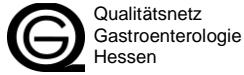


## **Internistische Gemeinschaftspraxis Rödermark**

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### **Patient information and consent for diagnostic and therapeutic endoscopy of the esophagus, stomach and duodenum (gastroscopy)**

Dear patient,

your doctor has prescribed an endoscopic examination of the upper gastrointestinal tract.

#### **What is the purpose of this leaflet?**

The aim of this leaflet is to provide information about the planned examination, the therapeutic procedures that may be applied, and the risks associated. If you would like more information, do not hesitate to ask the doctor before the examination.

#### **Course of examination**

After giving an adequate premedication, a flexible instrument (endoscope) is introduced through your mouth and the esophagus into the stomach and the duodenum. If necessary, biopsies will be taken.

#### **Possible additional treatments (if necessary)**

- Biopsy removal of abnormal lesions
- Removal of polyps
- Treatment of bleeding lesions
- Insertion of a feeding tube

#### **Preparation**

12 hours before examination, you should not eat solid foods. Clear liquids are allowed up to 2 hours before examination.

## Risks

Complications of this procedure are exceedingly rare (0,2%). I.e. there may be bleedings, infections or perforation, allergic reactions, chipped tooth or crown. Some of them may require a second endoscopic treatment or operation.

## After the procedure

After receiving a premedication, you are not allowed to drive any vehicle for the rest of the day after the procedure. In case of increasing pain, the onset of vomiting, fever or other problems after the procedure, inform us or your doctor or the nearest hospital.

## Questions to be answered

The following questions are important for your doctor to estimate the risk of bleeding.

Question	Yes	No
Are you on any medication affecting blood coagulation/bleeding disposition (i.e. Aspirin, Marcoumar/Warfarin, Xarelto, non-steroidal anti-inflammatory drugs like ibuprofen or diclofenac ?)		
Do you get hematoma even with minor injuries?		
Did you ever suffer from bleeding complications following operations?		
Did you ever need blood transfusions?		
Do you have allergies to medication, soy or egg? If yes: to which substance?		
Do you have any known heart disease, valve dysfunction, lung or liver disease? Did you have a pacemaker?		
Did you have any abdominal surgery?		
For woman: Are you pregnant?		

## Informed consent

I have read and understood clearly all the information provided and understand the risks and the possible complications of gastroscopy. Having read and understood this document and all the information contained in it, I give my written consent to undergo this procedure.

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Name of patient

Name of doctor

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Date

Signature

Date

Signature