magendarm baselland

name: .....

date of birth: .....

Consent form for gastroscopy (upper endoscopy)

Why is a gastroscopy performed?

Changes in your esophagus, stomach, and/or duodenum are suspected. A gastroscopy allows us to examine these areas of your body and treat them endoscopically, if necessary.

How is a gastroscopy performed?

The nurse will insert a canula into your arm to administer a sedative (propofol) and any pain medications you may need. The upper gastrointestinal tract is then examined using a thin, flexible "tube" with a light source and camera attached to the tip. If necessary, small tissue samples can be taken, polyps removed, or bleeding stopped. The examination and additional procedures are painless. In addition to the doctor, a specially trained nurse is also present during the examination

What preparations are necessary for a gastroscopy?

For optimal examination of the upper digestive tract, your stomach must be completely empty. Therefore, you must not eat anything for 10 hours before the gastroscopy. Drinking clear liquids is permitted until 2 hours before the examination.

Medication may need to be adjusted or avoided. If you are taking blood-thinning medication or are diabetic, please discuss the preparations with your family doctor at least a week in advance.

What are the risks associated with gastroscopy?

Complications from gastroscopy are extremely rare (0.2‰). Blood pressure, heart function, and breathing are monitored throughout the examination. Despite the utmost care, complications can occur which, in rare cases, can be life-threatening or may require surgery. These include allergic reactions, tooth damage, infections, bleeding, injuries to the wall of the upper digestive tract (perforation) or the larynx. In rare cases, the sleep medication can impair respiratory and cardiac function. Mild hoarseness, difficulty swallowing, or unpleasant bloating (due to residual air in the stomach and small intestine) may occur temporarily after gastroscopy.

What should I do after the examination?

After the examination with a sedative (propofol), you must not drive a vehicle or operate any machinery for 12 hours, and you should not sign any legally binding documents.

If you experience abdominal pain or other discomfort (e.g., dizziness, nausea, vomiting) after the gastroscopy, or if you notice blood coming from your anus (usually in the form of black, thin stools), inform your doctor immediately or go to the emergency department of your nearest hospital.

Questionnaire and consent form for gastroscopy (upper endoscopy)

By carefully following the preparation instructions and completing the questionnaire in full, you can help to minimize the risk of complications. Thank you in advance.

Question	Yes	No
Do you have an increased tendency to bleed (e.g. severe nose or gum bleeding, prolonged bleeding after minor injuries, severe bleeding during operations or dental treatment)?		
Are you taking anticoagulant medication (e.g. Marcoumar, Xarelto, Eliquis, Lixiana, Pradaxa, etc.) or platelet inhibitor medication (e.g. Plavix, Clopidogrel, Blilique, Fragmin, Clexane, etc.)?		
Do you have any allergies to medication, food, latex or adhesive tape? If yes, which one:		
Do you suffer from serious heart or lung condition? If yes, which one:		
Do you have a pacemaker, defibrillator or metal implant?		
Do you have a history of epilepsy?		
Have you been diagnosed with malfunctioning kidneys (renal failure)?		
Do you have loose teeth, dentures or dental disease?		
For women: Are you pregnant or likely to be pregnant?		

Tissue samples

If tissue samples are taken during the examination, the material is sent to a specialized laboratory for further examination. This laboratory will send a report to us and your family doctor. The results should be available within 3–4 working days. You will receive a separate invoice from the laboratory, which you can forward to your health insurance company.

I, the person signing, have read the information sheet and completed this questionnaire to the best of my knowledge. I have been informed about and understand the diagnosis, nature, procedure and risks of the examination or intervention. My questions have been answered to my satisfaction. I consent to this examination being carried out.

date	signature Patient (legal representative)	signature doctor
.....	.....	.....
		Dr. med. Léonore Branco