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Your appointment: .....

### GASTROSCOPY (OGD) - INFORMED CONSENT

- ♣ Please read this carefully and bring this form into the day when you attend the gastroscopy.
- ♣ If there is anything you do not understand, please raise this with medical staff before your procedure.

## What is gastroscopy and how is it done?

Endoscopy involves the use of a flexible tube with a camera on its tip to examine the upper intestinal tract including the esophagus, stomach and duodenum (first portion of the small intestine). The procedure is commonly undertaken if your doctor suspects that you have an abnormality of the upper gastrointestinal tract. The procedure allows to take biopsies (removal of a very small portion of tissue) for histology from any part of the gastrointestinal tract. The procedure will take around 15 minutes (with preparation: around 30-45 min).

#### How should you prepare for gastroscopy?

You should have nothing to eat or drink for at least 12 hours before your procedure. If this examination is being done in conjunction with a colonoscopy, it is enough to follow the colonoscopy instructions. You can drink clear liquid (water) until 2 hours before the procedure. If you agree, you will be given a sedative through a vein in the arm during the procedure to make you more comfortable. Please do <u>not</u> stop any blood thinners or anticoagulants unless directly advised by your doctor but <u>write</u> it on the form below and tell it to the medical staff. Please take your normal medication (e.g. for blood pressure...) 2-3h before the gastroscopy with a little dip of water. You should inform the staff if you have heart valve disease or have a pacemaker implanted.

### What are the possible risks or complications of this procedure?

Complications during gastroscopy are extremely rare (0,02%). Despite the greatest care, complications can arise and in exceptional cases can also be life-threatening. These include allergic reactions, possible tooth damage with pre-existing defective teeth, infection, bleeding, damage to the wall of the upper digestive tract (perforation) and injury to the larynx. In rare cases, after taking sleep medication, breathing and heart function may be impaired. Slight hoarseness, difficulty swallowing or uncomfortable flatulence (due to air remaining in the stomach and intestine) may occur after gastroscopy. There is a possibility that the procedure may be technically difficult and unable to be completed, particularly if there is poor stomach emptying and residual food.

#### To know before the exam?

You will need a friend or a relative to bring you to the procedure or take public transportation because you cannot drive for 12 hours after the procedure with sedation, thus you need somebody to accompany you home.

#### What you should know <u>after</u> the exam?

Your physician will inform you of the results immediately after the procedure (when you are awake).

You cannot operate a motor vehicle or machinery for at least 12 hours after the procedure, and cannot make any important decisions or sign any contracts within 12 hours of the procedure, if sedation was given for the procedure. After the exam it is possible to feel throat pain or abdominal bloating, but this will disappear soon in a few hours after the procedure. In the case of strong pain, nausea, breath disorder, vomit, black stool or stool with blood you should immediately contact the specialist that he made the exam. If this is not possible you must to go to an emergency room as soon as possible.

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# Questionnaire to reduce the risk of complications.

Last name:	Name:			
weight:kg	height:		cm	
Make a cross under Yes or No, and if you sign yes please	e give details:			
		YES	NO	Specification
Do you use anticoagulants /blood thinners?		120	110	<u> Бресписион</u>
(ex.: Cardio Aspirine, Plavix, Clopidocrel, Brilique,	Xarelto,			
Eliquis, Effient, Lixiana, Marcoumar, Sintrom)				
During the week, before this exam, did you take d	rugs for			
pain, inflammation, or flu-like symptoms?	O			
(es.: Voltaren, Ponstan, Brufen, Irfen, Ibubrufen, Ketopro	ofen, etc)			
You or someone of your family have bleeding pro				
(blood coagulation disorder)?				
(Do you have bleeding problems after injury, surge	ry or after			
dental cure?)				
Do you have allergies or food intolerances?				
Food allergy (ex: soja or egg)				
<b>Medicines</b> (ex: anesthetics/sedatives, other drugs)				
Others (ex: latex, bands, etc)				
Do you suffer from heart or lung problems?				
(ex: coronary heart disease, arrythmia, asthma)				
Do you have an endocarditis prophylaxis card?				
Do you need to take antibiotics before dental surger	ry?			
Do you have diabetes? Do you need to inject insul	lin? Do you			
take medicament for diabetes?				
For woman: are you pregnant?				
Do you have joint prothesis, pace-maker_or another	er artificial			
implant in to the body?				
Do you have dental problems? Do you have a den or instable teeth?	tal implant			
Informed consent statement:  I have received satisfactory answers to my question.  Learness to gastroscopy and any associated process.			0	• •
I consent to gastroscopy and any associated proced	dure necessary	y (e.g.	biopsie	es).
I consent to the administration of sedation/anesthe	tic agents for	the ex	aminat	ion.
Place / Date:	Patient signa	ature:	•••••	
Place / Date:	Physician signature:			

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