



DE0060220201

Clinic/Practice

Patient name and address

Endoscopy of the esophagus, Stomach and duodenum with sedative/painkiller

Esophago-gastro-duodenoscopy, ÖGD with
sedation/analgesedation

How do you do?

Your upper digestive tract is to be examined using a sedative and/or analgesic (analgesedation). This information sheet is intended to prepare you for the consultation. Please read it carefully before the consultation and complete the questionnaire conscientiously. For better readability, we use the masculine form for professional or personal designations (e.g. doctor), but include all genders.

Why is it mirrored?

We suspect that you have a disease in the upper digestive tract, which should be clarified with an endoscopy. For this purpose, the oesophagus and/or stomach and, if necessary, the duodenum will be examined (oesophago-gastro-duodenoscopy) and a tissue sample may be taken.

Sedation/analgesedation

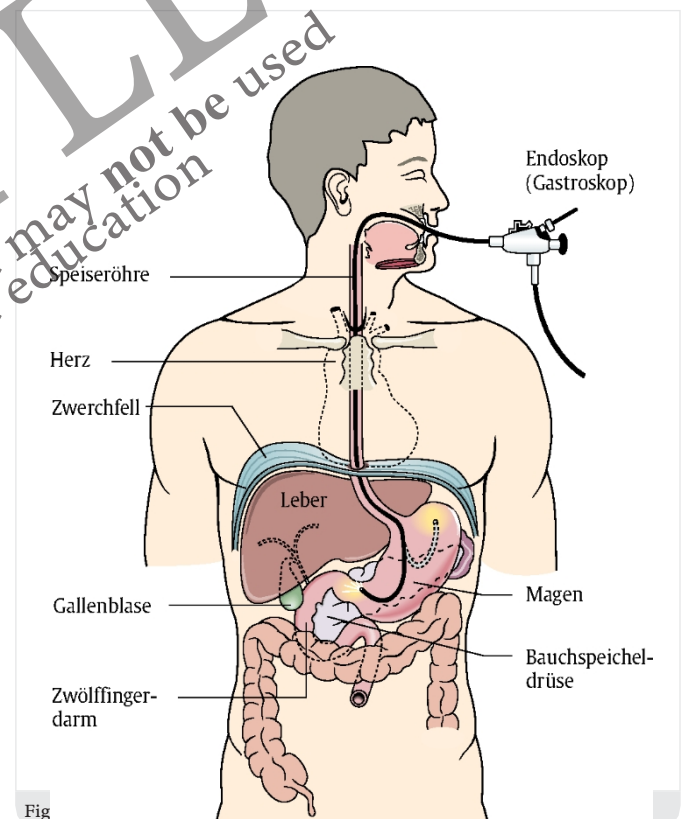
We recommend that you are given a **sedative or short-acting anaesthetic in a low dosage (sedation, "twilight sleep")** for the planned endoscopy, and possibly also an **additional painkiller (analgesedation)**. In this way, we aim to reduce your fear, anxiety and pain as much as possible. The procedure is then more comfortable for you and easier for us to carry out. Sedation may also be necessary for certain procedures to prevent involuntary movements by the patient.

To induce sedation/analgesedation, a **cannula** is inserted into a **vein** (usually a vein in the arm) through which the **sedative or anesthetic** injected. If necessary, the drug can be injected at any time administered continuously. Other medication that may be required (e.g. painkillers, infusion solutions, etc.) can also be injected.

The main drugs (e.g. fluid replacement solutions, circulatory agents, antibiotics) are administered via the venous cannula.

The **effect of sedation** can range from a superficial **"twilight sleep"** to a **deep sleep**:

- **With minimal sedation**, you are calm and relaxed and can follow the instructions of the medical staff.
- **With moderate sedation**, you are asleep, but can still be awakened by loud speech or touch.



Fig

- With **deep sedation**, you are fast asleep and cannot be awakened by touch or response.

With every sedation, it must be expected that the **medication will have a stronger effect than intended**, partly due to individual sensitivities. For example, light to moderate sedation can turn into deep sedation under certain circumstances. In individual cases, sedation can also unintentionally lead to **anesthesia** and require artificial respiration and other measures. Occasionally, it is also necessary to transition to anesthesia in a targeted manner, e.g. if the procedure is considerably prolonged or if complications arise.

