



Naugatuck Valley  
Gastroenterology  
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## COLONOSCOPY

This examination has been scheduled for you based on the evaluation conducted by your Gastroenterologist. The procedure is simple, safe and quite comfortable. A long, soft, flexible tube (called an endoscope )about the size of your little finger will be passed through the lower bowel and the colon will be examined. Any abnormal areas can be photographed and samples may be obtained. The samples are called biopsies and will be examined under a microscope by a Pathologist. Sometimes, small growths (polyps) are found and will be removed using a metal loop called a snare. Electric current is used to cut the tissue and cauterize the base to prevent bleeding. You will not feel any discomfort. You will be sedated during the examination. The test will take about 45 minutes. After the exam the doctor will review the findings with you and then you can go home.

Here's how to get ready for the test:

1. Aspirin, iron tablets, and vitamins that contain iron should be stopped as directed before the test.
2. Tell the doctor or his staff if you have a heart murmur or any allergies.
3. Continue all of your usual medicines. Ask the doctor about any blood thinners that you might take. (Coumadin, Warafarin, Plavix, Ticlid, Persantine)

## RISKS

All medical tests involve some risks. These special risks include:

<b>REACTION TO MEDICINE</b>	<b>DISCOMFORT</b>	<b>BLEEDING</b>
<b>PERFORATION</b>	<b>INFECTION</b>	<b>PHLEBITIS</b>

Your doctor will explain these risks to you. Complications of colonoscopy are quite rare and treatment is available if any problems occur. After the test you will be allowed to go home but you must have somebody drive you home. No patient receiving sedation will be allowed to drive themselves home. If you experience any problems after the examination you should call your doctor. Your questions about the test, the risks, benefits and alternatives, along with our billing policies can all be answered before you sign this document.

I understand the reasons for my colonoscopic examination; I accept the risks and give permission to my doctor to perform the examination. I also authorize my doctor to proceed with any additional treatment which, in his judgment, becomes necessary during the procedure.

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

Print: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

The corporation reserves the right to designate the individual to perform the service on its behalf.