



Patient information for gastroscopy (oesophagogastroduodenoscopy, OGD)

Dear patient,

You wish to have a gastroscopy performed. As the doctor treating you, I would like to provide you with some important information about the procedure.

What happens during a gastroscopy?

The endoscope is a flexible device similar in shape to a hose with a diameter of about 7 to 9 mm. It is inserted into the oesophagus via the mouth. It is then moved further down into the stomach and, finally, into the duodenum. The device blows in some air to expand the organs. A camera is fitted in the tip of the instrument which shows images of the organs being examined on a monitor. A small forceps in an instrument channel is used to take tissue samples for histological examination and to determine whether the patient is infected with Helicobacter bacteria. Taking tissue samples does not cause pain.

Why can a gastroscopy be uncomfortable?

Inserting the endoscope may trigger the pharyngeal reflex (gag reflex). This can be avoided using a breathing technique which we will be glad to explain to you before the examination. Many patients wish to receive a calming injection (sedation). This ensures that they sleep during the examination and hardly perceive any discomfort (see next page: "Sedation").

What complications could occur?

1. Injury to organ wall

Extremely rare, occurs in about 1 in 100,000 to 500,000 examinations.

Treatment: Surgery

2. Bleeding after taking tissue samples

Extremely rare, usually only occurs in patients with blood thinning issues (medication: aspirin, Plavix, Marcumar etc., serious liver disease)

Treatment: Usually possible by injecting haemostatic medication or placing a small metal clip using the endoscope.

3. Respiratory, cardiac and circulation issues

These may occur in patients with severe respiratory, lung or heart disease after the calming injection is given.

Prevention: Continuous measurement of oxygen saturation and pulse (pulse oximetry). This enables a risk to be detected and treated in good time.

4. Dental damage, particularly in the event of loose teeth

5. Side effects caused by the calming injection after the examination

(see "Sedation" on next page).

Hygiene

In this practice, all examination equipment is cleaned and hygienically prepared according to the most modern methods and current guidelines of the Robert Koch Institute. This process is regularly checked by external quality controls. Our endoscopes are cleaned in cleaning and disinfection machines (RDG-E) with individual channel monitoring – this is the most advanced method currently technologically possible for preparing these devices. We always use disposable forceps and disposable slings for tissue samples and polyp removal.

Patient information on sedation

A gastroscopy can be performed without sedation, i.e. without a calming injection. The perception of the level of discomfort (such as retching or belching) which occurs varies very significantly between patients. The advantage of undergoing the examination without sedation is that you can leave our practice immediately after the examination, drive a car yourself and go about your regular business.

A gastroscopy with sedation (calming injection) has the advantage that the patient is asleep and does not remember the examination.

With or without sedation?

Many patients undergoing a gastroscopy for the first time ask themselves this question. Whether a patient finds a gastroscopy unpleasant depends very strongly on how sensitive their pharynx (the back of the throat) is. If you have no problems swallowing a large tablet and do not need to retch in ENT or dental examinations, you are welcome to undergo the gastroscopy without sedation. However, if you retch when you have your teeth cleaned or if you are simply frightened, we strongly recommend that you have a calming injection.

Which medication is used for sedation?

In our practice, we use propofol for gastroscopies. This is administered via a vein. Propofol is an anaesthetic medication which acts for a very short time and takes effect rapidly. You wake up very soon after the examination. However, it has no pain-relieving effect.

What are the possible side effects of the medication and what sedation complications could occur?

The medication used for sedation can be used to achieve different reductions in consciousness up to and including general anaesthesia. In certain circumstances, sedation can therefore lead to full anaesthesia. If life-sustaining reflexes (such as breathing) are impaired or interrupted in this process, appropriate countermeasures (such as the use of devices to assist with breathing) must be taken. However, this is only to be expected extremely rarely - in a maximum of one in ten thousand patients.

In addition, sedation can cause reduced oxygen content in the blood and a drop in blood pressure. Because of this, you will be closely monitored (e.g. with a finger clip during the examination and by regular measurement of your blood pressure).

If you have a heart condition, it may be necessary to also monitor your heart activity by applying special electrodes (ECG).

The practice is appropriately equipped for monitoring and supporting respiratory and cardiovascular function. During sedation, you will be supplied with oxygen through your nose as needed.

In addition, phlebitis (vein inflammation) may occur at the location where the medication is injected. Very rarely, allergic reactions to the soya oil or protein components contained, for example, in propofol have been observed. You should therefore tell us about any allergies you have (e.g. by showing us your allergy passport).

What happens after the examination?

After the examination, you will be helped to our separate recovery area as soon as you have woken up sufficiently. You can continue to sleep there for 30-60 minutes. For safety reasons, even if you are awake, you should remain in the recovery area until you are discharged. The examination findings will be discussed with you before you go home. The result of the tissue sample analysis will be available from your general doctor after 14 days.

For us to discharge you, you will require someone to pick you up, take you home and, ideally, stay with you for a few hours.

After the examination, you must (depending on the medication used) not actively participate in road traffic for up to 24 hours. This means in particular that you must not drive a vehicle, operate heavy machinery, drink alcohol or make any important and legally binding decisions. The ability to work is usually restored the next day (exceptions include professional drivers, pilots, etc.). We will determine the precise length of time for which you must not participate (actively or passively) in road traffic and how long you will be unable to work on the basis of the medication used, the duration and depth of your sedation, your job and your risk profile.

Surname, first name, date of birth:

Do you suffer from any diseases which are relevant to the examination?
(Please check the relevant box)

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| Severe lung diseases, asthma | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Severe heart and/or heart valve diseases | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Transmissible infectious diseases | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Blood clotting disorder | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Epilepsy, glaucoma | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Allergy to latex, plasters, propofol, soy protein, peanuts, Novalgin or Buscopan | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you pregnant? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is there a history of colon cancer or stomach cancer in your family? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you ever had any operations on your abdomen? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- If yes, what were they?
-

Other important diseases (please enter here and inform the examiner):

What medication do you take regularly? (please present medication plan if applicable)

If you are taking anticoagulant medication, a decision must be made on a case-by-case basis as to whether and when you should stop taking it. The requirement not to eat and drink before the examination means that you may need to stop taking diabetes medication prior to the examination. Please consult with your general doctor about this.

What is the reason for the examination?

Declaration of consent for gastroscopy/sedation (sleep injection)

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| a) I would like to have the planned gastroscopy performed. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) I would like to be sedated (sleep injection). | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If so, I hereby confirm that I will not drive myself home with a vehicle (car, van etc.) or ride home on a bicycle. I will have someone pick me up at the practice or take a taxi home.

Remarks:

Place, date, patient signature

Dr Stefanie Strobl

Declaration of consent for the transmission of findings

Surname, first name, date of birth:

I hereby agree that

- my treatment data and medical findings may be requested from my general doctor or referring specialist if necessary
 yes no
- medical findings may be forwarded to my general doctor/referring specialist/doctor providing further treatment if requested
 yes no
- a person authorised by me may collect prescriptions, medical findings or other documents on my behalf
 yes no
- a telephone consultation about medical findings (e.g. laboratory results) may take place
 yes no

I have been informed that I can revoke my declaration of consent at any time. If I revoke consent, no further data will be transmitted.

Place, date

Signature