During sedation, we will continuously **monitor** your important bodily functions (especially breathing, in individual cases also cardiac activity and circulation). You will also be monitored after the procedure until you are awake, oriented and your breathing and circulation are stable. After sedation, you will **have little or no memory** of the procedure.

The reflection

A thin, flexible optical instrument (the endoscope) is inserted through the mouth or rarely through the nose into the oesophagus, stomach and duodenum (Fig.). For a better view, the stomach is unfolded by blowing in air.

In individual cases, vital functions are monitored by ECG and checking pulse, blood pressure and oxygen saturation. The endoscopy usually takes no longer than 10 minutes.

Tissue samples can be taken using additional instruments (e.g. biopsy forceps). In suitable cases, a dye is also sprayed on (chromoendoscopy). If this procedure is suitable for you, we will inform you about it in more detail.

Alternative methods

Under certain circumstances, pathological changes can also be visualized using imaging procedures such as X-ray contrast examination, computer tomography, magnetic resonance imaging or ultrasound instead of endoscopy. Although these procedures are less unpleasant, the digestive tract cannot be viewed directly and no tissue samples can be taken. We will inform you about the advantages and disadvantages of the various methods, different stresses, risks and prospects of success during the consultation.

Risks and possible complications

Despite all due care, complications - which may be life-threatening - may occur and require further treatment/surgery. The frequency rates are a general assessment and are intended to help weigh the risks against each other. They do not correspond to the definitions of side effects in the package inserts of medications. Pre-existing and concomitant diseases and individual characteristics can significantly influence the frequency of complications.

General risks

- **Allergy/intolerance** (e.g. to latex, medication, anesthetics, dyes for chromoendoscopy, disinfectants) can take the form of, among other things

nausea and vomiting, itching, skin rash, respiratory and circulatory problems may occur. **Severe side effects/allergic reactions** can lead to acute circulatory shock requiring intensive medical care. Serious, possibly permanent damage (e.g. organ failure, brain damage, paralysis) is very rare.

- **Skin/tissue/nerve damage** due to positioning during the procedure and other measures accompanying the procedure (e.g. enema, injections, disinfection, laser, electric current) are rare. Possible, Permanent consequences: Pain, inflammation, death- of tissue, scars as well as sensory and functional disorders, paralysis (e.g. in the limbs).

Special risks of mirroring

- As the procedure is performed under visual control, **injuries** to the larynx, trachea and nasal passages when inserting the endoscope or the wall of the digestive tract through the endoscope, the additional instruments, blowing in air or during tissue removal are rare. **Slight nausea, difficulty swallowing, slight hoarseness, swelling of the nasal mucous membranes** (blocked nose), **discomfort in the throat** (e.g. burning sensation) and **pain** may be the consequences. They usually subside on their own and only rarely require medical treatment. **Tooth damage** caused by the endoscope or a bite ring inserted for protection is rare.
- If a **perforation of the wall of the digestive tract** occurs during the procedure, this can be treated endoscopically if necessary. If this is not successful, immediate surgery and further intensive care measures are usually required. The escape of wound bacteria into the chest or abdominal cavity can result in life-threatening **inflammation of the middle, ribs or peritoneum** or life-threatening **inflammation of the pericardium**. Sometimes injuries, e.g. the tearing of the stomach or intestinal wall, are only discovered after a few days when symptoms occur, despite all due care.
- **Inhalation of stomach contents** during treatment can lead to pneumonia with occasional pleural effusion. The risk is increased during emergency examinations (e.g. blood in the stomach), but can also occur despite an adequate fasting phase (e.g. delayed gastric emptying, certain medications). Especially if there is an increased tendency to bleed, **heavier bleeding** may occasionally occur (e.g. after tissue removal). As a rule, they can be stopped by administering hemostatic medication, by injecting a saline solution or by scabbing. Surgery is rarely necessary.
- **Infections**, possibly with fever, which can usually be treated well with antibiotics, can occur. It is rare for germs to spread into the bloodstream, leading to life-threatening blood poisoning (sepsis) or inflammation of the inner heart wall (endocarditis) or other serious infections that require intensive medical treatment.

