

# Explanation of Lower Gastrointestinal (GI) Endoscopy (Colonoscopy) and Endoscopic Treatment

## /下部消化管内視鏡検査（大腸ファイバースコープ検査）と 内視鏡的治療についての説明書

### 1. What is lower gastrointestinal (GI) endoscopy (colonoscopy)?

/下部消化管内視鏡検査（大腸ファイバースコープ検査）とは

Lower Gastrointestinal (GI) Endoscopy is a technique using a tube electronic scope inserted through the anus to observe the entire large intestine and a part of the small intestine, allowing the doctor to diagnose polyps, cancer, or inflammation of these areas. The examination also allows the doctor to collect tissue samples for inspection (biopsy), or endoscopically remove lesions (polypectomy, mucosal resection, etc.), when necessary. There are other methods to examine the intestines such as barium (liquid) enema X-ray radiography. You can choose this method if you feel it will be difficult for you to undergo endoscopy. Please understand that histological tissue examination and treatment are not available during the examination. When an endoscope cannot pass through deep into the intestines due to adhesions, or when the risk of unexpected symptoms/complications following endoscopy is expected to be high, the doctor may decide to change the method to barium enema X-ray radiography.

/管状の電子スコープを肛門から挿入し、大腸全体と小腸の一部を観察し、これらの部位に発生したポリープや癌、炎症などを診断します。必要に応じて組織の一部をとって調べたり（生検）、病変を内視鏡的に切除（ポリペクトミーや内視鏡的粘膜切除術など）することもできます。大腸の検査法には、他にバリウム（液体）を使う注腸 X 線検査がありますが、この検査では組織検査や治療はできませんが、この内視鏡検査にどうしても抵抗のある方は、この事をご承知いただいた上で、注腸 X 線検査を選択していただく事も可能です。また逆に、癒着などのために内視鏡が大腸深部まで入らない場合や、内視鏡による偶発症の危険性が高い事が予測される場合には、医師の判断で注腸 X 線検査に変更する場合があります。

#### (1) Pre-examination/事前検査

- To ensure the safety of colonoscopy, an evaluation of your general physical condition and/or blood or other tests to check for infection may be necessary.

/検査を安全に行うために全身状態を調べたり、感染症の有無を知るために採血検査やその他の検査を行う場合があります。

## (2) Preparation for the examination/検査の前処置

- You will be required to empty and cleanse your colon prior to the examination. Follow the instructions attached. You will be asked to take a laxative either at home or at our hospital on the day of your examination.

/大腸の内視鏡検査を行うには、大腸の中を空にしなければなりません。別紙説明書に従って準備してください。下剤を自宅で服用していただく場合と、検査日に施設に行ってから服用していただく場合があります。

- You will be required to have a light meal or a special pre-examination meal on the evening of the day before your examination. You will need to skip breakfast on the day of your examination. If you are scheduled to undergo the examination in the afternoon, you will also need to skip lunch.

/検査前日の夕食は軽くする場合や決められた検査食を食べていただくことがあります。当日の朝食は絶食です。午後からの検査の場合は昼食も絶食です。

Example 1/例 1. Bowel-cleansing method (a bowel-cleansing agent is taken orally on the day of the examination)

/経口腸管洗浄剤法（検査当日服用）

Example 2/例 2. A laxative (taken before going to sleep on the day before the examination)

+ bowel-cleansing method (a bowel-cleansing agent is taken orally on the day of the examination)

/緩下剤（検査前日就寝前服用）+ 経口腸管洗浄剤法（検査当日服用）

If your bowel is not clear enough or fecal matter remains, an additional laxative or enema may be required.

/ただし、排便状態が十分ではないときには下剤の服用を追加したり、浣腸を追加することがあります。

## (3) Procedure on the day of your examination/検査当日の手順

- When your name is called, you will change into an examination gown in a specified area.

/名前が呼ばれたら、指定された場所で検査着に着替えます。

- After moving to the examination room, you will be asked to lie down on the examination table.

/検査室へ移動したら、検査台の上で横になります。

- You may be given an injection to relieve tension or pain.

/緊張を和らげる薬や痛み止めの薬を注射する場合があります。

- Do not put tension in your abdomen and relax.

The duration of the examination depends on the individual. It is usually between 15 minutes to 1 hour.

/おなかに力を入れず、楽にしてください。

検査時間は患者さんにより多少違い、およそ 15 分から 1 時間です。

- You may be asked to reposition yourself at some point during the examination. You may feel pressure in your stomach or feel bloated.

