

Parental agreement to investigation or treatment

Colonoscopy and Gastroscopy

Authors: Children's Services

Brief description:

- Your child is going to be having a colonoscopy and gastroscopy. This information leaflet will provide you with the information you need for both procedures. Both procedures will be carried out at the same time.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website: <http://www.addenbrookes.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke's intranet site <http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time even after you have signed the form.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

.....
.....

Colonoscopy

What is a colonoscopy?

A colonoscopy is a procedure that allows the doctor to look inside your child's large bowel. The large bowel/intestine is called the colon. The colon is the last part of the bowel where the final part of digestion occurs, water is absorbed and where faeces (stools) are stored until being passed out of the anus (back passage). The procedure is undertaken with a narrow flexible instrument that can be guided around the bowel.

Preparation

Parent and child information for bowel preparation before a colonoscopy

It is important that your child's bowel is as clean as possible before their colonoscopy, as this allows the endoscopist a good view of the bowel; helps make a diagnosis and reduces the potential risks of the procedure.

This information leaflet provides you with a step by step outline of the bowel preparation regimen we use at Addenbrooke's.

Please note that if your child's bowel is not clear it may be necessary to cancel/postpone the procedure for at least a week. If your child is having difficulty taking the bowel preparation as instructed, please call the gastroenterology nurses by 4pm the day before the procedure.

Preparation of the bowel begins seven days before the procedure.

Seven days before the procedure

You should stop giving your child the following medications seven days before their procedure:

- Loperamide (Immodium)
- Codeine Phosphate
- Iron supplements
- Fybogel

Continue all other medications and laxatives. If in doubt please ask one of the team.

Two days before the procedure

Start your child on a low residue diet. This means they can **only eat** from the following list of foods:

- Eggs -boiled or poached
- White fish, chicken
- Lean meat, for example beef, lamb, veal, ham

- Gravy - using stock cubes (white flour or cornflour may be used to thicken)
- White bread or rolls
- Potatoes - boiled or mashed (without skins)
- White Pasta – spaghetti, macaroni, noodles
- White rice
- Butter or margarine can be used sparingly
- Jelly, boiled sweets or clear mints
- Sugar, honey, syrup, treacle
- Jams, marmalade
- Quorn, tofu, TVP (Textured Vegetable Protein)
- Tea, coffee without milk
- Lucozade, squashes, smooth fruit juice (without pulp/'bits')
- Water, soda water

Please encourage your child to have plenty to drink and do not give them fried food as this slows down emptying of the bowel.

One day before the procedure

Ensure your child has a good breakfast, choosing only food from the list above. After this **do not** allow your child to eat any more solid food, and encourage them to drink as much clear fluid as possible, for example water, tea and coffee without milk, fruit squash, (too many fizzy drinks may cause bloating or excessive wind). Aim for your child to drink at least two to three litres (about four to six pints) in the 24 hours before the procedure, although they can drink more (the laxatives **do not work effectively** if no fluid is taken, so the more they drink the more effective the preparation).

Clear jelly, boiled sweets, ice lollies and clear soup are still permitted **after** stopping other solid food.

Top Tip: So that your child does not get bored, try to vary their drinks and don't forget jellies, clear soups and ice lollies are included in the fluid total!

10am

- Give your child the Senokot liquid/senna in one dose with a drink.
- Senokot is a strong stimulant laxative that works by stimulating the bowel; this can cause some crampy tummy pain.

2pm

- Dissolve the sachet of Picolax in half a cup of water and ensure your child drinks this over the next ten to twenty minutes (use fruit squash to flavour if necessary). Over the next 40 minutes ensure your child drinks at least a further cupful of clear fluid.

- Encourage your child to drink at least two litres (about four pints) of clear fluid before 6pm and drink more if possible.

Frequent bowel actions and diarrhoea may occur within three hours of this dose, so ensure that your child is near a toilet once they have taken the Picolax.

6pm

- Dissolve the second sachet of Picolax in half a cup of water and drink over the next 10 to 20 minutes (use fruit squash to flavour if desired). Over the next 40 minutes ensure your child drinks at least a further cupful of clear fluid.
- Encourage your child to complete a total of at least two to three litres (four to six pints in total) of clear fluid before bed.
- If your child wakes over night again encourage them to take more fluid.

The Picolax works by increasing the activity of the bowel and by holding water in the bowel, which helps to wash it out; this is why it is important to encourage your child to drink plenty of liquid.

When mixing the Picolax it is important to be careful as the liquid becomes very hot and can cause a burn. Make it up in half a glass of water, allow it to cool to room temperature, and then give it to your child together with a glass of water, both to be drunk over the next hour.

Your child may have a tummy ache after taking these laxatives, but you can give him/her paracetamol, use a hot water bottle, give peppermint tea or cordial or massage the painful area.

