

Explanation for patients undergoing a gastroscopy (oesophago-gastro-duodenoscopy)

Record of the explanation provided:

Date:

Dear Patient

Read the information **immediately** after receiving it. Complete the questionnaire, add the date and sign it, preferably on the day before the planned procedure. If you have any questions ask your doctor or the specialist carrying out the procedure (gastroenterologist).

You will be undergoing a **gastroscopy (oesophago-gastro-duodenoscopy)**. This package includes the following:

- **an information brochure**
- **a questionnaire**
- **informed consent**

The Information Brochure:

In the brochure you will find information about the procedure as well as the reasons for the procedure and associated risks. Please read the brochure carefully.

Ask your doctor if you have any questions about the need or the urgency of the procedure, about other options, or about the risks of the examination. The physician who referred you for this procedure will be able to answer most of your questions. If necessary, the specialist (gastroenterologist) who will carry out the procedure can answer any additional questions (how the procedure is to be performed or other specific issues). If you would like to speak to the gastroenterologist please contact us or the physician who has referred you to us on time.

The questionnaire:

Please complete the questionnaire which includes questions on bleeding disorders as well as questions on medications, intolerances or allergies. If you take **blood thinners** (e.g. Sintrom, Marcoumar, Xarelto) or if you regularly take **Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, Effient** etc. you need to speak to your physician at least one week before the procedure about stopping your medication if appropriate. Bring the completed questionnaire with you to the examination. Sign and date the questionnaire preferably one day before the procedure. If you have difficulties answering any of the questions contact us or your doctor in time.

Informed consent:

Read the informed consent carefully. You should also date and sign it at the latest **one day before the procedure**.

The information brochure is for your keeping.

The questionnaire and the informed consent will be kept at our practice

Aufklärungsunterlagen empfohlen durch die Schweizerische Gesellschaft für Gastroenterologie SGGSSG, die Verbindung der Schweizer Ärztinnen und Ärzte FMH sowie der Stiftung Patientenschutz SPO.

Information brochure: Gastroscopy

Why perform a gastroscopy?

During a gastroscopy the whole of the oesophagus, the stomach and duodenum will be examined. During the procedure pathological conditions of these organs can be diagnosed (e.g. inflammation, ulcers, varices veins, polyps or tumours), and some can be treated or the progress of known conditions can be monitored.

What preparations are necessary for a gastroscopy?

Do not take any solid foods for 6 hours before the procedure since the upper gastrointestinal tract must not contain any food remnants for the examination. You may **drink clear fat-free fluids up to 4 hours** before the procedure (no milk or coffee). Stop taking any regular medication unless explicitly told otherwise by your doctor.

Driving or operating machinery?

You will be given sedatives and/or painkillers for the procedure. You will not be able to drive after taking this medication. Do not drive your own car to the hospital. You need to be accompanied to the hospital. Your signature is not valid for 12 hours after taking the medication. This means that you should not sign any contracts during this time.

How is the gastroscopy performed?

The doctor will insert a canula for an infusion in your arm to administer sedatives and or pain medications you may need. If you wish, this can be dispensed with and instead your throat will be sprayed with a local anaesthetic. The examination will be performed using a thin flexible "tube" with a light and camera at the tip. This allows the physician to examine the mucous membrane of the organs mentioned, take tissue samples (biopsies), remove polyps or stop bleeding as required. In addition to the physician there will be a trained nurse or assistant present at all times.

What risks are associated with gastroscopy?

Complications of gastroscopy are extremely rare (0.2%). Although absolute care is taken complications may still occur which in rare cases can be life-threatening. Potential complications are allergic reactions, possible damage to diseased teeth, infections, bleeding, damage to the wall of the upper gastrointestinal tract (perforation) or injury to the larynx. The administration of sedatives can in very rare cases lead to impaired respiratory or cardiac function. Temporary hoarseness, difficulties swallowing or uncomfortable bloating (caused by air left in the stomach and small intestine) can occur after the procedure.

What do I have to do following the procedure?

If your throat has been sprayed with a local anaesthetic you should not eat or drink for at least an hour.

If you suffer from **stomach pain** or other symptoms (e. g. dizziness, nausea, vomiting) or if you pass blood (usually in the form of a black thin stool), tell your doctor immediately or go directly to the emergency department of the nearest hospital.

Questions on the procedure?

If you have any further questions about the planned procedure ask your doctor. Before the procedure you can discuss any remaining issues with the specialist (gastroenterologist).

If you have any questions or problems you can contact the following physicians:

General practitioner		Tel:
Gastroenterologist	GastroZentrum Hirslanden	Tel: 044 387 39 55

Questionnaire

Questions about bleeding disorders:

	<i>yes</i>	<i>no</i>
1. Do you experience severe nosebleeds for no apparent reason?		
2. Do your gums bleed for no apparent reason (when cleaning your teeth)?		
3. Do you " bruise easily " or suffer small bleeds on your skin without having injured yourself?		
4. Do you have the impression that you bleed longer after minor injuries (e.g. after shaving)?		
5. For women only: Do you have the impression that your periods are especially long , (>7 days) or that you have to change you tampons or sanitary protection very often?		
6. Have you ever suffered long or severe bleeding during or after dental treatment ?		
7. Have you ever suffered long or severe bleeding during surgery ?(e.g. tonsillectomy, appendectomy, giving birth) ?		
8. Have you ever been given blood products during surgery?		
9. Does anyone in your family (parents, siblings, children, grandparents, uncles or aunts) suffer from a condition causing an increased tendency to bleed ?		

Questions about medications, allergies or other diseases:

1. Do you take coagulation inhibitors (blood thinners) (e.g. Sintrom, Marcoumar, Xarelto) or have you taken Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, Effient etc. or 'flu' medication, pain killers or anti-rheumatic medication within the last 7 days? If yes, which?		
2. Are you allergic / hypersensitive (to any medication, latex, local anaesthetics, bandaids) ? If yes, which ones ?		
3. Do you suffer from a defective heart valve , or from heart or lung disease ? Do you carry a card for endocarditis-prophylaxis (green / red) ?		
4. Do you have a pacemaker / defibrillator or a metal implant ?		
5. Have you been diagnosed with malfunctioning kidneys (renal failure)?		
6. Are you diabetic ?		
7. For women: Are you pregnant or are likely to become pregnant ?		
8. Do you have any loose teeth, bridges or crowns or dental disease ?		

I, the person signing, have completed the questionnaire to the best of my knowledge.

Place, Date	Name of the patient	Signature of the patient
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Aufklärungsunterlagen empfohlen durch die Schweizerische Gesellschaft für Gastroenterologie SGGSSG, die Verbindung der Schweizer Ärztinnen und Ärzte FMH sowie der Stiftung Patientenschutz SPO.

Informed Consent

Gastroscopy

Record of the oral explanation given by:

Date:

I, the person signing, am aware of the information brochure.

I have been informed by the physician about the reasons (indication) for the gastroscopy. I have understood the type, procedure, and risks of the gastroscopy. My questions have been answered to my satisfaction.

(check the appropriate box)

I agree to the gastroscopy	<i>Yes</i>	<i>No</i>
I agree to receive a sedative and/or painkiller for the procedure	<i>Yes</i>	<i>No</i>

	Name of the patient		Name of the physician
Place, date	Signature of the patient	Place, date	Signature of the physician

For patients who cannot provide their own consent:

	Legally responsible person		Name of the physician
Place, date	Signature of the legally responsible person	Place, date	Signature of the physician

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