/途中で体の向きを変えたり、おなかが圧迫されたり、張ってきたりすることがあります。

- The doctor may check the progress of the examination or the shape of your intestines using an X-ray fluoroscope.

/X 線透視を用いて内視鏡の進み具合や腸の形の様子を確認することもあります。

## (4) Precautions after the examination/検査後注意事項

- Your abdomen may continue to feel bloated. Try to pass gas as much as possible, which will make you feel better over time.

/おなかが張って来ますので、ガスは積極的に出してください。時間を追って楽になります。

- If you do not feel sick after drinking small amounts of water, you can start eating.

/水を少し飲んでみて、気分が悪くならなければ、食事しても結構です。

- If you have undergone a biopsy or polypectomy, you will need to have easily digestible foods for a certain period of time based on the doctor's instructions. Avoid stimulating and greasy foods, and alcohol.  
/組織やポリープ切除術を受けた方は、医師の指示により一定期間消化の良い食事を摂る必要があります。刺激物、脂もの、アルコール類は避けてください。
- You may notice a small amount of blood in your stool after your examination, but you do not have to worry about it if the bleeding is light. If the bleeding is heavy or does not stop for a long time, or if you experience symptoms such as dizziness, cold sweat, or continued abdominal pain, inform the department in charge (the outpatient department or the examination room) immediately.  
/検査後、便に少量の血が混じることがありますが、少量であれば心配いりません。しかし、出血量が多くなかなか止まらない場合や、めまい、冷や汗が生じたり、腹痛が続く場合には担当部署（外来または検査室）へ至急連絡してください。
- On the day of your examination, avoid hard exercise and take a shower instead of having a long bath.  
/検査当日の激しい運動は控えてください。また、お風呂も長風呂を避け、シャワー程度にしてください。
- The doctor will explain the final examination results at a later date. Confirm the day of your next appointment at the outpatient department.  
Do not drive a car by yourself, but have a family member to drive a car instead, or use public transportation to visit our hospital for the examination.  
/最終検査結果説明は後日となりますので、次回外来診察日をご確認ください。  
検査当日は、ご本人が、車などの運転をするのは控えて、できるだけ公共機関での来院、もしくはご家族の方に運転してもらおうなどで、来院してください。

## 2. Endoscopic treatment/内視鏡的治療について

If abnormal lesions are detected during the endoscopy, and endoscopic treatment procedures can be performed during the examination, the doctor performing the examination will explain about it at that time. There are different types of polyps. While one type of colon polyp do not have to be removed, other types may become the source of bleeding, or may be cancerous or be at risk of becoming cancerous, if left untreated. Some polyps can be removed during the examination, still others can only be removed at a later date, requiring hospitalization.

/検査で病変が発見され、その場で内視鏡的治療が可能な場合は、検査施行医が説明します。腸のポリープには、切除する必要のないものもある一方で、放置すると出血源となるものや癌になる危険性のあるもの、すでに癌化しているものなど、さまざまな状態のものが 있습니다。また、検査中に切除可能なものもあれば、日を改めて入院していただいた上で切除する必要のあるものもあります。

Endoscopic treatment is indicated for benign polyps, early cancers detected only in the mucous membrane, and cancers slightly spreading to the lower layer of the mucous membrane.

There are three methods of endoscopic treatment: 1) hot biopsy, 2) polypectomy, and 3) endoscopic mucosal resection (EMR). The most suitable method will be chosen depending on the size and shape of the lesion.

/良性のポリープや、早期癌の中でも粘膜だけにとどまっているもの、粘膜下層へわずかに広がっているものが内視鏡治療の適応となります。

方法として、①ホットバイオプシー、②ポリペクトミー、③内視鏡的粘膜切除術（EMR）にわけられ、病変の大きさや形によって方法を選択します。

- ① Hot biopsy is a technique that destroys small polyps by cauterizing the root of the lesion with a high-frequency current, while the tip of the polyp is grasped by forceps.

/ホットバイオプシーは、小さなポリープに対して、鉗子でつまみながら高周波電流を用いて病変の根もとを焼き切る処置です。

② Polypectomy is a technique that removes polyps by grabbing and cauterizing the stems of polyps with a high-frequency current via a round wire (snare) inserted into the colonoscope.

/ポリペクトミーは、茎のあるポリープに対して、輪の形のワイヤー（スネア）を茎の部分でしめ、高周波電流を用いて切断します。

③ EMR is a technique that removes the surface layer of the polyps by grabbing and cauterizing the lesion with an electric current via a round wire after raising the surface of polyps using a local injection of saline solution to the root of the lesion. EMR is used for flat polyps or suspected early cancers.

