benefit, risks and complications of those alternative courses of therapy.
5. I understand that the small polyps can be missed in 27% of colonoscopies and larger polyps can be missed in 6% of colonoscopies. Rarely, colon cancer can also be missed during the colonoscopy.
6. I understand my right to refuse the recommended procedure(s), the options available to me should I refuse to consent, and the expected consequences of such a refusal.
7. I have had sufficient opportunity to know about my condition and the planned procedure(s) and all of my questions have been answered to my satisfaction. I understand my condition and planned procedure(s) and I have adequate knowledge upon which to base an informed consent.
8. I consent the administration of sedation by Dr. M. Asif Mohiuddin or other qualified party under the direction of a physician as may be deemed necessary. I understand that all sedation involves risks of complications and possible damage to vital organs.

Signed: \_\_\_\_\_  
Patient/Legal Representative's Signature

Date: \_\_\_\_\_