Your child's bottom may become sore. Use of a barrier cream such as Sudocrem or Vaseline may help.

Morning of the procedures

Clear fluids (water or squash) only should be taken this morning. **No food** of any kind. All fluids should be stopped at **11:30am**.

On the morning of the procedure your child will be seen on the Day Surgery Unit in the Addenbrooke's Treatment Centre (ATC) by the doctors, anaesthetist and nurses to prepare your child for the procedure.

If your child's bowel is not clear by 12:30pm it may be necessary to postpone the procedure.

You may use the following chart to help you keep track of the drinks and medicine you give in the 24 hours before the procedure.

One day before procedure	
8am	
9am	Stop low residue diet
10am	Senokot
11am	
12pm	
1pm	
2pm	Picolax
3pm	
4pm	
5pm	
6pm	Picolax
7pm	
8pm	
9pm	
10pm	
11pm	
12am until 6am	

Day of procedure	
7am	No more jelly / soup
8am	
9am	
10am	
11:30am	No more drinking
12pm	No more drinking
1pm	No more drinking
1:30pm	Endoscopy appointments list commences
<p>On the day you will be informed of an estimated time for your child's procedure (the procedure will be performed between 1:30pm and 5:30pm).</p>	

Your child is not allowed to eat any solid food (not including jelly, lollies etc) for 24 hours before your procedure i.e. after breakfast the day before.

It is very important that the bowel preparation is effective, as otherwise we may need to cancel the endoscopy or be unable to obtain all the necessary information.

Getting ready for the procedure

On arrival, the procedure will be explained again to you and your child and you will be asked to sign a consent form by the paediatric endoscopist. You and your child will also be seen by the anaesthetist as your child's procedure will be carried out under general anaesthetic. If your child wishes, they can have a special cream (EMLA cream) applied to the back of their hands which numbs the sensation in this area. This is in preparation for inserting a cannula. A cannula is a very thin plastic tube that sits in the vein and allows medicines or fluid to be given directly into your child's body.

You will be asked to wait in the pre-procedure area until it is time for the procedure. Your child will need to undress and put on a gown, so it is a good idea to bring their slippers and a dressing gown for them to wear while they are waiting. One parent can accompany your child to the anaesthetic room and stay with them until they are asleep.

During the colonoscopy

The colonoscopy is undertaken with a narrow flexible instrument called a colonoscope that can be guided around the bowel. It is passed into the anus, through the colon and into the lower part of the small bowel (terminal ileum). The lining of the bowel is checked to see if there are any problems such as inflammation or polyps (a polyp is a bit like a wart). The colonoscopy procedure usually takes around thirty minutes but times can vary considerably. If it takes longer, you should not worry.

About six biopsies will be taken. This is done by passing a small instrument called 'forceps' through the colonoscope to 'pinch' out a tiny bit of the lining (two to three millimetres across - about the size of a pinhead) which is sent to the laboratory for analysis. This is done to help establish your child's diagnosis.

After the colonoscopy

Please refer to the 'after the colonoscopy and gastroscopy' section on page eight.

What are the benefits of the colonoscopy?

Your doctor should have discussed the likely benefits of the colonoscopy with you and your child. If you are not sure how it is likely to benefit your child's health, then please ask one of the medical team who will be happy to explain this to you. In most cases the procedures are done to try and help make a diagnosis i.e. to work out the cause of your child's symptoms and therefore allow better treatment for your child.

Alternatives

The colonoscopy is still the only test that will actually allow your doctor to see the lining of your child's bowel and take biopsies. Both of these are necessary to confirm or rule out the diagnosis. The colonoscopy is the most sensitive test to establish the condition of your child's large bowel. Although there are x-ray tests and scans available, these do not give the same amount/type of information. Your child's doctor should have discussed the reason this procedure needs to be done, and explained why alternative tests were not suitable. If you have further questions please discuss this with your doctor.

Potential problems

Colonoscopy procedures carry a small risk of haemorrhage (bleeding) or perforation (tear) (less than one in 1,000 cases) to the bowel if your doctor is only taking pinch biopsies. The risks are slightly greater if some form of treatment is required (for example removal of a polyp, dilatation of a narrowing (stricture)). These risks will be discussed with you separately.

The risk of serious infection is so low that we do not routinely give antibiotics before a procedure. All the equipment is cleaned according to national standards set out by the British Society of Gastroenterology.

Another rare complication is an adverse reaction to the general anaesthetic, but your child's anaesthetist will discuss this with you.

Rarely the tissue samples taken during an endoscopy may be too small or damaged during processing to make a definite diagnosis. In certain cases it may then be necessary to repeat the procedure.