/内視鏡的粘膜切除術（EMR）は、病変の根もとに生理食塩水などを局所に注射して病変を浮きあがらせてから、輪になったワイヤーでしめつけ、電気を流して切除します。平たい形のポリープや、早期癌が疑われるものなどは、この方法で治療します。

Endoscopic treatment usually does not cause any pain. However, if you feel a sharp pain when the local injection to the large intestine is given, or when the electric current is turned on, be sure to let the doctor performing the treatment know immediately. To prevent unexpected symptoms/complications, other options including the discontinuation of the treatment may be chosen, as necessary.

/内視鏡治療には通常は痛みを伴いません。「大腸の中で部分的に注射」したり、「電気を流した」時に、万一、鋭い痛みを感じたら、必ず施行医に伝えてください。偶発症を回避するため、必要に応じて治療の中止を含む処置をとる事があります。

The removal of polyps (even small ones) without special precautions is very risky for patients currently undergoing anticoagulant therapy for cardiac or cerebrovascular diseases, because of their difficulty to stop bleeding. Anticoagulants are prescribed by their doctors for specific reasons, and therefore the gastroenterologist cannot decide whether or not to suspend the therapy. For this reason, if you are taking an anticoagulant, you need to consult the doctor who has prescribed the drug about suspending the drug. After the consultation with your doctor, we will decide whether to suspend the therapy or choose other options, such as continuous heparin infusion. Please note that pre-hospital stay (approximately \_\_\_ weeks) is necessary in the latter case.

/心疾患や脳血管疾患などで抗凝固療法を継続中の方では、出血が起きても血が止まりにくいいため、どんなに小さなポリープでもそのまま切除するのは極めて危険です。抗凝固剤は本来、必要があって処方されているものですから、消化器内科医が勝手に中断するか否かの判断はできません。まず、その薬を処方されている主治医との相談が必要です。その上で、一時的に休薬していただいたり、別の方法に切り替えたりしてから（内服薬を中断して「ヘパリン」という薬を静脈から持続点滴します）治療を行う事になります。後者の場合は、事前入院（約〇週間）が必要になりますので、ご了承下さい。

### 3. Unexpected symptoms/complications following examination/procedures/treatment and their frequency/検査・処置・治療にともなう偶発症とその頻度

The major unexpected symptoms/complications include allergic reactions to the drug used in the examination and bleeding or intestinal perforation (creating a hole in the intestines) following endoscopic procedures. The incidence of unexpected symptoms/complications following endoscopy was reported to be 0.04-0.069%, and that following polypectomy was reported to be 0.147-0.22%, according to the National Data 2002 by the Japan Gastroenterological Endoscopy Society. We regret that it is not possible to guarantee zero incidence even if we take the best possible precautions. If an incident occurs, we will provide the best possible care including surgical treatment. Extension of hospitalization (immediate hospitalization in the case of an examination at the outpatient department), blood transfusion, or immediate surgery (particularly in the case of intestinal perforation) may be required.

/この検査では、使用する薬に対するアレルギー、内視鏡操作によって起こる出血・腸穿孔（腸に穴があく事）などが主な偶発症です。日本消化器内視鏡学会が行った全国集計（2002年）によると、その頻

度は、検査のみの場合で0.04～0.069%、ポリペクトミーを行った場合で0.147～0.22%と報告されています。残念ながら最善の手を尽くしても偶発症発生の可能性をゼロにする事はできません。万一、偶発症が発生した場合には、外科的処置を含む最善の処置を致します。入院期間の延長（外来検査の場合は緊急入院）や輸血、緊急手術（特に腸穿孔の場合）などが必要になる事があります。

#### 4. Precautions after the examination/treatment/検査・治療終了後の注意事項

For more precise and difficult examinations/treatments, unexpected symptoms/complications are likely to occur more frequently. Patients undergoing only an examination can take liquids and have a light meal soon after the examination. Patients given a sedative during the examination can start eating after confirmation that the effect of the drug has disappeared. Patients undergoing a histological tissue examination or polypectomy must not drink alcohol on the day of the examination to prevent postoperative bleeding. A polypectomy causes the formation of artificial ulcers in the intestines, which may require dietary restrictions including fasting, depending on the size and condition of the ulcers. After the examination, the staff member in charge will explain the precautions you will need to take. Be sure to follow them. Do not hesitate to ask any questions, even if you think they are minor. Stomach bloating or slight stomach pain may continue even after the examination, but the condition will be relieved as you pass gas. If you have continued pain, notice bleeding, or have any concerns, inform the hospital staff.