Special risks of sedation

- **Infections** in the area of the insertion site of the vein cannula can **cause phlebitis, a purulent**

abscess, tissue death and scarring. Very rarely, such infections lead to **life-threatening blood poisoning (sepsis)**, which requires intensive medical treatment.

- **Injuries to blood vessels** caused by the venous cannula can cause **bruising and slight (secondary) bleeding**.
- **Chronic pain or permanent paralysis** after serious nerve injuries, bruising or inflammation are very rare.
- In very rare cases, medication may be inadvertently injected into an artery instead of a vein. Depending on the medication, this can result in various complications (e.g. severe pain during injection, circulatory disorders, possibly even serious tissue death, which may require surgical treatment).
- **Respiratory disorders** and a **drop in blood pressure** can usually be easily remedied by administering oxygen, medication or fluids. If sedation **unintentionally turns into anesthesia**, this can lead to **unconsciousness** and possibly to **respiratory, cardiovascular or even life-threatening respiratory arrest and cardiovascular failure**. **Artificial respiration and further (intensive care) treatment measures** are then required.
- **Nausea and vomiting** may occur, especially after the administration of certain painkillers (opioids). In rare cases, if consciousness and protective reflexes are impaired, **saliva or stomach contents may flow into the lungs (aspiration) in a life-threatening manner**, especially if the patient is not fasting. There is then a risk of lung obstruction and permanent lung damage. Possible consequences include **pneumonia, a lung abscess, acute lung failure and permanent lung damage**.
- **Thrombosis/embolism:** If blood clots form or are carried away and block a blood vessel, this can have serious consequences (e.g. leg vein thrombosis, pulmonary embolism, stroke, heart attack). Blood-thinning medication is often given as a preventative measure. However, they all increase the risk of bleeding. The active ingredient heparin can also rarely cause life-threatening clot formation (HIT II).
- **Confusion and impaired mental capacity** usually only occur temporarily and particularly in older people after examination/treatment under sedation. In individual cases, lasting impairments cannot be ruled out.

Please ask about anything that seems unclear or important to you during the consultation.

Prospects of success

The medical staff can detect pathological changes with a high degree of certainty by means of endoscopy and the histological examination of any tissue samples taken, but this cannot be guaranteed. If malignant changes are suspected or confirmed by histological examination, the

If the results of the examination are confirmed, follow-up examinations or even surgical interventions by means of an abdominal incision may be necessary.

Behavioral instructions

Before the procedure

Please submit relevant **documents** such as medical **ID cards/passports** (Marcumar, allergies, X-rays, implants, etc.), **findings and images** - if available.

Please list **all medications** (including herbal or non-prescription) that you are currently taking - especially anticoagulants (e.g. heparin, Marcumar®, ASS [Aspirin], Plavix®, Eliquis®, Xarelto®, Lixiana®, Pradaxa® etc.) and diabetes medication. Medication may only be taken or discontinued after consultation with a doctor.

EATING: You may eat a small meal (e.g. 1 slice of white bread with jam, 1 glass of milk) **up to 6 hours before sedation**. **From then on, you must not eat anything else** (including chewing gum or similar)!

DRINKING: **6-2 hours before sedation**, you may only drink **1-2 glasses/cups of clear fat-free liquid without solids** (e.g. water, tea), but no milk and no alcohol! From then on you must not drink anything else!

SMOKING: You must **not smoke from 6 hours before sedation!** In your own interest, you should stop smoking as early as possible.

Be sure to inform us if you have not followed these instructions exactly!

After the procedure

Please do not eat or drink anything **for 2 hours after the examination** if the throat has been locally anesthetized.

It is essential that you follow the rules of conduct of the medical staff, especially when taking anticoagulants again.

If you feel unwell (e.g. dizziness, nausea), have a fever of over 38 °C, abdominal pain, bleeding (haemorrhages, tarry stools) or breathing difficulties (shortness of breath, shortness of breath), please inform the medical staff immediately or seek emergency medical assistance immediately, even if these symptoms only occur a few days after the procedure.

