



SOUTH JERSEY RADIOLOGY ASSOCIATES, P.A.

PATIENT MUST COMPLETE

CT COLONOGRAPHY PATIENT DATA

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

**PATIENT HISTORY**

**NO**

**YES**

- RECTAL CANCER  NO  YES
- COLON CANCER  NO  YES
- COLON POLYPS  NO  YES
- RECTAL BLEEDING  NO  YES
- REGIONAL ENTERITIS (Crohn's Disease)  NO  YES
- ULCERATIVE COLITIS  NO  YES
- DIVERTICULAR DISEASE  NO  YES
- HAVE YOU HAD COLON SURGERY?  NO  YES

HAVE YOU HAD ANY RADIATION TREATMENTS TO PEVIS AREA?  NO  YES

DO YOU HAVE A CARDIAC PACEMAKER OR DEFIBRILLATOR?  NO  YES

FAMILY HISTORY OF COLON CANCER  NO  YES

If Yes, Specify Relationship: \_\_\_\_\_

Age at Diagnosis: \_\_\_\_\_

DATE OF LAST PHYSICAL EXAM : \_\_\_\_\_ DATE OF LAST RECTAL EXAM : \_\_\_\_\_

PRIOR COLONOSCOPY/SIGMOIDOSCOPY AND RESULTS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Technologist use only:	
Dx code: _____	Tech initial: _____
Notes: _____	
_____	

PATIENT NAME: \_\_\_\_\_

**CT COLONOGRAPHY (VIRTUAL COLONOSCOPY) CONSENT**

Colo-rectal carcinoma (CRC) is a significant cause of morbidity and mortality in the United States. It is estimated one in 17 Americans will develop CRC, and CRC is the third leading cause of cancer deaths in men and women. Most, but not all, CRC develops from a sequence of small benign polyp to larger precancerous polyp to frank invasive cancer. All screening tests for CRC are designed to interpret this sequence by detecting polyps before they become cancers. Most authorities believe polyps larger than 1cm harbor a sufficient risk of progression to CRC that they need to be removed. Lesions from 6mm to 9mm harbor some risk and many authorities recommend removal, while smaller lesions are less worrisome and many are not premalignant (hyperplastic polyps) and do not need to be removed. Some cancers develop de novo from flat, nonpolypoid, lesions in the colon.

CT colonography has been shown to have a sensitivity of 90 to 95% for polyps greater than 1cm. For polyps from 5mm to 9mm, the sensitivity is about 80%. For smaller polyps, the sensitivity is about 60%.

CT colonography represents an option in CRC screening, but just like traditional colonoscopy or barium enema is not 100% accurate and does not guarantee you will never develop CRC. For this reason SJRA stresses that you must continue lifelong surveillance for CRC according to the American Cancer Society and promptly seek medical attention for any symptoms such as rectal bleeding, dark stools, and change in bowel habits, abdominal pain or bloating AT ANY TIME even if the results of this test are normal.

SJRA suggests patients use the following guidelines depending on the results of your CT Colonography:

- A) Normal CT Colonography: repeat total colonic exam in 5 years (either standard colonoscopy or CT colonography)
- B) Polyp greater than 6mm detected: remove with traditional colonoscopy
- C) Lesion smaller than 5mm detected: re-image colon in 3 years as in (A) above

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SJRA STAFF MEMBER