/精密で難しい検査や処置ほど偶発症の頻度が増加しますが、検査のみの場合は、終了後すぐに水分や軽食を摂ることができます。ただし、鎮静剤を使用した場合は、その効果が切れたことを確認後、食事摂取の許可が出ます。組織検査やポリープ切除術を受けた方は、術後出血を防ぐため当日の飲酒は避けて下さい。ポリープ切除を行うと、腸に人工的な潰瘍が発生しますので、その大きさや状態によっては絶食を含む食事制限の必要な事があります。検査終了後には担当のスタッフが処置内容に応じたご説明をしますので、必ず守って下さい。なお、ご質問がありましたら、些細な事でも遠慮なくお尋ねください。検査後にお腹の張りや軽い痛みの残る方もありますが、大抵はガスが出るにつれて軽快します。万が一、いつまでも痛みがとれない時や、出血が起こった時、ご心配な症状がある時には病院へご連絡下さい。

#### 5. Second opinion/セカンド・オピニオン

If you do not feel satisfied with the explanation provided for you, or cannot make a decision regarding your examination/treatment, you may request a second opinion from another doctor/hospital. Even if you have changed your mind after submitting your signed informed consent form, if you want to discontinue your examination/treatment, please do not hesitate to let us know. It will not adversely affect your future consultation/treatment.

/今回の説明で納得できない場合や、決心がつかない場合などには、他の医師や医療機関にセカンド・オピニオンを求める事ができます。一旦同意書を提出された後で考えが変わり、検査や治療の中止を希望される場合にも遠慮なくお申し出下さい。そのために今後の診療で不利をうけるような事は一切ありません。

## For Patients Scheduled to Undergo Colonoscopy /大腸内視鏡検査を受けられる患者様へ

### The day before the examination/前日

**Eat easily digestible foods all day the day before the examination.**

/検査前日は終日消化の良いものを食べてください。

● You may have dinner. You will be required to fast after your dinner until the completion of the examination.

/夕食は食べて頂いて構いません。夕食以降、検査が終わるまでは絶食です。

● Finish your dinner by 19:00. There are no fluid restrictions.

/夕食は19時までに食事を済ませてください。水分の制限はありません。

※ Coffee or tea must be taken without milk or sugar.

/コーヒー、紅茶はミルク・砂糖抜きでお願いします。

### ◀ Menu examples on the day before the examination/大腸内視鏡検査のメニュー例 ▶

#### Foods you may eat/食べてよいもの

Only Udon noodles (thick wheat noodles), rice gruel, tofu (soybean curd), yams, potatoes, white bread, bananas, apples (do not eat the peel), transparent candies, pudding, coffee or tea without milk, etc.

/うどんの麺のみ、粥、豆腐、山芋、ジャガイモ、食パン、バナナ、リンゴ（皮は食べてはいけない）、透明のキャンディー、プリン、コーヒー（ミルク・砂糖抜き）、紅茶（ミルク・砂糖抜き）

#### Foods you must not eat/食べてはいけないもの

Soba noodles (buckwheat noodles), hijiki seaweed, wakame seaweed, bean sprouts, enoki mushrooms, konnyaku (paste made from konnyaku flour), gobo (burdock root), beans, vegetables, corn, dried strips of radish, watermelon, kiwi fruit, strawberry, jams, tempura, deep-fried foods, etc.

/そば、ひじき、わかめ、もやし、えのき、こんにゃく、ごぼう、豆類、野菜、トウモロコシ、切り干し大根、スイカ、キウイ、イチゴ、ジャム、てんぷら、揚げ物など

※ Avoid fried foods, seaweeds, mushrooms, beans, leafy vegetables, and fruits with seeds.

/油もの・海藻類・きのこ類・豆類・葉物野菜類・種のある果物は避けるようにしてください。

According to the doctor's instruction, you will take either the 1 or 2 below orally before going to sleep.

/医師の指示により、寝る前に、①か②のどちらかを内服してもらいます。

Date of the day before the examination/検査前日

Month/月      Day/日      Day of the week/曜日

① LAXOBERON 4 tablets /ラキソベロン 4錠飲んでください。

(2 tablets after dinner/夕食後2錠, 2 tablets at 22:00/22時2錠)

② LAXOBERON 10 ml [bottle]/ラキソベロン 10ml/本

before going to sleep/1本（眠前）

### The day of your examination/検査当日

Date:      Month/月      Day/日      Day of the week/曜日

Do not have breakfast or lunch/朝食・昼食は、とらないで下さい。

① Take 2 tablets of GASMOTIN at 6 a.m./ガスマチン 2錠を6時に飲んでください。

● If you are on any oral medications, take them as usual.

