



Endoscopic Examination of the Upper Digestive Tract (gastroscopy) Informed Consent Document

Examination Date:.....

Why an endoscopy ?

Your symptoms suggest that you present with a disease of your esophagus, stomach or upper intestine (duodenum) or you need this exam for follow-up purposes. Your situation thus requires this gastroscopy, with possible biopsies or even a treatment applied during the procedure..

Why this document ?

This document is required by law prior to this procedure, as for many other medical procedures. Its aim is to inform you about the procedures, its benefits, risks and alternatives. It also serves as a support for the discussion with the physician and to collect some important safety information about your general state of health. Thus, **we ask you to be so kind to read this document, to answer the questions on the second page and to bring it back on the day of your procedure.**

How is the procedure performed ?

The examination is conducted under sedation for your confort and safety. Sedation may include either local throat anesthesia with a spray and light intravenous sedation on demand, or a short complete sleep of a few minutes. The kind of sedation depends both of your preference and of your medical condition. Then a rubber tube (called an endoscope) is inserted through the mouth to the esophagus and then to the stomach and duodenum. Additional tools are then passed through the scope to perform biopsies, a painless procedure, for further examination. Other instruments may be used for additional procedures.

What are the possible additional procedures to a gastroscopy ?

- Treatment of esophageal varices and bleeding
- Dilatation of. A narrowing of the esophagus +/- stent insertion
- Removal of polyps
- Insertion of nasogastric tube or transgastric tube (PEG) for feeding
- Other :
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Is the procedure painful?

The procedure is not painful, but can be perceived as stressful and some nausea and dry hives can happen. Local throat anesthesia, sedatives, pain killers or a complete anesthesia for a few minutes are routinely proposed and used to prevent this discomfort and stress. These options will be presented to you prior to the procedure. Depending on your general state of health and of possible allergies, all options may not be equally accessible to you.

What is the preparation before the procedure ?

For this exam, the upper digestive tract must be empty, thus, on the day of the procedure **you must be fasted, which means having taken no solid or liquid food for at least 6 hours prior to your exam.** You can, however, hydrate yourself with still water (no other drinks !) up to 3 hours before the exam.

How to travel to the clinic?

You will probably receive a sedative or be put asleep for the procedure. **You should thus not plan on driving yourself on the way back from the physician's office after the procedure.** Plan to use public transportation or have a relative or friend to drive you back home. Avoid driving, using machinery and signing legal document for 12 hours after the procedure



Please note that your stay at our practice/clinic will last 1-2 hours



What to do with your medication ?

You should take your usual medications with a small amount of clear liquid (water or tea), despite the instruction to be fasted. This is particularly the case for anti-hypertensive agents, diuretics, or asthma drugs. This is also the case for regular cardiac dose aspirin.

If you take blood thinners (such as Sintrom, Marcoumar, Xarelto, Pradaxa, Eliquis), medications containing aspirine (Aspirine Cardio, Tiatral, Plavix ou Clopidogrel) or if you are diabetic, please contact your general practitioner or our office in advance to the exam. Indeed it is likely that these medications will need to be stopped or adjusted for y few days in preparation of the procedure.

What are the risks associated with a gastroscopy ?

A gastroscopy performed for diagnosis purposes and taking biopsies are considered low risk procedures, with a risk of 0.2% of complications, which include bleeding from a biopsy site or bowel perforation. The risk of bleeding and of bowel perforation rises in case of dilatation of a narrowed esophagus. The rate of complications associated dilatation are 1-2% of perforation and 5% of bleeding, despite all precautions taken. These complications may be immediate or delayed a few days. Bleeding is usually managed by a repeat gastroscopy to coagulate the bleeding vessel (by local injection or clip placement). Refractory bleeding and perforation may require emergency radiological procedure or surgery in 1-2% of cases. Surgery is usually laparoscopic in these cases, but open surgery has been needed in rare instances.

What are the alternatives to a gastroscopy ?

Depending of the symptoms and problems, radiological exams of several kinds can replace the gastroscopy, but will not permit to obtain biopsies or to perform some of the procedures performed through the gastroscopy tube. Diagnostic may thus be delayed. Surgery may represent the only alternative for some endoscopic procedures.

What are the frequent questions asked prior to a gastroscopy ?

When you will talk with the doctor prior to the gastroscopy you should ask all the questions that matter to you, for instance:

- What is the need and degree of emergency of this procedure in your case ?
- What are the alternatives in your case ?
- Are there specific risks in your situation that may not be mentioned in this document ?

How to collaborate in reducing the risks of the procedure ?

Please follow the preparation instructions above and answer the following questions:

Do you take a blood thinning medication such as Sintrom, Marcoumar, Xarelto, Pradaxa, Eliquis or an anti-platelet agent such as Plavix/Clopidogrel? Yes No

In the last 7 days, did you take Aspirin, Tiatral, Aspégic or an anti-inflammatory drug such as Aleve, Advil, Algifor, Voltaren, Irfen, Ponstan, or other? Yes No

Are you allergic to some drugs, latex, eggs or soja Yes No

If yes, please list :

Do you have a transmissible disease? Yes No

How will you feel after the procedure ?

You may experience some discomfort and fullness. If you present with abdominal cramps or are feeling generally unwell with dizziness, nausea or vomiting, or present with upper or lower digestive bleeding (including maroon or black stools), please contact us rapidly or, if not possible, contact your general practitioner or go to a nearby emergency room if you can't reach us or your doctor. The main dispatcher at Clinique La Source (tel : +41 21 641 3333) is able to contact us outside of office hours.



Gastroentérologie Beaulieu SA

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Spécialistes FMH en Gastro-entérologie et Hépatologie

By my signature below, I declare that I have read this document and have been clearly informed by the doctor on the reasons of the exam, the details of the procedure, its conduct and the potential risks of the diagnostic procedure and of the possible interventions. I obtained satisfactory responses to my questions and consent to the conduct of the examination.

Patient Firstname and Name :

Place and date

Patient signature

Physician signature

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