Consent for Colonoscopy and Sedation

To the Medical Director of Midtown Clinic Medical Corporation

～Attention～
Please fill this form with a ballpoint pen.

ID:
名前：

I have read the below document and fully understood the purpose, content, and risks of the colonoscopy and sedation. I consent to undergo the procedure on my free will, with the understanding that the procedure results cannot be completely guaranteed, as the practice of medicine involves uncertainties.

(Please check the following items that apply ☑)

Understanding the contents of the colonoscopy guide

- ☐ 1. Purpose and overview
  1) Bowel preparation 2) Insertion of the scope 3) Observation of the colon 4) Biopsy and polypectomy
- ☐ 2. Preparation before the colonoscopy
  1) Diet 2) Regular Medication
- ☐ 3. Precautions after the procedure
- ☐ 4. Sedation
- ☐ 5. Possible complications and risks
- ☐ 6. Other considerations
- ☐ 7. Alternative examinations
- ☐ 8. Right to withdraw consent
- ☐ 9. Medications which must be discontinued before the procedure

Preference for sedation

☐ **I wish to undergo sedation** (*I will not drink alcohol or drive vehicles until 6 am the next morning)

☐ Sedation is used to alleviate anxiety and discomfort. However, as its effects vary among individuals, sedation may sometimes be insufficient. For safety reasons, it is not possible to administer more than the appropriate dosage, and I understand this.

- ☐ **I do not have glaucoma**
- ☐ **I have glaucoma (Please check the next section)**

☐ **I do not want sedation**

Patients with glaucoma (including suspected cases or high intraocular pressure) or increased cupping of optic disc

- ☐ I have consulted an ophthalmologist and have been permitted to undergo sedation.
- ☐ I have received permission from the ophthalmologist and I elect to undergo sedation.

※Please bring the relevant documents (medical certificate), or consult with an ophthalmologist in person or by phone.

[Date: Name of the Ophthalmology Clinic: Name of Doctor:]

Patients with high fall risk (e.g., use of wheelchair or cane, difficulty walking due to injury, illness, or age)

We recommend that somebody accompany you home since the sedation will further increase your risk of falling.

- ☐ I have a companion to go home with (your companion:_____e.g., husband)
- ☐ I understand all the risks mentioned above and I do not need a companion.

Abdominal aortic aneurysm

- ☐ **I do not have an abdominal aortic aneurysm**
- ☐ **I have been diagnosed with an abdonimal aortic aneurysm**

※ Colonoscopy should be performed at the medical facility of your doctor managing the abdominal aortic aneurysm, regardless of the aneurysm size.

※ If you wish to undergo the colonoscopy at our clinic, please have your doctor confirm that you do not apply to any of the contraindications listed in the separate Guide to the Colonoscopy. Please have your doctor fill out the separate "Physician Confirmation Form" (valid within 3 months of the procedure date) and bring the completed form on the day of the colonoscopy.

following next page

【Biopsy】If an abnormality is found or suspected

☐ **I consent to a biopsy**

Biopsy (1-3 organs): Approx. 4,000-15,000 yen (covered by insurance)
※You will be charged 100% of the fee if you forget your health insurance card. (Refundable by bringing the card to the clinic within the same month.)
※You will be charged 200% of the fee if you do not have Japanese Health Insurance (Approx. 35,000-100,000 yen).

☐ **I do not want a biopsy**

【Polypectomy】If the doctor determines that polyp removal is necessary

● If you are undergoing the Colonoscopy Dock Course, the polypectomy will be considered as outpatient care.

☐ **I consent to a polypectomy**

(You cannot board an airplane or bullet train, drink alcohol beverages, or perform strenuous exercises for 7 days after the polypectomy.)

Polypectomy + pathology: 20,000-45,000 yen + Dock arrangement fee 11,000 yen
※You will be charged 100% of the fee if you forget your health insurance card. (Refundable by bringing the card to the clinic within the same month.)
※You will be charged 200% of the fee if you do not have Japanese Health Insurance (Approx. 100,000-220,000 yen).

☐ **I do not want a polypectomy**

Those currently undergoing cancer treatment or currently suffering from cancer

☐ I have confirmed with my doctor that endoscopic examination and biopsy are possible.

☐ I would like to undergo endoscopic examination and biopsy at the discretion of my doctor.

※ Please confirm whether or not the endoscopy/biopsy is possible by bringing documents (medical certificate, etc.) or by consulting or calling your attending physician.

[Date: Name of Clinic: Name of Doctor:]

Patients with neuromuscular diseases (myopathy, myositis, myasthenia gravis, etc.) ※No allowed colonoscopy for patients with ALS.

☐ I have confirmed with my primary physician that I can undergo colonoscopy and sedation.