\*The exceptions are medications that you have been instructed not to take on the day of your examination, diabetic drugs, and insulin.

/●普段のんでいる薬のある方は、普段通り内服してください。

\*ただし、検査当日中止するように言われているお薬、糖尿病薬、インスリンは中止して下さい。

② Drink all the *NIFLEC* water, 2000 mL, between 7:00 am and 9:00 am. There are no fluid restrictions on the day of your examination. Drink plenty of fluids. You can drink green tea, water, or tea or coffee (without milk). You will be required to fast until the completion of the examination.

/ニフレック 2000 ml を 7 時から 19 時までの間に飲み切ってください。

当日は、水分の制限はありません。お茶、水、紅茶・コーヒー（ミルク・砂糖抜き）であれば飲んでも構いませんので、十分に水分を摂って下さい。検査が終了するまで絶食です。

### How to make *NIFLEC* water/ニフレックの作り方

- ① Open the cap of the container of *NIFLEC*, and pour water up to the 1 L calibration of the container.  
/キャップを開けて約 1 リットルの目盛まで水を入れます。
- ② Close the cap firmly and shake the container to dissolve the *NIFLEC* completely.  
/キャップをきちんと閉め、よく振り、完全に溶かします。
- ③ Add more water up to the 2 L calibration, placing the container on a flat place to adjust the amount of water.  
/さらに水を加え、平らな場所に置いて、約 2 リットルの目盛まで水を入れます。
- ④ Close the cap again and mix it to make the concentration even.  
/キャップを閉め、均一になるように混ぜてください。
- ⑤ Be sure to use only water to dissolve the *NIFLEC*. Do not add any flavoring.  
/必ず水だけで溶かして下さい。味付けはしないで下さい。

### How to drink *NIFLEC* water/ニフレックの飲み方

Drink the Niflec water slowly. Spend more than 15 minutes to drink a glass of *NIFLEC* water for the first 2-3 glasses. If you have difficulty in drinking the water, it may be easier to drink if you store it in the refrigerator. You will have a bowel movement approximately 1 hour after the start of drinking the water.

If you do not have a bowel movement, do light exercise or massage your abdomen.

Continue drinking the water until you find no fecal matter in your stool and you pass transparent or yellow watery stool. If you experience symptoms such as paleness, nausea, vomiting, abdominal pain, hives, or difficulty in breathing, or if you cannot drink the water any more or have no bowel movement, give us a phone call.

/飲み始めのコップ 2~3 杯目までは、1 杯につき 15 分以上かけてゆっくり飲んで下さい。飲みにくい時は、冷やすと飲みやすいかもしれません。飲み始めて 1 時間後ぐらいから排便が始まります。

排便が始まらない時、軽い運動や、お腹をマッサージしてみてください。

便に固形物が混ざらなく、無色あるいは、黄色の水様便になるまで飲んでください。万が一、飲んでいる途中に、青ざめる・吐き気・嘔吐・腹痛・じんましん・息苦しさが出現したり、飲めない、排便がないなどの症状があれば病院に電話して下さい。

Time when you started drinking/飲み始めた時刻

Hour/時

Minutes/分

Number of bowel movements/排便回数

Number of times/回

Amount of Niflec water you drank/飲んだ量

ml

## For Patients Scheduled to Undergo Colonoscopy /大腸内視鏡検査を受けられる方へ

- Please arrive at the endoscopy reception desk 30 minutes before your appointment on the day of your examination.

/検査当日は、検査予約時間の30分前に、内視鏡受付にお越し下さい。

- Be sure to bring your signed informed consent form with you. /同意書を必ず持参してください。

- Do not drive a car yourself or ride a motorbike/bicycle, use public transportation, and try to have someone accompany you to the hospital.

/来院時は車・オートバイ・自転車で来院することは避け、公共機関を利用し、出来るだけ付き添いの方と来院してください。

- Inform us in advance in any of the following cases: current history of cardiac disease (angina pectoris, myocardial infarction, arrhythmia), high intraocular pressure (glaucoma), diabetes mellitus, or difficulty in urinating in men (enlarged prostate gland), currently taking blood-thinner medicine (anticoagulant).

- \*Take your medications as usual (except for the medications that you have been instructed not to take on the day of your examination).

