

Information for patients about gastroscopy (oesophago-gastro-duodenoscopy) with endoscopic ultrasound (internal ultrasound)

Consent briefing given by:

Date:

Dear patient,

Please read these documents as soon as you receive them. Complete the questionnaire and sign and date the documents if possible on the day before the investigation. If you have any questions contact our doctor or specialist physician (gastroenterologist).

You are to have a **gastroscopy (oesophago-gastro-duodenoscopy)** with endoscopic ultrasound. For this investigation you will receive:

- An information sheet
- A questionnaire
- An informed consent

The information sheet:

The information sheet contains details about the study procedure, its objectives and risks. Please read this sheet carefully.

If you have further questions on the necessity and urgency for the investigation, alternatives to or risks of the investigation, contact your doctor. The doctor who registered you for the investigation will be able to answer the majority of these questions. Specific questions on the technical procedure of the investigation or specific problems can be answered, if necessary, by the specialist physician (gastroenterologist) conducting the procedure. If you would like answers from the doctor or gastroenterologist please approach us or the referring doctor as soon as possible.

The questionnaire:

Please make sure you fully complete the attached questionnaire so we can determine your tendency to bleed, and answer the questions relating to medication, intolerances or allergies. If you are on **anticoagulant medication** to thin the blood (e.g. Sintrom, Marcoumar, Xarelto) or if you are regularly taking **Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel** etc., please discuss possibly discontinuing your medication with your doctor in good time (at least 1 week before the investigation). Please bring the questionnaire to the investigation with you. Please sign and date the questionnaire, if possible one day prior to the investigation. If you have any problems or queries when answering the questions, please contact your doctor or us in good time.

The informed consent:

Please also read the informed consent carefully. Also sign and date it on the day before the investigation at the latest.

You are supposed to keep the information sheet.

The questionnaire and informed consent will be stored here in the medical records.

Consent documents recommended by the Swiss Society of Gastroenterology SCCSSG, the Swiss Medical Association FMH and the Swiss Patients' Organization SPO.

Information sheet about gastroscopy with endoscopic ultrasound

Why is a gastroscopy with endoscopic ultrasound being performed?

During gastroscopy the oesophagus, stomach and duodenum are examined. This procedure will detect disorders in these organs (e.g. inflammation, ulcers, varicose veins, polyps or tumours) and treat some disorders, or check the progress of known disorders.

Endoscopic ultrasound enables ultrasound investigation of the gastrointestinal tract from the oesophagus, to the stomach and duodenum. This investigation enables the wall structures of these organs to be assessed, as well as the adjacent organs such as the pancreas, liver, gallbladder and lymph nodes. During the same investigation, tissue can be removed from these organs under ultrasound control using a needle.

What preparations are necessary for gastroscopy with endoscopic ultrasound?

Please do not eat any solid food from midnight on the night before the gastroscopy because the upper digestive tract must be free of food residues for the gastroscopy. You are permitted to drink clear, fat-free liquids (not milk) up to 2 hours before admission. Do not take your regular medication unless your doctor has expressly requested you to do so.

Ability to drive/work?

For the investigation you will usually be given sleeping pills and/or analgesics. Driving is not advised after taking these medications. Do not come in your own car. Make sure you have someone to accompany you. After taking these medications you should not sign anything for 12 hours. Which means that you should not sign any contracts during this time.

What is the procedure for gastroscopy with endoscopic ultrasound?

First a drip will be placed in your arm for possible administration of sleeping and sedative medication. The investigation will be performed using a flexible thin "tube" at the tip of which is a light source, a camera and an ultrasonic device. With this, the doctor is able to examine the mucous membrane of the organs mentioned and look for pathological changes, and obtain a picture of the organ wall and adjacent organs with the ultrasound. If tissue is removed with a needle (EUS-guided fine needle biopsy), this takes place at the same time. The investigation and the additional interventions are not painful. During the investigation, in addition to the doctor a specially-trained nurse practitioner (nurse or practice assistant) is also present.

What risks are associated with gastroscopy and endoscopic ultrasound?