☐ Based on my primary physician's decision, I would like to undergo colonoscopy and sedation.

※ Please bring the relevant documents (medical certificate) to undergo the endoscopy and sedation before the procedure.

[Date: Name of Clinic: Name of Doctor:]

Other conditions

☐ I have not had an abdominal surgery (laparotomy, laparoscopy, C-section) within 6 months

☐ I have not had an endoscopic submucosal dissection (ESD)
of the upper gastrointestinal tract (esophagus, stomach, duodenum) within 2 months

☐ Fasting blood sugar is within 70-250mg/dL on the procedure day (if applicable)

☐ I weigh less than 130 kg on the day of the examination

☐ My blood pressure value on the day of examination is less than BP 180/110 mmHg

☐ My intraocular pressure is less than 25 mmHg on the day of the examination and I do not have any eye pain.

☐ I am not pregnant, nor possibly pregnant.

(Signature of Explainer) ※staff use only
Doctor (or Nurse) Date / / Time : Signature
Doctor (or Nurse) Date / / Time : Signature
【Signature of Patient】
Date (yyyy/mm/dd) / / Time : Signature
【If the patient is unable to consent , parent or legal guardian needs to sign】
Date (yyyy/mm/dd) / / Time : Signature
emergency contact number (Relationship)

【Pre Procedure Anticoagulates & Antiplatelet Agents Discontinuation Guideline】

Classification	Generic Name (component name)		Brand Name (branded medicine and main generic medicine)		Gastrointestinal Endoscopy★1,2 Low Risk for Biopsy/Bleeding	Gastrointestinal Endoscopy★1,2 Colon Polyp Removal
Antiplatelet	Aspirin		Aspirin	Aspirin (enteric-coated)	Take As Usual	STOP 5 days prior
			Bayaspirin			
	Aspirin・dialuminate Combination product		Asphanate	Nitogis		
			Bassamin	Bufferin ※including OTC		
			Famoter			
	【Combination product】Aspirin・Vonoprazan Fumarate		Cabpirin			
	【Combination product】Aspirin・Lansoprazole		Takelda			
	【Combination product】Aspirin・Clopidogrel Sulfate		ComPlavin	LoreAce		STOP 7 days prior
	Ethyl Icosapentate (EPA)		Ethyl Icosapentate	Epadel		STOP 1 day prior
			Epadel EM	Epadel S		
	Omega-3-Acid Ethyl Esters(EPA products)		Omega-3-Acid Ethyl Esters	Lotriga		
	Sarpogrelate Hydrochloride		Anplag	Sarpogrelate Hydrochloride		
	Cilostazol		Cilostazol	Pletaal		
	Ticagrelor		Brilinta			STOP 5 days prior
	Thienopyridine	Clopidogrel Sulfate	Clopidogrel Sulfate	Plavix		STOP 7 days prior
		Ticlopidine hydrochloride	Ticlopidine hydrochloride	Panaldine		
		Prasugrel Hydrochloride	Efient	Prasugrel		
	Beraprost Sodium		Careload LA	Dorner		STOP 1day prior
			Procylin	Berasus LA		
			Beraprost Na			
Anticoagulant	Apixaban		Eliquis		Take As Usual	Unable to proceed with the procedure
	Edoxaban Tosilate Hydrate		Lixiana			
	Dabigatran Etexilate Methanesulfonate		Prazaxa			
	Rivaroxaban		Xarelto	Rivaroxaban		
	Warfarin Potassium		Warfarin	Warfarin K	Cannot proceed with procedure★3	
Vasodilator	Kallidinogenase		Kallidinogenase	Carnaculin	Take As Usual	STOP 1 day prior
	Hepronicate		Hepronicate			
	Limaprost alfadex		Opalmon	Limaprost alfadex		
Coronary vasodilator	Dipyridamol		Dipyridamol	Persantin	Take As Usual	STOP 1 day prior
	Dilazep Hydrochloride Hydrate		Comelian Kowa	Dilazep Hydrochloride Hydrate		
	Trapidil		Rocornal	Trapidil		
Brain circulatory	Ibudilast		Ketas		Take As Usual	STOP 3 days prior
	Ifenprodil Tartrate		Ifenprodil Tartrate	Cerocral		
	Nicergoline		Sermion	Nicergoline		