/現在心臓病（狭心症・心筋梗塞・不整脈）・眼圧の高い方（緑内障）・糖尿病・男性で尿の出にくい方（前立腺肥大症）、血をサラサラにする薬（血液凝固阻止剤）を服用中の方は、事前に申し出てください。

※飲み薬は普段通り内服してください。（ただし、検査当日中止するようになっているお薬は、中止してください。）

本資料は、医師や法律の専門家等の監修をうけて作成されておりますが、日本と外国の言葉や制度等の違いにより解釈の違いが生じた際には、日本語を優先とします。

This English translation has been prepared under the supervision of doctors, legal experts or others. When any difference in interpretation arises because of a nuanced difference in related languages or systems, the Japanese original shall be given priority.

## Sedative/Anesthetic Explanation Form 鎮静剤・麻酔薬 説明書

- 1. Necessity of examination/treatment (disease name/symptoms) 検査・治療行為の必要性 (病状・症状)**  
A sedative or anesthetic is used to reduce pain and anxiety during examinations and treatments.
- 2. Specific methods (details/period) 具体的方法 (内容・期間)**  
Before the examination, a sphygmomanometer, oxygen saturation meter, and simple electrocardiograph are attached, and after the physical condition is understood, an intravenous drip is inserted and a sedative is administered intravenously.  
The state of consciousness during the examination varies slightly depending on the drug used, ranging from a state of being able to be awakened when called to being asleep.  
During the examination, oxygen saturation, heart rate, and blood pressure are monitored to prevent accidents from occurring.  
If the pain is severe, an analgesic may also be used.  
Please note that if there are concerns about safety, such as in the case of elderly patients or patients with underlying diseases such as arrhythmia, valvular heart disease, ischemic heart disease, hypertension, or chronic obstructive pulmonary disease, it may not be possible to perform sufficient sedation even if requested.
- 3. Benefits/risks associated with testing/treatment 検査・治療行為に伴う利点 (ベネフィット)・リスク**  
[Benefits] The pain and anxiety associated with examinations and treatments can be reduced.  
[Risks] Onset of respiratory depression, decreased blood pressure, bradycardia, arrhythmia, etc. may occur.  
\*Among all cases of endoscopic examinations and treatments, including upper and lower gastrointestinal endoscopy, sedative-related complications accounted for 0.000606% (1 out of 170,000 cases), and the mortality rate was 0.0000166% (1 out of 10 million cases).
- 4. Long-term effects 長期的な影響**  
There are no particular problematic effects of note.
- 5. Alternative treatments and their advantages/risks 代替行為可能な医療行為の有無とその利点・リスク**
  - Endoscopy/treatment without sedative or anesthetic  
[Advantages] There is no concern about onset of respiratory depression, blood pressure decrease, bradycardia, arrhythmia, etc. due to use of a sedative or anesthetic.  
[Risk] In the case of transoral endoscopy or treatment, the vomiting reflex may occur more strongly.  
In the case of transanal endoscopy and treatment, abdominal pain may occur more strongly.
- 6. Expected result if not performed 実施しなかつた場合に予測される結果**  
In the case of transoral endoscopic examination or treatment, the vomiting reflex may be more severe.  
In the case of transanal endoscopic examination or treatment, abdominal pain may be felt more severely.  
If the above symptoms are extremely severe, it may be necessary to stop the procedure.
- 7. Condition immediately after treatment and recovery period 施術直後の状態と回復期間**  
After the examination, it is necessary for you to rest in the recovery room until fully awake. Please come to the hospital with sufficient time to spare (1 to 2 hours).  
Even if it is determined that you may return home, the effects of the drug remain, so please do not drive a car or ride a motorcycle, bicycle, etc. on the day of the procedure.
- 8. Possibility of success (expectation of surgery/procedure to be completed as scheduled) 成功の可能性**  
In the majority of patients, the effect of reducing anxiety and pain associated with examinations and treatments can be expected.

Having understood the above explanation, 私は、上記の説明事項について理解し同意した上で、

- I hereby request the use of a sedative 希望します  
 I do not desire that a sedative be used 希望しません
- Date and time of consent 承諾日 \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) : \_\_\_\_\_ (Time)
- Signature of patient or 署名  
legally authorized representative \_\_\_\_\_



