

CONSENT FOR PANENDOSCOPY (GASTROSCOPY)



The examination which we propose requires your consent.

In order to make this decision easier, we inform you about the type, importance and possible complications of the planned examination.

Panendoscopy i.e. endoscopy of the upper digestive tract allows to view the esophagus, stomach and duodenum. It is the most effective method of evaluating this part of digestive tract. During the examination, it is possible to take specimens to determine the presence of Helicobacter pylori bacteria or to take specimens for histopathological examination in case of finding a stomach ulcer, polyps or other lesions.

How the examination is conducted

You should not eat or drink for at least 6 hours before the examination. Any dentures should be removed prior to the examination. Local anaesthetic of the throat involves spraying lignocaine in aerosol on the posterior wall of the pharynx. The examination is performed in lateral recumbent position on the left side. After putting on a plastic mouthpiece, the doctor inserts a flexible fiberoscope with a diameter of about 1 cm. This moment is unpleasant, gives a choking feeling, requires a patient's cooperation with the doctor. Further viewing usually takes a few minutes, and is painless as well as taking specimens. Each instrument is disinfected after the examination and the tweezers used for taking specimens are sterilised and single use only, which protects against infection.

Possible complications

Panendoscopy complications are extremely rare. However, absolute safety cannot be guaranteed by any doctor. Extremely rarely, perforation of the wall of the digestive tract or bleeding may occur – the risk of such complications is estimated at 0,007%. Complications of the respiratory and cardiovascular systems are rare with people with chronic diseases of these organs.

In order to reduce the risk associated with proposed examination please answer the following questions (tick the correct answer):

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you have an increased tendency to bleed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you ever had any allergic reactions to medications or anaesthetics? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Are you taking medications that affect blood clotting?
(e.g. Aspirin, Polopiryna, Ticlopidine, Acenocumarol, Klopidoogrel, Warfarin etc.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are you taking medications for stomach or reflux (heartburn)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you taken an antibiotic in the last month? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Have you had operations on the stomach, esophagus, duodenum? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Do you have artificial removable teeth? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Proceedings after the examination

Do not eat or drink 2 hours after the examination to avoid choking. Please ask if anything is unclear to you.

Patient statement

I consent to proposed examination and possible taking of specimens.

.....
(First name and surname)

.....
(Pesel)

.....
(Date and signature)