＜参考文献＞
※「循環器疾患における抗凝固・抗血小板療法に関するガイドライン」2008年 日本循環器学会 (2009年改訂版 2015/10 更新版)
※「脳卒中治療ガイドライン2009 」2009年 日本脳卒中ガイドライン委員会(日本脳卒中学会、日本脳神経外科学会、日本神経学会ほか)追補2017
※「手術医療の実践ガイドライン」2013年 日本手術医学会
※「EHRA PRACTICAL GUIDE」:非弁膜症性心房細動患者における新規抗凝固薬の実用ガイド(2012年), European Heart Rhythm Association
※「科学的根拠に基づく抗血栓療法患者の抜歯に関するガイドライン2015年版」日本有病者歯科医療学会、日本口腔外科学会、日本老年歯科医学会
★1「心房細動治療(薬物)ガイドライン2015年改訂版」日本循環器学会, 日本心臓病学会, 日本心電学会, 日本不整脈学会
★2「抗血栓薬服用者に対する消化器内視鏡診療ガイドライン」2012年 日本消化器内視鏡学会　直接経口薬(DOAC)を含めた抗凝固薬に関する追補2017
★3「ワーファリン適正使用情報第3版」

Tokyo Midtown Clinic evised in June. 2026

ID	
名前	

【主治医確認書】
～消化管内視鏡検査における抗血栓薬の休薬について～

平素より大変お世話になっております。

この度、当院にて患者様の消化管内視鏡検査を行う事となりましたが、貴院より抗血栓薬の処方を受けていると伺いました。当院では「抗血栓薬服用者に対する消化管内視鏡診療ガイドライン」に基づき、抗血栓薬の休薬について下記のように定めております。
お手数ではございますが、内容をご確認の上、「～主治医記入欄～」に休薬可否や休薬期間をご記載いただきたく存じます。患者様のリスクを最小限にする為にもご協力のほど、宜しくお願い申し上げます。

【当院の基準】
当院では休薬に伴う血栓塞栓症のリスクを低減するため、抗血栓薬の内服を継続した状態で検査及び内視鏡治療が可能な場合があります。検査医の判断のもと、安全性を考慮して治療・検査を行いますが、抗血栓薬休薬に伴う血栓塞栓症のリスクが低い場合はより安全に内視鏡検査を行うため、休薬を検討いただくようにお願いしております。当院での治療が難しい病変を発見した場合は、入院可能な施設への紹介を行うなど、適切な対応を行います。

□下部消化管内視鏡検査（大腸ポリープ切除の希望あり）：
抗血栓薬の内服が１剤までであれば内視鏡治療が可能な場合もありますが、より安全を期すため休薬をご検討ください。休薬する場合は、「抗血栓薬の休止薬一覧表」にて休薬期間を確認ください。

※チエノピリジン/チカグレロル以外の抗血小板剤を２剤以上内服している場合、抗血小板剤が単剤であればポリープ切除が可能になりますので休薬の可否をご検討ください。
※抗凝固薬（ワルファリンカリウムや直接経口抗凝固薬；DOAC）服用中の方、チエノピリジンまたはチカグレロルを含む抗血栓薬を２剤以上服用中の方はポリープ切除を行うことができたないため休薬の必要はありません。

□上・下部消化管内視鏡検査（観察・生検のみ希望）：
抗血栓薬は休薬不要です。
※ワルファリンカリウム（ワーファリン等）を服用中の方は生検不可のため休薬の必要はありません。

～主治医記入欄～

【患者名】 ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ 様

【休薬可否】 可 ・ 不可 （○をつけてください）

【休薬する抗血栓薬名および休薬開始日】 ＿＿＿＿＿＿＿＿を＿＿＿日間休薬

※検査当日は休薬期間に含みません
※内服再開時期は検査医が指示いたします

【記載日】 20＿＿年＿＿月＿＿日

【医療機関名】 ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

【医師名】 ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

ID	
名前	

（Appended Form 8）

Informed Consent for Short-stay Surgery
[Day-surgery for Colonoscopy and endoscopic polypectomy]

Patient name: _____

Date _____年_____月_____日

Condition	Colon polyp
Symptom(s)	Absent ・ Present （ ）
Treatment plan	Endoscopic removal of polyps, if found during the colonoscopy
Surgical procedure	Date: (/) Description: Colonoscopy and endoscopic polypectomy
Possible risks and complications of surgery	Major complications include postoperative bleeding and perforation. **Bleeding:** If excessive bleeding occurs, another endoscopic procedure may be necessary to stop the bleeding, or a blood transfusion may be required. In rare cases, surgery may be needed if the bleeding cannot be managed. **Perforation (tearing of the colon):** Generally, perforation is accompanied by severe abdominal pain. Treatment can involve fasting and administration of intravenous fluids or emergency surgery, depending on the severity of the symptoms. If necessary, we will coordinate care with a higher-level hospital, such as our affiliate Japanese Red Cross Medical Center.

【Signature of attending physician】_____

I have received a thorough explanation of the above information and have the knowledge upon which to base an informed consent. By signing below, I attest to my consent to this short-stay surgery.

【Signature of patient】_____

TEL _____（ ）_____