SPITAL OBERENGADIN
OSPIDEL ENGIADIN'OTA

KLINIK

Innere Medizin

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Information sheet recommended by the Swiss Society of Gastroenterologists FMH
Endoscopic investigation and treatment in the upper digestive tract (Gastroscopy)
Information sheet about the patient briefing (in duplicate)

Name:………………… First name:……………………. Date of birth:…………………….

Why this intervention/treatment?
In your case, changes in the area of the oesophagus, stomach or duodenum are suspected or have already been detected. These possibly require treatment that can be carried out endoscopically.

Why should I read this information sheet?
We wish to inform you in beforehand about the investigation procedure, possibility of intervention and risks. You can prepare any questions you may have in advance. Please bring this information sheet with you to the investigation.

What happens during the investigation?
After the administration of a sedative through the vein in the arm, or after local anaesthetic of the pharynx with a spray, a flexible instrument (the endoscope) will be introduced through the mouth into the oesophagus, stomach and duodenum. Special attachments make it possible to take small tissue specimens for further investigations. This causes no pain. You will be observed during and after the investigation.

What other interventions are possible during a gastroscopy?
- Treatment of varicose veins of the oesophagus
- Widening/ distending a narrow oesophagus
- Inserting a tube to facilitate the passage of food
- Removal of polyps
- Inserting a feeding probe in the stomach
- Other

What preparations are necessary?
The upper digestive tract must be free from food remains for the investigation/treatment.
Therefore, on the day of investigation you should fast, i.e. for a minimum of 6 hours before the investigation you shouldn't eat or drink. If you take blood-thinning agents or drugs containing aspirin or if you are diabetic please discuss the exact preparations in advance with your general practitioner or with us.

What are the risks associated with this intervention?
Complications are very rare during a simple gastroscopy (0.2%).

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However there is a possibility of an infection (3-5%), bleeding (5%) or damage to the wall (Perforation) (<5%) occurring because of one of the interventions mentioned before.
In certain cases an operation is then necessary.

What about after the investigation?
After the investigation/treatment and receiving a tranquiliser you may not drive a vehicle on the same day or operate machinery or sign any legal documents. If stomach pains or other disturbances (e.g. dizziness, nausea, vomiting) occur after the investigation/treatment or blood appears from the anus (mostly in the form of black, loose stools) inform us, your general practitioner or your nearest hospital without delay.

Any questions about the patient briefing?
In the patient briefing session you should ask all questions that seem important to you, e.g.
- How necessary and urgent is the investigation/treatment?
- Are there alternative investigation or treatment methods?
- Are there personal risks for me which are not mentioned in the briefing leaflet?

How can I minimize the risk of complications?
By following the instructions about preparations exactly and answering the questions below in full:

Do you take coagulant inhibitors for blood-thinning (e.g. Sintrom, Marcoumar) or have you taken aspirin, alcacyl, tiatral or similar anti-flu medication, respectively analgesics, during the past 7 days? ☐ Yes ☐ No

Do you have a marked tendency to hematoma (with small trauma too, e.g. tooth extraction)? ☐ Yes ☐ No

Do you have an allergy to certain medication? If yes, which ones ☐ Yes ☐ No

……………………………………………………………………...……

Do you suffer from a heart valvular defect, have you had a heart operation or do you have an artificial joint? ☐ Yes ☐ No

I, the undersigned, have taken note of this information sheet and have been informed in an understandable way by the doctor during a consultation about the diagnosis, type, course and risks of the investigation, respectively the interventions. My questions have been satisfactorily answered. I agree to the procedure.

_____   _____   _____
Date   Patient's signature   Doctor's signature