

## Patient information sheet Gastroscopy



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Dear patient,

You are scheduled to have a gastroscopy. With this information sheet, I would like to inform you about the upcoming examination. Please read it carefully.

The endoscopic examination of your oesophagus, stomach, and duodenum, as well as the fine tissue analysis of any tissue samples that are taken, serves to determine your symptoms or to check previously collected findings. It is also used as a precautionary measure for early detection of pathological changes.

### **The endoscopic examination:**

During the examination, after administering a sedative injection (or a spray to numb the throat, if necessary), a movable, thin tube is introduced through the mouth, down the oesophagus, to the beginning of the small intestine (duodenum). By blowing in air, the stomach unfolds and the mucous membrane can be assessed thoroughly. If any abnormalities become apparent, additional instruments (e.g. biopsy forceps, electric sling) are used to take small tissue samples painlessly for further microscopic examination.

Other options for gastric examinations include ultrasound, computer tomography (CT), magnetic resonance imaging (MRI) and capsule endoscopy. Although these procedures are low-risk, they do not offer the possibility of taking tissue samples.

### **Preparation:**

To be able to assess the upper digestive tract properly, it has to be free of food residue. Therefore, you should not eat anything 12 hours prior to your examination. On the day of the examination, you should also stop drinking at least 6 hours prior to the procedure. Medication may be taken with a small sip of water until 2 hours before the procedure. When taking blood-thinning drugs (except ASA) such as Iscover, Clopidrogel, Marcumar, Heparin, NAOcs (such as Xarelto, Eliquis, Pradaxa, etc.), prior consultation with the examining physician for a possible break in therapy is required.

Drugs for the treatment of diabetes mellitus (insulin and tablets) must not be taken on the day of the procedure (risk of hypoglycaemia – please consult us).

### **Sedation (“sedative injection”):**

Since blowing in air and demonstrating the device can cause a feeling of pressure or pain, you will receive a sedative injection before the examination begins.

This leads to pain relief and relaxation as well as to a memory gap, so that the examination is perceived as pleasant.

The disadvantage of sedation is that your ability to respond is impaired for an extended period of time afterwards. You are therefore not allowed to drive, operate machinery or drink alcohol until the next morning. During this time you should also not make any important or legally binding decisions.

**It is therefore very important that you are picked up by an adult or a taxi from the practice to be brought home.**

**End of the examination:**

At the end of the examination, I will inform you of the results that were obtained. A confidant can also be present at this meeting.

In rare cases, a side effect of the sedative injection can be that patients do not remember the examination itself or the results later on. In this case, we are of course at your disposal for further information.

Usually, the examination results are available to your general practitioner / referring physician within 5-7 working days.

**If you feel unwell (e.g. dizziness, nausea), fever above 38 degrees, persistent or sudden abdominal pain or bleeding, please visit the nearest hospital immediately and call a doctor.**

**Risks and possible complications:**

It is common practice to obtain written consent before the examination after you have been informed about the risks and side effects. An endoscopy is generally low-risk. Despite the utmost diligence, complications can occur in individual cases during and after the procedure, which can also be life-threatening and may require further treatment measures or subsequent operations. For legal reasons, I have to tell you all the possible theoretical complications.

**Which complications can occur?**

1. Rare injuries to the larynx, trachea and nasal passages during insertion of the endoscope or the wall of the digestive tract by the endoscope, the additional instruments, the injection of air or during sampling of tissue.
2. Slight nausea, difficulty swallowing, slight hoarseness, swelling of the nasal mucous membranes, discomfort in the throat and pain can be consequences. They usually do not require any treatment and usually subside on their own.
3. Tooth or denture damage from the endoscope or teething ring is rare.
4. Perforation or tearing of the wall of the digestive tract: immediate intensive, new endoscopic or surgical treatment is usually necessary. The emission of wound bacteria into the thoracic or abdominal region can lead to inflammation of the mediastinum or the pleura, a life-threatening peritonitis or even an inflamed pericardium.
5. Bleeding after a polypectomy or removal of tissue samples (especially with increased bleeding tendency): Usually stopped by haemostatic drugs, application of heat, or staples (which are later spontaneously excreted). Surgical intervention or blood transfusion is rarely required. The risk of infection (e.g. hepatitis, AIDS) has become extremely rare in foreign blood transmission.
6. Respiratory, cardiovascular and circulatory disorders right up to cardiac arrest: These can occur after administration of the "sedative injection" in the case of severe respiratory, pulmonary or cardiac diseases. Prevention: Continuous monitoring of oxygen and pulse (pulse oximetry). This way, a risk can be identified and treated in good time.
7. Intolerances / allergy (e.g. to latex, sedatives or anaesthetics). Please bring your **allergy pass** with you to the examination.
8. An infection with fever, which is easily treatable using antibiotics, may occur. The spread of germs into the bloodstream, even life-threatening sepsis or endocarditis or other serious infections requiring intensive medical treatment are rare.
9. Skin/Tissue/Nerve damage due to storage, preparatory measures (injections, disinfection, electrical current) with possibly permanent consequences: Pain, inflammation, tissue death, scars, sensory and functional disorders, paralysis.
10. In case of pregnancy there is a risk of damage to the unborn child by medication or X-rays (in follow-up examinations).

## Questions about previous illnesses, medication intake, Allergies / intolerances

1. Do you take any **medication** regularly?  No  Yes  
If so, which one(s)?

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.....  
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2. Are you **allergic** to anything (medication, soy)?  No  Yes  
If so, which one(s)?

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3. Do you take any **anticoagulants** (Aspirin, Marcumar, Plavix, Clopidogrel, Iscover, Xarelto, Eliquis, Pradaxa, Prasugrel, etc..)?  No  Yes

4. Joint endoprosthesis, metals (not teeth), pacemakers?  No  Yes

5. Blood disease or increased bleeding tendency?  No  Yes

6. Infectious disease (hepatitis, AIDS, TB)?  No  Yes

7. Do you have a metabolic disease (diabetes)?  No  Yes

8. Chronic disease (e.g. glaucoma, epilepsy)?  No  Yes

9. Muscular disorder?  No  Yes

10. Have you ever had an endoscopy / colonoscopy before?  No  Yes

11. If so, were there complications?  No  Yes

12. Previous operations (abdomen, heart, lungs)?  No  Yes

13. Pregnancy?  No  Yes

Height ..... Weight .....

Doctor's note to the patient information

Discussed was: the necessity of the intervention, choice of procedure, advantages and disadvantages compared to other methods, possible extensions of the procedure, risks, possible complications, possible follow-up procedures, chances of success, behaviour before and after the intervention, as well as individual peculiarities:

.....

The following examination is scheduled for ..... (Date)

**(Pick up 2 hours later in the practice)**

**Oesophagogastroduodenoscopy (esophagus, stomach, duodenum)**

**Adenoid ablation**

### Consent

I am aware of the fact that the planned implementation of the agreement may involve some risks, I waive a proposed recon meeting and I agree to the procedure.

Aachen, the ..... Signature:.....

I agree to the proposed examination. I have been informed about the procedure and the risks and have no further questions.

Aachen, the ..... Signature:.....

Issued on: .....