



DE6120141901

Clinic imprint/stamp

Patient data/sticker

Esophago-gastro-duodenoscopy (ÖGD)

Endoscopy of the upper digestive tract (gastroscopy)

How do you do?

You have been recommended a gastroscopy of the upper digestive tract. This sheet is intended to help you prepare for the upcoming consultation with the doctor and to document the most important points. Please read everything carefully and answer the questions conscientiously. For better readability, we use the masculine form for professional or personal designations (e.g. doctor), but include all genders.

Why is gastroscopy recommended?

The doctor suspects that you have a disease in the upper digestive tract. An endoscopy of the oesophagus, stomach and, if necessary, the duodenum (oesophago-gastro-duodenoscopy) will determine the cause of your symptoms more precisely.

How is the mirroring done?

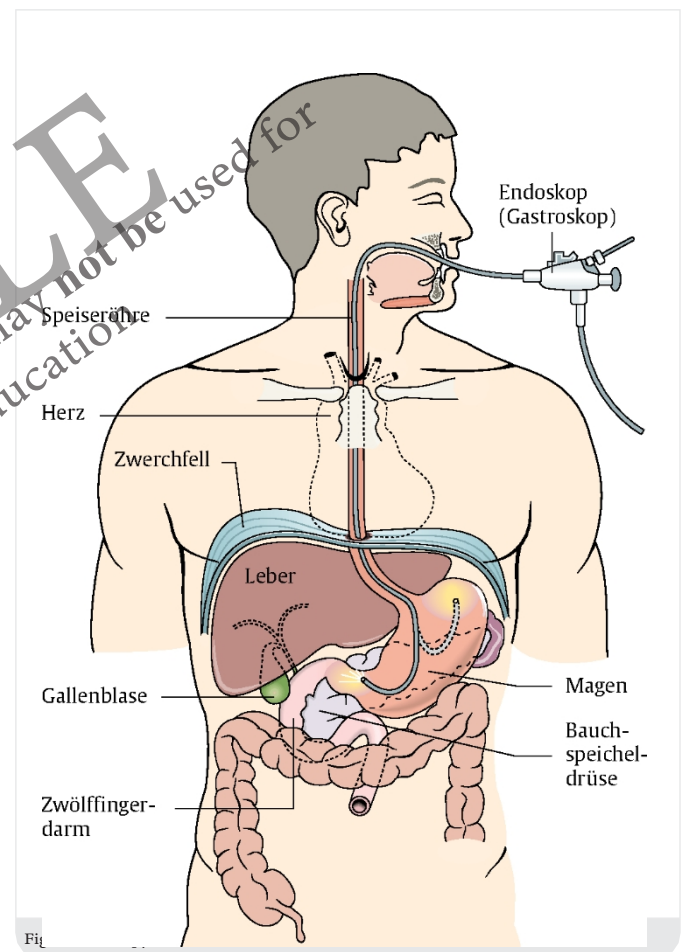
The doctor inserts a flexible optical instrument (the endoscope) from the oral cavity or nose through the oesophagus and stomach into the duodenum (Fig.). By blowing in air, the digestive organs unfold so that pathological changes can be better detected.

Tissue samples can also be taken during the endoscopy.

In special cases, a dye endoscopy (so-called **chromoendoscopy**) is performed, in which dyes are sprayed onto the wall of the digestive tract. If this is planned for you, your doctor will inform you in more detail.

The removal of tissue is largely painless. However, the procedure itself can be perceived as unpleasant. Some patients experience gagging. For this reason, you will usually be given a mild sedative (sedation) and, if necessary, an additional painkiller (analgesedation), and your throat may also be locally anaesthetized. In be

In certain cases, short anesthesia is also possible. Propofol or sometimes midazolam is usually used for sedation. Propofol has a short duration of action so that you will be awake again soon after the examination. Midazolam, on the other hand, has a longer duration of action so that you have to be monitored for longer. However, unlike propofol, there is a specific antidote for midazolam.



medium. Your doctor will talk to you about which procedure is planned for you, what you should bear in mind and what risks may be involved.

Under certain circumstances, it may be necessary to restrict your freedom of movement for a short time to protect you from injury (e.g. restraining your hands). In individual cases, your pulse, blood pressure and oxygen saturation will be continuously monitored during the game.

If treatment measures (e.g. sclerotherapy or ligation of varicose veins in the oesophagus, removal of polyps) are planned as part of the endoscopy, you will be informed of this separately.

Are there alternative methods?

Pathological changes in the upper digestive tract can sometimes also be visualized using imaging procedures such as X-ray contrast examinations, computer tomography, magnetic resonance imaging or ultrasound.

Although these procedures are less unpleasant, they do not allow the doctor to view the digestive tract directly and take tissue samples at the same time. The imaging procedures also involve radiation exposure in some cases.

Your doctor will recommend endoscopy because it is appropriate in your case and is usually the least invasive method. He will explain his recommendation to you in more detail 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 as well as individual characteristics can significantly influence the frequency of complications.