# Sedative/Anesthetic Explanation Form 鎮静剤・麻酔薬 説明書

- 1. Necessity of examination/treatment (disease name/symptoms) 検査・治療行為の必要性 (病状・症状)**  
A sedative or anesthetic is used to reduce pain and anxiety during examinations and treatments.
- 2. Specific methods (details/period) 具体的方法 (内容・期間)**  
Before the examination, a sphygmomanometer, oxygen saturation meter, and simple electrocardiograph are attached, and after the physical condition is understood, an intravenous drip is inserted and a sedative is administered intravenously.  
The state of consciousness during the examination varies slightly depending on the drug used, ranging from a state of being able to be awakened when called to being asleep.  
During the examination, oxygen saturation, heart rate, and blood pressure are monitored to prevent accidents from occurring.  
If the pain is severe, an analgesic may also be used.  
Please note that if there are concerns about safety, such as in the case of elderly patients or patients with underlying diseases such as arrhythmia, valvular heart disease, ischemic heart disease, hypertension, or chronic obstructive pulmonary disease, it may not be possible to perform sufficient sedation even if requested.
- 3. Benefits/risks associated with testing/treatment 検査・治療行為に伴う利点 (ベネフィット)・リスク**  
[Benefits] The pain and anxiety associated with examinations and treatments can be reduced.  
[Risks] Onset of respiratory depression, decreased blood pressure, bradycardia, arrhythmia, etc. may occur.  
\*Among all cases of endoscopic examinations and treatments, including upper and lower gastrointestinal endoscopy, sedative-related complications accounted for 0.000606% (1 out of 170,000 cases), and the mortality rate was 0.0000166% (1 out of 10 million cases).
- 4. Long-term effects 長期的な影響**  
There are no particular problematic effects of note.
- 5. Alternative treatments and their advantages/risks 代替行為可能な医療行為の有無とその利点・リスク**  
● Endoscopy/treatment without sedative or anesthetic  
[Advantages] There is no concern about onset of respiratory depression, blood pressure decrease, bradycardia, arrhythmia, etc. due to use of a sedative or anesthetic.  
[Risk] In the case of transoral endoscopy or treatment, the vomiting reflex may occur more strongly.  
In the case of transanal endoscopy and treatment, abdominal pain may occur more strongly.
- 6. Expected result if not performed 実施しなかつた場合に予測される結果**  
In the case of transoral endoscopic examination or treatment, the vomiting reflex may be more severe.  
In the case of transanal endoscopic examination or treatment, abdominal pain may be felt more severely.  
If the above symptoms are extremely severe, it may be necessary to stop the procedure.
- 7. Condition immediately after treatment and recovery period 施術直後の状態と回復期間**  
After the examination, it is necessary for you to rest in the recovery room until fully awake. Please come to the hospital with sufficient time to spare (1 to 2 hours).  
Even if it is determined that you may return home, the effects of the drug remain, so please do not drive a car or ride a motorcycle, bicycle, etc. on the day of the procedure.
- 8. Possibility of success (expectation of surgery/procedure to be completed as scheduled) 成功の可能性**  
In the majority of patients, the effect of reducing anxiety and pain associated with examinations and treatments can be expected.

Having understood the above explanation, 私は、上記の説明事項について理解し同意した上で、

- I hereby request the use of a sedative 希望します
- I do not desire that a sedative be used 希望しません

■ Date and time of consent 承諾日 \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) : \_\_\_\_\_ (Time)

■ Signature of patient or 署名  
legally authorized representative \_\_\_\_\_

## Regarding Removal of Polyp(s) ポリープ切除について

If polyps are found during colonoscopy, they can be removed on the spot.

If polyps are removed, there will be restrictions on diet and exercise to prevent bleeding, so please avoid any schedules of drinking alcohols, dining out, travel, or exercise until one week after the scheduled examination date.

Please note that if large polyps are removed or there is a risk of bleeding or perforation, hospitalization may be required after the examination.

The most common procedural accidents during polypectomy and/or endoscopic manipulation are bleeding and intestinal perforation, occurring in less than 1% of cases. In the unlikely event of the occurrence of a procedural accident, we provide the best possible measures, including surgical intervention.

Upon understanding and agreeing to the above explanations,  
私は上記の説明事項を理解し同意した上で、

- I agree with the procedure of removing polyps 希望します
- I do NOT give consent of removing polyp(s) 希望しません

■ Date and Time of consent      Year/年      Month/月      Day/日      :      (Time)

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Signature of the patient or  
■ legally authorized  
representative

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病院保管用



英語

### Regarding Removal of Polyp(s) ポリープ切除について

If polyps are found during colonoscopy, they can be removed on the spot.  
 If polyps are removed, there will be restrictions on diet and exercise to prevent bleeding, so please avoid any schedules of drinking alcohols, dining out, travel, or exercise until one week after the scheduled examination date.  
 Please note that if large polyps are removed or there is a risk of bleeding or perforation, hospitalization may be required after the examination.

