Strutture semplici endoscopia digestiva ASLCN1

Sede ospedaliera Ceva *Tel. 0174/723610* *endoscopia.ceva@aslcn1.it*
Sede ospedaliera Mondovì *Tel. 0174/677071* *ambendoscopia.mondovi@aslcn1.it*
Sede ospedaliera Saluzzo *Tel. 0175/215257* *endoscopia.saluzzo@aslcn1.it*
Sede ospedaliera Savigliano *Tel. 0172/719280* *ambchirurgiaendoscopica.savigliano@aslcn1.it*

Dear Sir/Madame

In order to be informed in a clear and sufficient manner for you about the intervention you require, after the discussions previously held, please read this document carefully. The information contained therein is not to cause any worries, but it is mandatory in order to allow you to decide freely and clearly, therefore better and more consciously whether to carry out the operation or not. It is understood that you can and must ask the staff in charge for any further clarification and clarification you need. Finally, you must bring all the clinical documentation in your possession (clinical analyzes or findings, inquiries, radiological tests, etc.)

. **IMPORTANT: BRING THE LIST OF MEDICATIONS YOU TAKE DAILY**

What are colonoscopy and rectosigmoidoscopy

They are procedures used for the diagnosis of colon and rectum diseases or to investigate these organs that may be affected by other diseases of systemic origin. They are performed by introducing an endoscope, i.e. a long and flexible probe, through the anus to examine the aforementioned organs. Visioning is live, mediated by a fiber optic system, or electronics. To allow an accurate view of the internal walls, the organs are distended with air, which will be re-aspirated as much as possible before the end of the examination. Rectosigmoidoscopy is an instrumental investigation that allows you to directly see the walls of the last part of the colon (sigmoid and rectum)

What to do before the examination?

It is necessary to abstain from solid foods from the beginning of the intestinal preparation until the examination and it is necessary that you are accompanied by someone. At your request, the doctor or nurses will explain further details and answer your questions. Before the examination you will have to remove any glasses and/or metal objects (watches, rings, etc.). You will be asked to lie on the bed on your left side. **It is important to report to the doctor any allergies to current medications and therapies that can modify blood coagulation (anticoagulants, antiplatelets, etc.).** Before starting the examination, you may be given a sedative and/or a painkiller intravenously to make you more relaxed and to alleviate the discomfort of insufflation. The doctor will then introduce the endoscope through your anus. Generally speaking, the introduction and progression of the instrument should not cause you anything other than modest discomfort linked to distension of the colon; in some cases, due to a particular tortuosity of the bowel, you may experience abdominal pain similar to that which may precede a defecation with diarrhea. These disturbances can be alleviated with slow, deep breathing. The duration of the examination will vary depending on the characteristics of the colon and whether or not it is necessary to perform operative maneuvers. During the endoscopic examination it may be necessary to carry out any biopsies and interventional maneuvers (polypectomies, dilations, sclerosing injections, removal of foreign bodies) and to carry out, if necessary, therapy with antispasmodics, anxiolytics and painkillers.

Complications

Hemorrhages (0.3-6.1%) where immediate bleeding is usually resolved endoscopically; in 2% of patients, late bleeding may occur which can occur up to 7-30 days after the procedure; perforation of viscera (0.07-0.3% from 0.04-1% during polypectomy) and if endoscopic treatment is ineffective, surgical intervention is indicated; cardiorespiratory and circulatory complications which are usually

linked to premedication and/or the ingestion of waste materials are represented by a drop in oxygen in the blood; respiratory arrest; heart attack. Other very rare complications are: explosion from intestinal gas; ruptured spleen; acute appendicitis; diverticulitis; subcutaneous emphysema and laceration of the mesenteric vessels. Unwanted reactions to the use of medications.

What happens after the examination?