- Occasional **injury to the larynx, trachea and nasal passages or the wall of the digestive tract** caused by the endoscope, the additional instruments, the injection of air or during tissue removal. **Swallowing difficulties, slight hoarseness, swelling of the nasal mucous membranes** (blocked nose), **pain and slight bleeding** can be the consequences. They usually require no treatment and subside or stop on their own. Rare **injury to surrounding organs and tissue structures** during the examination, which must be treated surgically. Rarely, a **breakthrough** (perforation) may occur. If it is not possible to close the leak doscopically, open surgery is necessary. If bacteria leak into the chest or abdominal cavity, this can lead to a life-threatening **inflammation** of the **mediastinum, pleura or peritoneum** (peritonitis) or the **pericardium** (pericarditis), which can usually well controlled with antibiotics, but may require intensive care and surgery.
- Occasionally **more severe bleeding** due to the removal of tissue samples or as a result of injuries. They can usually be stopped endoscopically by injecting medication or using heat procedures or mechanically by stapling. Surgery to stop bleeding and/or the **transfer of blood/blood components** may only rarely be necessary.

be given. If a foreign blood transfusion is considered, you will be informed separately about the procedure and risks (e.g. infections, possibly also with unknown pathogens). The risk of HIV or hepatitis virus infection is extremely low.

- Rare **infection** with fever, which can usually be treated well with antibiotics; very rare **spread of germs** into the bloodstream (bacteremia) up to life-threatening **blood poisoning** (sepsis) and/or **inflammation of the inner heart wall and/or heart valves** (endocarditis) or other serious infections, which may require intensive medical treatment.
- Rare **inhalation of stomach contents** during flushing. This can to pneumonia with the occasional occurrence of pleural effusion. The risk is increased during emergency examinations if is still blood in the stomach, but can also occur despite an adequate fasting phase (e.g. with gastric emptying delay, certain medications).
- Allergy/intolerance** (e.g. to latex, sedatives/anesthetics/anesthetics, medication, disinfectants, dyes for staining endoscopy) can lead to acute circulatory shock, which requires intensive medical measures. Serious, possibly permanent damage (e.g. organ failure, brain damage, paralysis) is very rare. However, monitoring by the doctor and his assistants during and after the procedure considerably reduces this risk; any necessary treatment is initiated immediately.
- Skin/tissue/nerve damage** due to positioning and measures accompanying the procedure (e.g. injections, disinfection, laser, electric current) are rare. Possible, possibly permanent consequences: Pain, inflammation, tissue death, scars as well as sensory and functional disorders, paralysis (e.g. of the limbs).
- Rare **dental damage**, especially with loose teeth, which may need to be treated by a dentist.
- Drugs for sedation/short anesthesia or pain elimination can rarely cause breathing disorders and a drop in blood pressure; this can usually be remedied by administering oxygen, medication and fluids. Very rarely, the effect of the medication can unintentionally change from deep sleep to anesthesia and lead to unconsciousness, respiratory arrest and cardiovascular failure. Artificial respiration and intensive medical treatment must then be provided immediately.

Your doctor will inform you in more detail about special risks and possible complications in your case.

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

Prospects of success

The endoscopy and the histological examination of any tissue samples obtained allow pathological changes to be detected with a high degree of certainty. However, as with any medical procedure, success cannot be guaranteed.

Despite the doctor's great experience and extreme care, in rare cases physical characteristics (e.g. constriction or kink in the digestive tract) or technical problems (e.g. malfunction of the endoscope) prevent the examination from being completely successful. In rare cases, significant findings can therefore be overlooked. It is then sometimes necessary to repeat the endoscopy or switch to a different method.

Depending on the findings, check-ups, follow-up treatment or even surgical interventions may be necessary.

Behavioral instructions

Please be sure to follow your doctor's instructions.

Before the reflection

Please enclose important **documents** such as ID cards/passports (allergy, Marcumar, diabetes, implants, vaccination record, emergency ID card etc.), **findings** and **images** - if available.

You must fast on the day of the examination, i.e. please do not eat anything for at least **6 hours** before the procedure and stop smoking! You may drink small amounts of **clear** liquids (e.g. mineral water, unsweetened tea) up to **2 hours** before the procedure.

Please list **all medication** (including herbal or over-the-counter) that you are currently taking - especially anticoagulant medication (e.g. heparin, Marcumar[®], ASA [aspirin] etc.) and diabetes medication. Medication may only be taken or discontinued after consultation with a doctor.

After mirroring

Slight nausea, difficulty swallowing, discomfort in the throat (e.g. burning sensation), **swelling of the nasal mucosa** (e.g. blocked nose), **painful flatulence** due to air remaining in the stomach and duodenum are usually harmless and disappear by themselves after a short time.

After a short anesthetic/sedation or administration of sedatives/painkillers, you will be monitored until you are sufficiently awake and all organ functions are normal and stable. It is normal for you to feel tired and sleepy for some time afterwards.