Complications from gastroscopy are extremely rare (0.2‰). However, despite great care, complications can occur, which may also be life-threatening in exceptional circumstances. The following should be mentioned: allergic reactions, possible tooth damage if teeth are already decayed, infection, bleeding, injury to the wall of the upper digestive tract (perforation) and injury to the larynx. Bleeding or pancreatic inflammation may occur on rare occasions in connection with endoscopic ultrasound sampling. In rare cases administration of sleeping medication may cause impairment of respiratory and cardiac function. Gastroscopy may cause mild hoarseness, swallowing difficulties or unpleasant flatulence (due to residual air in the stomach and small intestine) for a short time after the procedure.

What should I do after the investigation?

After the throat is anaesthetised locally using a spray, you must not drink or eat for at least an hour. If, following the gastroscopy, you experience abdominal pain or other symptoms (e.g. dizziness, nausea, vomiting), or blood is discharged from the anus (usually in the form of black, watery stool), inform your doctor immediately or go to A+E.

Questions about the investigation?

If you have any further questions on the planned investigation please contact your G.P. If you still have queries after that, contact the specialist physician (gastroenterologist) who is to perform the investigation on you.

If you have questions or problems you can contact the following doctors:

G.P.		Tel:
Gastroenterologist		Tel:

Questionnaire

Questions to establish your bleeding tendency:

yes no

1. Do you get severe nosebleeds without any apparent reason?		
2. Do you suffer from bleeding gums without any apparent reason (when you clean your teeth)?		
3. Do you suffer from "bruises" (haematoma) or small bleeds on the skin without any apparent injuries?		
4. Do you feel that you bleed for longer after small injuries (e.g. when shaving)?		
5. For women: Do you feel that your periods are prolonged (lasting longer than 7 days) or that you have to change your tampons or sanitary towels very frequently?		
6. Do you experience prolonged or severe bleeding during or after a dental treatment?		
7. Do you suffer from prolonged or severe bleeding during or after surgery (e.g. surgery on the tonsils or appendix, childbirth)?		
8. Have you been given banked blood or blood products during surgery?		
9. Do you have a family history (parents, siblings, children, grandparents, uncles, aunts) of illnesses that increase the tendency to bleed?		

Questions about medication, allergies, accompanying illnesses:

1. Are you taking anticoagulant medication to thin your blood (e.g. Sintrom, Marcoumar, Xarelto) or have you taken Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel etc., or cold remedies, analgesics or antirheumatics in the last 7 days? If yes, which?		
2. Do you have an allergy/hypersensitivity reaction (to medications, latex, local anaesthetics, adhesive plasters)? If yes, which?		
3. Do you have a heart valve defect, heart disease or lung disease? Do you carry an endocarditis prophylaxis warning card (green/red)?		
4. Do you wear a heart pacemaker/defibrillator or metal implant?		
5. Are you known to have a kidney function disorder (renal failure)?		
6. Are you a diabetic?		
7. For women: Are you pregnant or is there a possibility that you may be pregnant?		
8. Do you have loose teeth, a dental prosthesis or tooth disease?		

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

Place, date

Name of patient

Signature of patient

Informed consent

about gastroscopy (oesophago-gastro-duodenoscopy) with endoscopic ultrasound (internal ultrasound)

Consent briefing given by:

Date:

I, the undersigned, have read the information sheet carefully.

The doctor has explained to me the reason (indication) for the gastroscopy with endoscopic ultrasound. I have understood the nature, procedures and risks of the gastroscopy with endoscopic ultrasound. My questions have been answered to my satisfaction.

I consent to the gastroscopy with endoscopic ultrasound procedure.

I consent to the administration of sleeping medication and/or analgesic medication for the investigation.

Yes	No
Yes	No

(Make a cross in the appropriate box)

Name of patient

Name of doctor

Place, date

Signature of patient

Place, date

Signature of doctor

For patients who are unable to sign their own consent:

Legal representative or duly authorised person

Name of doctor

Place, date

Signature of patient

Place, date

Signature of doctor