After the examination, the patient may experience persistent swelling and abdominal pain which normally subsides in a few minutes without the need for additional maneuvers or therapies. In some cases, however, it may be necessary to position a rectal probe in order to facilitate the elimination of the air blown in during the examination. If therapeutic maneuvers are carried out, depending on the doctor's judgment, more prolonged clinical observation may be indicated. If the examination is performed under sedation, at the end there may be temporary drowsiness, dizziness, blurred or double vision. In any case, the patient can only be discharged if accompanied and cannot therefore drive cars or motor vehicles or carry out risky maneuvers or maneuvers that require particular attention in the 24 hours following the procedure. The resumption of ongoing therapies, nutrition and fluid intake are agreed with the healthcare professionals at the time of discharge. If no sedation has been performed, the patient will be able to return home or to the ward, even alone. After a few hours, signs of late complications related to the examination may occur. It is therefore important to recognize early signs of possible complications. Alarm symptoms are: pain with abdominal tension, sweating with hypotension, onset of fever and bleeding with emission of bright red or dark blood, bowel movements closed to feces and gas. In this case it is advisable to go to the emergency room, possibly in the same facility where the procedure was performed. Following an endoscopic examination, the patient will be temporarily excluded, for a period of 12 months, from any blood donation.

What to do in case of incomplete examination (5/30% of cases):

In the event of an incomplete examination, depending on the reason, the doctor will indicate the procedures to be implemented

What are the alternatives to colonoscopy/rectosigmoidoscopy:

Barium enema and virtual colonoscopy are currently the alternative techniques to colonoscopy. They are two radiological techniques. None of these allow to perform biopsies for histological examination and to carry out operative maneuvers (polypectomies, etc.). As with colonoscopy, these alternative procedures also require bowel preparation. Any indication for these alternative procedures must be evaluated with your doctor considering the risks and benefits.

1 DOCUMENTI E REGISTRAZIONI CORRELATI AL DOCUMENTO

PGsq033 Consenso Informato

2 BIBLIOGRAFIA

Note SIED

3 LISTA DI DISTRIBUZIONE

Ai Direttori/Responsabili e Coordinatori delle seguenti strutture, per diffusione al personale coinvolto nell'applicazione (si ricorda che la diffusione alle Strutture Semplici è di competenza della Struttura Complessa di afferenza):

SS Risk Management
SS Medicina Specialistica Ambulatoriale e Privato Accreditato per diffusione ai Medici e agli infermieri dei Poliambulatori
SS Direzione Amministrativa Distrettuale per diffusione ai MMG e PLS
SC DISTRETTO SUD-OVEST
SC DISTRETTO SUD-EST
SC DISTRETTO NORD-OVEST
SC DISTRETTO NORD-EST
SC MEDICINA INTERNA MONDOVI'
SC MEDICINA INTERNA SALUZZO
SC MEDICINA INTERNA CEVA
SC MEDICINA INTERNA SAVIGLIANO
SC LUNGODEGENZA FOSSANO
Ssd Continuità Assistenziale a Valenza Sanitaria
SC CARDIOLOGIA MONDOVI'
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SC OTORINOLARINGOIATRIA SAVIGLIANO
SC ORTOPEDIA E TRAUMATOLOGIA MONDOVI'
SC ORTOPEDIA E TRAUMATOLOGIA SAVIGLIANO
SSD Fisiopatologia Respiratoria

SC ANESTESIA E RIANIMAZIONE SAVIGLIANO
SC ANESTESIA E RIANIMAZIONE MONDOVI'
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SC PSICHIATRIA AREA SUD
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SC Logistica e DAPO per diffusione alla Ss Gestione Front Office
SC ONCOLOGIA SALUZZO

E per conoscenza:

SC DIREZIONE SANITARIA SAVIGLIANO
SC DIREZIONE SANITARIA MONDOVI'

Deve rimanere evidenza della diffusione secondo le modalità presenti in Azienda.

Stesura per il gruppo di lavoro			**Verifica/Approvazione**	**Emissione**
Qualifica	Nome Cognome	Firma	Per l'U.G.R. Il Responsabile SS Risk Management	
Dirigente medico	Corrado Genovesi			Firma del Direttore SC/Dipartimento
Dirigente medico	Paolo Viazzi		Maurizio Salvatico	Toni Pazzaia
			_____	_____