Important information for outpatient procedures

As a rule, the procedure can be performed **on an outpatient basis**.

Do not leave the monitoring room without the consent of the staff and do not leave the clinic/practice until you have been discharged by the responsible medical staff!

Your **ability to react and concentrate** - even if you are not aware of this yourself - may be **severely impaired** for hours due to the after-effects of the medication, meaning that there is a **risk of falling** and you are **not fit to drive**. You must therefore **be picked up by an adult and taken home**.

Your **care at home** must be ensured by an **adult** for the first **24 hours** or for the time specified by us after the examination/treatment.

You must **not actively participate in road traffic** (not even as a pedestrian or cyclist) **for at least 12-24 hours** or for the time specified by us after sedation, you must **not engage in any hazardous activities**, you must only take the medication discussed with us, and you must not take any other medication.

drink alcohol and do not smoke. You should also not make any important decisions. The duration depends on the medication that you have been given for your treatment. We will give you more detailed instructions.

If you have any questions or health complaints, please contact your doctor.

SAMPLE
This specimen sheet may not be used
for patient education

Please answer the following questions carefully so that we can better prevent any risks. We will be happy to help you complete the form if required. **For legal guardians, caregivers, authorized representatives:** Please answer all questions from the patient's perspective.

Age: _____ Years - Size: _____ cm - Weight: _____ kg

Gender: _____

Important questions

n= no/j= yes

1. Occupation (current/former): _____

2. Has there been any other medical treatment in the last few weeks? ☐ n ☐ j

If so, why _____

3. If you have had an infection in the last 4 weeks (e.g. respiratory gastrointestinal tract, urinary tract)? ☐ n ☐ j

If yes, please specify _____

4. Is there a disease/characteristic (e.g. inflammation, constriction) in the mouth, nose, throat ☐ n ☐ j area?

If yes, please specify _____

5. Existence/existence of an infectious disease (e.g. hepatitis, HIV/AIDS, tuberculosis)? ☐ n ☐ j

If yes, please specify _____

6. If medication is taken regularly or currently (including herbal and non-prescription drugs) taken or used? ☐ n ☐ j

If yes, please specify in full _____

7. Has anesthesia ever been performed? ☐ n ☐ j

If yes, please specify (e.g. anesthesia, regional anesthesia, local anesthesia).

anesthesia [e.g. dental treatment], sedation) _____

If yes, please specify _____

25. Do you have any other illnesses?

8. _____

9. ☐ n ☐ j If yes, please specify _____

26. _____

10. _____

If yes, please specify _____

If so, were there any complications? ☐ n ☐ j

If yes, please

specify _____

Is there a tendency to nausea/vomiting? ☐ n ☐ j

Is there an allergy (e.g. medication, anesthetics, contrast agents, latex, disinfectants, iodine, plasters, plastics)? ☐ n ☐ j

If yes, please

specify _____

j If there is an increased tendency to bleed, e.g. frequently Nosebleeds, , prolonged bleeding after injuries? ☐ n ☐ j

11. Is there/was there a (further) vascular disease (e.g. arteriosclerosis, varicose veins, coronary artery disease, circulatory disorder, aneurysm, narrowing of the carotid artery)? ☐ n ☐ j

If yes, please specify _____

12. Is there/was there a (further) cardiovascular disease? ☐ n ☐ j (e.g. coronary heart disease, high blood pressure, arrhythmia, stroke, heart attack, angina pectoris, myocarditis, valve defects)?

16. is there vocal cord paralysis? ☐ n ☐ j

17. is there diaphragmatic paralysis? ☐ n ☐ j

18. is/was there a disease of the digestive system (e.g. esophagus, stomach, intestines)? ☐ n ☐ j

If yes, please specify _____

19. If there is/was a disease of the upper abdominal organs (e.g. liver inflammation/hepatitis, fatty liver, cirrhosis, biliary colic, gallstones, jaundice, pancreatitis)? ☐ n ☐ j

If yes, please specify _____

20. If there is/was a disease or malformation of the kidneys or urinary organs (e.g. renal dysfunction) ☐ n ☐ j

rung, kidney stones, chronic urinary tract infection, kidneys inflammation, congenital malformation [e.g. Doppelnier], bladder emptying disorder/delayed bladder emptying rung)?

If yes, please specify _____

21. Is there a metabolic disorder (e.g. diabetes ☐ n ☐ j heit, gout)?

If yes, please specify _____

22. Is there/was there a muscular or skeletal disease (e.g. muscle weakness, joint disease, osteoporosis, osteomalacia)? ☐ n ☐ j

If yes, please specify _____

23. If there is/was a disease of the nervous system (e.g. walking disorders/paralysis, seizure disorders [epilepsy], Parkinson's disease, sensory disorders, polyneuropathy, pain)? ☐ n ☐ j

If yes, please specify _____

24. If you have an eye disease (e.g. , glaucoma) ☐ n ☐ j Star)?

Are there any implants in the body (e.g. pacemaker, defibrillator, heart valve, stent, artificial joint, silicone, hydrogel, dental implant, metal)? ☐ n ☐ j

27. If an endoscopic examination has already been treatment carried out? ☐ n ☐ j

If yes, please specify (e.g. stomach, intestines, esophagus, abdominal cavity, joints, respiratory tract, larynx, urethra, urinary bladder) _____

If so, were there any complications? ☐ n ☐ j

If yes, please specify _____

28. If touching the throat causes a strong Gag reflex? ☐ n ☐ j

29. Have you ever an operation? ☐ n ☐ j

- If yes, please specify_____
13. If breathlessness occurs even with slight exertion (e.g. simple domestic work)? ☐ ☐ j
14. Is there/was there a respiratory/lung disease (e.g. chronic bronchitis, pneumonia, bronchial asthma, lung inflation, congenital malformation)? ☐ ☐ j
- If yes, please specify_____
15. Do nocturnal breathing disorders occur (e.g. heavy snoring, sleep apnea)? ☐ n ☐ j
- If yes, please specify_____

- If yes, please specify_____
- If so, did complications ? ☐ ☐ j
- If yes, please specify_____
30. Are there any special features regarding the condition of the teeth (e.g. loose teeth, braces, denture, bridge, crown, implantat, retainer, periodontosis)? ☐ n ☐ j
- If yes, please specify_____
31. do you wear a piercing (e.g. tongue piercing, genital piercing)? ☐ n ☐ j
- If yes, please specify_____

ÖGD with sedation/
Analgo-sedation

Endo 22

Question section
(anamnesis)

32. do you smoke? ☐ n ☐ j
33. do you drink alcohol several times a week (e.g. beer, wine, high-proof alcoholic beverages)? ☐ n ☐ j
- If yes, please specify _____
34. do you take drugs? ☐ n ☐ j

Additional questions for women

1. Could you be pregnant? ☐ ☐ j
2. Are you breastfeeding? ☐ ☐ j

Additional questions for outpatient sedation

1. Which accompanying adult will take you home after the procedure (first name/surname of accompanying adult)? _____
2. Where can you be reached in the first 24 hours after the procedure (address) _____
3. Which adult will provide care for the first 24 hours after the procedure or for the period prescribed by the doctor (first and last name) _____
4. Could you be taken to the nearest hospital within 30 minutes? ☐ n ☐ j

SAMPLE

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for patient education

I have informed the patient about the procedure on the basis of this information sheet and have discussed the following aspects and individual particularities in particular (e.g. risk profile, concomitant diseases, treatment alternatives, medication, additional measures, prospects of success, behavioral instructions, aftercare, particular urgency or stress, duration of consultation, capacity, minors, representation, case of care, explanations to questions, etc.):

CAMP

men shee

☐ ASA 1

☐ ASA 2

☐ ASA 3

☐ ASA 4

Endoscopy of the esophagus, stomach and duodenum, if necessary with tissue removal and the injection of a sedative or anesthetic (**sedation**) and, if required, an analgesic (**analgesedation**).

Planned date of the procedure:

Date _____

I have been informed about the planned measure. I **do not** consent to its implementation. I have been expressly informed that my refusal may result in considerable health disadvantages (e.g. delay in the diagnosis and treatment of any illnesses with adverse health consequences).

Doctor

I will follow the behavioral instructions.

Doctor

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SAMPLE
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for used for patient education