If the throat was anesthetized, a sedative/pain injection was administered or the treatment was performed under short anesthesia/sedation After the procedure, you must **not eat or drink anything** for at least **2 hours**, unless the doctor has instructed otherwise. Your doctor will tell you when you can eat and take medication again and what you should pay attention to. Always follow these recommendations.

After an **outpatient procedure**, please note that your The ability to react may be temporarily impaired by sedatives, painkillers or anesthetics. Therefore you must be picked up by an **adult** and kept for the first **24 hours** or for the time specified by the medical staff. **at home** the specified time. Please appropriate arrangements. Because of the medication

If you are under the influence of the drug, you must **not actively** participate in **road traffic** for 24 hours or as long as indicated, and you must **not drive**. You should **not** engage in **strenuous activities** or **alcohol**. You should also **not any important decisions**.

Make sure that you get medical help quickly health problems arise.

If **pain or other disorders** occur

(e.g. dizziness, nausea, sweating, fever above 38 °C) or if you **vomit blood** or **have blood coming out of the anus**, please inform your doctor, the emergency room of the clinic or the hospital **immediately**.

also contact your family doctor, even if these symptoms only appear a few days after the examination.

Should **check-ups, follow-up treatment** or **further surgical treatment** be necessary

we will inform you and your doctor providing further treatment.

Question section (anamnesis)

To enable your doctor to recognize sources of danger in good time, we ask you to answer the following questions.

For caregivers, authorized representatives: Please answer all questions from the perspective of the person concerned.

Age: _____ Years - Height: _____ cm - Weight: _____ kg
Gender: _____

Important questions

n= no/j= yes

1. Do you regularly or currently take medication ☐ n ☐ j
(including herbal and non-prescription) taken or used?

If yes, please specify in full _____

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

If yes, please specify _____

3. Is there an increased tendency to bleed, e.g. frequent ☐ n ☐ j
nosebleeds, bruising, prolonged bleeding after injuries?

4. Is there/was there an infectious disease (e.g. hepatitis, ☐ n ☐ j
HIV/AIDS, tuberculosis)?

If yes, please specify _____

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

If yes, please specify _____

6. Is there/was there a respiratory/lung disease (e.g. chronic ☐ n ☐ j
bronchitis, pneumonia, bronchial asthma, lung inflation, congenital malformation)?

If yes, please specify _____

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

If yes, please specify _____

8. If there is a metabolic disorder (e.g. diabetes) ☐ n ☐ j
ckers disease, gout)?

If yes, please specify _____

9. Is there/was there a thyroid disease (e.g. hyperthyroidism, ☐ n ☐ j
hypothyroidism, goitre, Hashi moto)?

If yes, please specify _____

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

If yes, please specify _____

11. If there is an eye disease (e.g. , ☐ n ☐ j
)?

If yes, please specify _____

12. Do nocturnal breathing disorders occur (e.g. heavy snoring, sleep apnea)? ☐ n ☐ j

If yes, please specify _____

13. Are there any known diverticula of an organ wall (e.g. ☐ no ☐ yes) esophagus, small intestine, colon)?

If yes, please specify _____

14. Do you have any other illnesses? ☐ n ☐ j If
yes, please specify _____

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

If yes, please specify _____

16. Have you ever had to undergo surgery on the digestive tract (e.g. esophagus, stomach, intestines, pancreas, gall bladder)? ☐ n ☐ j

If yes, please specify_____

17. Have you ever an endoscopic examination/treatment? ☐ 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_____

18. Does touching the throat cause a strong gag reflex? ☐ n ☐ j

19. Are there any special conditions of the teeth (e.g. loose teeth, braces, dentures, bridges, crowns, implants, retainers, periodontal disease)? ☐ n/j

If yes, please specify _____

20. Do you have a piercing (e.g. tongue piercing, genital piercing)? ☐ n ☐ j

If yes, please specify _____

Additional question for women

1. Could you be pregnant? ☐ n ☐

Medical notes

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

[illegible]

ASA classification:

- ☐ ASA 1
- ☐ ASA 2
- ☐ ASA 3
- ☐ ASA 4

Only in the event of a rejection

I do not consent to the proposed procedure. I have been informed about the recommended procedure and emphatically informed that my refusal may result in considerable health disadvantages (e.g. failure to recognize serious diseases of the upper digestive tract in good time).

Place, date, time

Patient

Witness, if applicable

Consent

I have read and understood the information sheet. I was informed about the planned procedure, its type and significance, alternatives, risks and possible complications, prospects of success, any necessary changes, extensions (e.g. tissue removal) as well as ancillary and follow-up measures in an informative discussion with my doctor.

the doctor

informed in detail. My questions were answered constantly and comprehensively.

I have **no further questions**, feel **sufficiently informed**, require **no further time for consideration** and **consent** to the planned measure and any medically necessary, even unforeseeable changes, extensions, ancillary and follow-up measures.

I will follow the instructions and recommendations for aftercare.

Place, date, time

Patient

Doctor