

GASTROSCOPY INFORMATION SHEET

Dear patient,

the examination of the oesophagus, stomach and duodenum takes about 5 minutes and enables us to find the exact cause of your symptoms.

If you wish you may have a sedative or anaesthetic. In this case you will have to be monitored for 45-120 minutes after the examination and you must not drive, operate dangerous machinery or make important decisions for 24 hours afterwards.

It would be advisable to be accompanied or travel home by taxi.

We will numb your soft palate with a throat spray to suppress the natural gag reflex.

For your examination you will be lying down, probably on your left side, and we will carefully pass a flexible video endoscope in through your mouth while blowing air in to open out the hollow organs and enable a precise assessment.

As well as painlessly taking tissue samples or removing polyps we can also document the examination with colour photos.

Is the examination dangerous?

Gastroscopy is a relatively safe examination. With the very narrow video endoscopes used (only 9mm wide), gastroscopy these days is a routine examination with very little risk of complications. Nevertheless it can rarely result in injuries, bleeding and perforation with pleurisy or peritonitis which can be life-threatening and may require surgical treatment. Rarely there are allergic reactions to drugs, causing difficulty in breathing or an abnormal heart rhythm, which necessitate resuscitation.

PREPARING FOR GASTROSCOPY

You should not eat any food for six hours before the planned examination. You may drink still water until two hours before the procedure. You may also take regular medication with a little water.

Please answer the following questions carefully:

Do you have cardiovascular disease?	YES / NO
Do you have a cardiac pacemaker?	YES / NO
Do you have a lung disease?	YES / NO
Do you suffer from high blood pressure (hypertension)?	YES / NO
Do you suffer from a blood disorder (factor deficiency)?	YES / NO
Do you suffer from an infection (hepatitis/HIV)?	YES / NO
Do you have a known neurological condition (epilepsy)?	YES / NO
Do you have a known allergy to any drugs or latex?	YES / NO
Do you wear removable dentures?	YES / NO
Do you have any metal implants (hip/knee/shoulder)?	YES / NO

Declaration of consent:

I understand the nature of the planned examination, I know about the risks and possible complications, and I consent to the planned examination and if necessary to unforeseeable follow-up procedures.

Place, date, time:

Patient :

Physician: