

DECLARATION OF CONSENT IRRIGOSCOPY

Name of the patient:

Date of examination:

Time:

Dear patient!

You have been referred to us by your doctor for a colon examination (irrigoscopy). We would like to inform you about the process of the examination and the contrast agent used. Shortly before the examination, the procedure will be explained to you once more.

Purpose of the examination

An irrigoscopy is used to clarify stool irregularities (e.g., diarrhea, constipation), inflammatory changes in the colon, diverticulitis and other indications.

Process of the examination

The examination usually takes around 20 minutes. For this, a small intestinal tube is inserted into the rectum and you are given an enema with a pre-warmed contrast agent. When the intestinal wall is sufficiently coated with contrast agent, the tube is released from the intestine. To obtain an optimal assessment of the colon, some air is then pumped into the colon. You may experience a slight feeling of bloating during this process. The colon tube is then removed and the physician takes the necessary X-rays of the colon.

Possible side-effects and complications caused by the examination

- In principle, the contrast agent does not cause any side effects and residues of the contrast agent are excreted within the next few days in the stool, which may show a white coloration as a result.
- Afterwards, you can eat and drink normally.
- In rare cases, constipation may occur. Taking ample fluids is therefore advisable after the examination.
- Barium sulfate suspensions must not be administered if any kind of perforation in the intestinal tract (e.g., fistula, perforated ulcer) is suspected. Perforation is also possible after a previous biopsy of the intestinal mucosa, therefore a safety interval of 3 days between biopsy and X-ray examination should be strictly observed.

Please answer the following questions to assess whether the examination poses a possible risk to you:

- **Has a colonoscopy been carried out within the last week?** Yes No
 If so, was a tissue sample/polyp taken? Yes No
- **For women: Are you currently known to be pregnant?** Yes No

Declaration of consent

- I have been sufficiently informed about the possible side effects and complications mentioned above.
I have no further questions.

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Signature of the patient
or the legal representative

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Signature of the physician

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Date / Time

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Signature of the MTA