Gastroscopy

What is a gastroscopy

A gastroscopy is also known as an upper endoscopy or OGD (Oesophago-Gastro-Duodenoscopy). You will hear both of these terms used. Please ask if you are unsure. A gastroscopy is a procedure that allows the paediatric endoscopist to look directly at the lining of the upper gut. The upper gut consists of the oesophagus (food pipe), stomach and duodenum. The duodenum (upper small bowel) is responsible for most of the digestion and absorption of nutrition.

Before the procedure

You will not need to take any additional preparation medication for the gastroscopy. The preparation taken for the colonoscopy will be sufficient for the gastroscopy.

During the gastroscopy

The procedure is undertaken with a gastroscope which is a long flexible tube (about as thick as your little finger) with a light at the end. It is passed through the mouth, into the oesophagus, the stomach and duodenum. Biopsies (samples of the lining of the gut) will be taken. The gastroscopy procedure usually takes around 15 to 20 minutes, but times can vary.

What are the benefits of the gastroscopy?

Your doctor should have discussed the likely benefits of the gastroscopy, as well as the colonoscopy with you and your child. If you are not sure how they are likely to benefit your child's health, then please ask one of the medical team who will be happy to explain this to you. In most cases the procedure is done to try and help make a diagnosis i.e. to work out the cause of your child's symptoms and therefore allow better treatment for your child.

Alternatives

The alternatives when having a gastroscopy are the same as for colonoscopy, which are discussed above.

Potential problems

The potential problems when having an gastroscopy are the same as those listed above for colonoscopy, although the risks of perforation are lower (less than one in 5000 cases).

There is also a small risk that loose or wobbly teeth may be dislodged, so please inform the anaesthetist if your child has any loose or wobbly teeth.

After the colonoscopy and gastroscopy

Following both procedures, your child will be taken to a recovery area to recover from their general anaesthetic. Once they have recovered, the nurse will call one parent in to the recovery area; this will not be long after their procedure is complete. When sufficiently awake, your child can have a drink followed by something to eat if they are not feeling sick. They will need to have eaten and drunk something before being discharged home.

Your child may feel bloated and have some crampy, wind-like pains as some of the air used during the procedure remains in their bowel; this usually settles down over the next 24 hours.

Your child may be tired and a little clumsy/unsteady for around 24 hours after the test, so do not allow activities that could lead to a fall. He or she may also seem very grumpy for the first few days. This is a side effect of the anaesthetic and does not last long. You will be given an advice sheet regarding what to expect after the general anaesthetic. **Please read this carefully and follow the instructions.**

It is quite common for children to have a sore throat when swallowing for the first couple of days after the test. Sucking an ice-cube or an ice lolly can help to reduce the soreness.

When you get home, you can give your child regular pain relief, every four to six hours for the first 24 hours and then as often as he or she seems to need it, to ensure he/she can eat or drink. Always follow the instructions on the bottle. You do not need to wake your child up during the night to give a dose.

Usually Paracetamol, like Calpol® or Disprol®, will be enough, but if you need stronger painkillers, we will prescribe them before you go home. If, when you get home, you feel that your child needs stronger pain relief, you should call your GP or ring the nurse specialists (on the telephone number at the end of this form) for over-the-phone advice. If necessary please leave a message and we will call you. Alternatively you can call Addenbrooke's switchboard on 01223 245151 and ask them to bleep the paediatric gastroenterology nurse specialists during working hours.

You have also been given a leaflet of what you can expect in the days immediately after your child has had a general anaesthetic. **Please read this carefully and follow the instructions.** Your child should be able to go back to school 24 hours after the procedure.

When will I know the results of the procedures?

The endoscopist will be able to tell you what they were able to see before you go home. They will also discuss a plan for your child's further management.

The biopsies will usually take seven days to be fully reported on. A member of our team will then ring you as soon as we have the results, to pass these on to you and, if necessary, adjust your child's treatment plan. A letter confirming the findings of the procedure and management plan will be sent to you, your child's GP, your referring consultant and any other health care professionals involved in your child's care. If you do **not** wish for anyone involved in your child's care to receive this information, please let one of the team know.

Training

Training doctors and other health professionals is essential to the continuation of the National Health Service, and improving of the quality of care. Your child's treatment may provide an important or unique opportunity for such training under the careful supervision of a senior doctor. You or your child can, however, decline to be involved in the formal training of medical and other students: this will not affect their care and treatment. Please ask your consultant or specialist nurse if you have any questions about this.

If you are concerned, or your child has any of the symptoms below:

- Severe pain
- Fever – temperature higher than 38.5° C for more than two hours
- Black tarry stools
- Persistent rectal bleeding

Please contact one of the following:

- 8am until 4pm: Gastroenterology nurse: 01223 274757
- 4pm until 8am: Your GP or local Accident and Emergency Department or;
- Addenbrooke's Hospital: 01223 245151 (where you should ask to speak to the on-call paediatric registrar).

Any other questions?