The most common procedural accidents during polypectomy and/or endoscopic manipulation are bleeding and intestinal perforation, occurring in less than 1% of cases. In the unlikely event of the occurrence of a procedural accident, we provide the best possible measures, including surgical treatment.

Upon understanding and agreeing to the above explanations,  
 私は上記の説明事項を理解し同意した上で、

- I agree with the procedure of removing polyps(s) 希望します
- I do NOT give consent of removing polyp(s) 希望しません

■ Date and Time of consent \_\_\_\_\_ Year/年    Month/月    Day/日    :    \_\_\_\_\_ (Time)

■ Signature of the patient or legally authorized \_\_\_\_\_

# Endoscopic Hemostasis Explanation 内視鏡止血術 説明書

## 1 Necessity of Examination / Treatment (Name of disease/Symptoms) 検査・治療行為の必要性 (病名・症状)

If ulcers or similar lesions develop in the stomach or large intestine and there is bleeding from those areas, or if there is a risk of bleeding, it is possible to stop the bleeding using endoscopic treatment without the need for open surgery. Hemostasis is the treatment and prevention of this condition.

## 2 Specific Methods (Details/ Period) 具体的方法 (内容・期間)

There are three main methods of hemostasis: (1) thermal coagulation, (2) clipping, and (3) medication. Hemostasis is performed using the most appropriate method, selected based on the severity of bleeding, the amount of blood loss, and the location of the bleeding.

(1) Thermal Coagulation: Hemostasis using high-frequency current involves applying a high-frequency coagulation probe to the bleeding site. By passing high-frequency current through the probe, heat is generated at the targeted area, which coagulates the tissue and stops the bleeding.

(2) Clipping : The clipping method involves directly pinching the bleeding blood vessel or mucosa with a clip to apply pressure and stop the bleeding.

(3) Medication : The local injection method involves identifying the bleeding site and injecting medication that causes tissue fixation or vasoconstriction (narrowing of blood vessels) to achieve hemostasis.

Topical Drug Application Method : In this method, medication is applied or sprayed directly onto the surface of the bleeding mucosa. Hemostasis is achieved through the drug's pharmacological effects or by forming a protective coating over the bleeding area.

## 3 Benefits/ Risks Associated with Testing/ Treatment 検査・治療行為に伴う利点 (ベネフィット) ・リスク

**[Advantages]** Bleeding that once required surgical treatment can now often be managed endoscopically. This not only avoids the need for emergency surgery, but also reduces the physical burden on the patient, shortens hospitalization, and promotes a faster return to normal life or work.

**[Risks]** If hemostasis is not successful with the first endoscopic procedure, a second or third hemostatic treatment may be performed. However, if bleeding still cannot be stopped, other treatment methods such as surgery may be necessary. Additionally, risks include perforation in the stomach or duodenum after hemostasis, rebleeding shortly afterward, a drop in blood pressure or cardiac arrest, and acute respiratory failure caused by blood entering the airway or

## 4 Long-term Effects 長期的な影響

If appropriate hemostatic treatment is performed, there will be no particular adverse effects.

## 5 Availability of alternative medical treatments and their advantages and risks. 代替行為可能な医療行為有無とその利点・リスク

In addition to endoscopy, other hemostatic treatments include interventional radiology (IVR) and surgery. IVR and surgery are considered in cases of perforation (holes in the stomach, duodenum, or colon), repeated rebleeding, elderly patients, and patients with hypertension or diabetes or other severe complications, hemostasis may be difficult, in which case IVR or surgery may be considered

## 6 Expected Result if Not Performed 実施しなかった場合に予測される結果

If bleeding is left untreated, it can lead to death or anemia, which can cause serious complications in vital organs such as the heart, brain, and kidneys.

## 7 Condition immediately after treatment and recovery period 施術直後の状態と回復期間

After treatment, the patient is required to abstain from all oral intake, rest, and receive hemostatic agents and medications to suppress gastric acid, either orally or via intravenous infusion. If rebleeding occurs, an endoscopic examination will be performed. Even if there is no rebleeding, a follow-up endoscopy is conducted within several hours to a few days after the initial hemostatic procedure to check for the presence of exposed blood vessels.

Once the disappearance of exposed blood vessels is confirmed, the patient may begin a liquid diet. There are also restrictions on eating, heavy physical labor, traveling, alcohol consumption, bathing, and smoking.

## 8 Possibility of success (Expectation of surgery/ procedure to be completed as scheduled) 成功の可能性

The success rate of achieving hemostasis with a single procedure varies depending on the patient's condition, but it is generally around 50% to 80%. In patients who are debilitated or in a weakened state, the likelihood of success tends to be lower.