Feel free to write down any other questions you may have. No question is ever too minor or too silly to ask, so please ask any member of the team caring for you if there is anything you wish to know. Your child is also encouraged to ask questions. It is important that you and your child are fully prepared for the procedure and that we try and address any/all of your worries and concerns.

If you have any problem understanding or reading any of this information, please contact any of the team below or ask your consultant for more details.

- Mary Brennan, Clinical Nurse Specialist in Paediatric Gastroenterology: 01223 274757
- Lesley Dark/Helen Shelley, Gastroenterology Nurses: 01223 384950

Children's anaesthesia

Children may need anaesthetics for operations, just like adults. They may feel distressed and their parents can feel anxious. Anaesthetists generally recognise this, and do their best to keep distress down to a minimum. These days, children usually come into hospital on the same day as the operation, unless it is major, and usually do not have premeds. They are seen with their parents by their anaesthetist and usually have local anaesthetic cream put on their hands at this point as described previously.

When they come into the anaesthetic room, it is usual for one of their parents to be encouraged to come in with them, in case they get scared. Many anaesthetists start the anaesthetic with an injection into a vein, and with the local anaesthetic cream this usually does not hurt, or not very much. Others prefer to use gas as an anaesthetic, and most will use gas if there is a particular fear of needles.

Sometimes, especially for emergencies, gas cannot be used, as there may be a risk of vomiting. Occasionally, the anaesthetist will ask parents to leave the anaesthetic room just before starting anaesthesia, as some procedures need to be done just as the anaesthetic starts. After the operation parents can usually come back to their child as

they are beginning to wake, so that they do not feel left alone.

Usually pain can be controlled by use of local anaesthesia to wounds, followed by paracetamol syrup of something similar. For more major surgery other pain relief methods will be required. Discuss this with your anaesthetist at the pre-operative assessment.

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon.

Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can discuss this with you in detail at the pre-operative visit.

For a child in good health having minor surgery:

- 1 child in 10 (like one person in a large family) might experience a headache, sore throat, sickness or dizziness.
- 1 child in 100 (like one person in a street) might be mildly allergic to one of the drugs that has been given.
- 1 child in 20,000 (like one person in a small town) might develop a serious reaction (allergy) to the anaesthetic.



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagidaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

Document history

Authors	Mary Brennan
Department	Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.addenbrookes.org.uk
Contact number	01223 245151
Published	April 2008 (minor change made February 2009)
Review date	April 2010
File name	Colonoscopy_and_gastroscopy_paeds.doc
Version number	5
Document supersedes	Colonoscopy_and_gastroscopy_paeds.doc – version 4, April 2008
Ref	CF375

Consent Form 2

Parental agreement to investigation or treatment

<p>For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)</p>
--

Responsible health professional/job title

Special requirements
 (For example other language/other communication method)

Name of proposed procedure or course of treatment

Colonoscopy and Gastroscopy

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the child and his or her parent(s). In particular, I have explained:

The intended benefits of the procedures:

Help make a diagnosis Other benefits (please specify)

• Any serious or frequently occurring risks from the procedures including those specific to the patient:

Bleeding Infection Perforation (all of these risks are applicable to both the colonoscopy and gastroscopy)

Other (please specify if applicable)

• Any extra procedures that might become necessary during the procedure

Blood transfusion Other procedure (please specify)

I have discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient and his or her parents.

The following information leaflet has been provided: Colonoscopy and Gastroscopy
 Version/Date/Ref: V5/April 2008-2010/CF375

This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature Date:

Name (PRINT): Job title:

Contact details (if child/parent wish to discuss options later)

I have offered the parent information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information above to the child and his or her parents to the best of my ability, and in a way in which I believe they can understand:

Interpreter's signature: Date:

Name (PRINT):

Important notes: (tick if applicable)

Parent has withdrawn consent (ask parent to sign/date here)
 See also advance directive/living will

Copy accepted by patient/parent: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of parent

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you and your child. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your child's treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline your child's involvement in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

- I understand** that my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia.)
- I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.
- I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my child's life or to prevent serious harm to his/her health.
- I have been told** about additional procedures which may become necessary during my child's treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**
- I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.
- I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.
- I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. Yes No

- I agree** that tissue (including blood) not needed for my child's diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital. Yes No
- I agree** to the use of photography for the purpose of diagnosis and treatment. Yes No
- I agree** to anonymised photographs being used for medical teaching. Yes No
- I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and my child and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Parent's signature: **Date:**

Name (PRINT):

Child's agreement to treatment (if child wishes to sign)

I agree to have the treatment I have been told about.

Signature: Date:

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the child is admitted for the procedure, if the parent/child have signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the child and his/her parent(s) that they have no further questions and wish the procedure to go ahead.

Signature: Date:

Name (PRINT): Job Title: