

INFORMED CONSENT TO UPPER ENDOSCOPY

Name of patient:

Personal ID No.:
(Birth No.)

Label

ALLERGY:.....

Definition: An upper endoscopy (also called panendoscopy) is the diagnostic visual examination of the stomach, oesophagus and duodenum using a flexible fibre-optic device – an endoscope.

Aim and purpose of the intervention: The aim of this examination is a thorough inspection of the oesophagus, stomach and upper section of the small intestine – duodenum. If necessary, this method allows also biopsy of the tissue from any area being examined.

Alternatives: X-ray imaging of the stomach, computer tomography (CT), magnetic resonance (MR) – these methods unfortunately don't allow biopsies from the examined areas.

Preparation prior to the intervention:

- No food, no drinks and no cigarettes at least 6 hours before the examination.
- Patients who suffer from diabetes miss their dose of insulin; food is permitted only after the examination. In case of any doubts about dosage and application of the insulin on the date of examination the diabetics may consult it with their attending physician.
- In some cases, a cannula (flexible tube) must be inserted into the patient's vein to enable administration of the medications and fluids in the blood circulatory system.
- Patients who have removable dentures are asked to remove them from the mouth before the examination.

Intervention procedure: The patient ingests a small amount (a coffee spoon volume) of a preparation that reduces formation of gastric juices and gases in the stomach during the examination. Thereafter, the nurse sprays the patient's throat with an analgesic substance which suppresses the gag reflex during insertion of the endoscope in the oesophagus. The patient lies down on his/her left side on the examination bed with his/her head supported by a small pillow. The nurse places a small plastic ring between the patient's teeth to protect the inserted endoscope from biting and any subsequent damage. The physician then starts inserting the device through the mouth and oesophagus to the stomach. The feeling of vomiting during insertion of the device in the oesophagus can be overcome by deep and calm breathing as the air passages are absolutely clear for the whole time. The examination is uncomfortable but not painful; and takes only few minutes. We recommend having eyes shut and try to think of pleasant things.

With child patients we cannot expect a proper cooperation and so the intervention is performed in the total anaesthesia. The local anaesthesia is not administered. In this way the examination is free of any unpleasant perceptions that are removed thanks to the total anaesthesia. At the examination under the total anaesthesia it's usually necessary to secure air passages with a special tube (i.e. endotracheal cannula – hereinafter see the consent to the total anaesthesia).

Procedure and post-intervention care / potential limitations: desensitization in the thorax and neck area persists for a while after the intervention. Therefore, we suggest to not eat or drink one more hour after the examination (unless otherwise specified by the physician) to prevent from aspiration of food or drinks.

In case of application of any intravenous medications – psychopharmaceuticals, sedatives, analgesics – before, in the course of after the examination all activities requiring the patient’s full attention are forbidden for at least 24 hours because the attention may be affected by the medications (mainly driving etc.) and an accompany must be ensured for the journey from the healthcare facility until the medication effects subside.

Potential frequent complications and subsequent hazards: Even this intervention may cause complications as any other medical intervention. The most often complication in this upper endoscopic examination is irritation of the esophagus which may manifest itself by a sore throat and fades away in several hours. The less frequent or rather rare complication may be perforation of the examined parts of the digestive system, bleeding in the digestive system or infection.

Date:

Name of physician: **Signature of physician:**

PATIENT/STATUTORY REPRESENTATIVE:

1. Please read the text of this Consent carefully.
2. If you don’t comprehend clearly any of the physician’s explanations or need any additional information, please don’t hesitate to ask the physician again.
3. If you agree with the content of the statement, please undersign it.

I, the patient/statutory representative hereby declare that I’ve been informed of nature of the intervention/medical procedure as specified above and potential hazards resulting thereof in a comprehensive manner and in time by the physician. I had an opportunity to ask the physician additional questions and all such questions, if any, have been answered. I make the decision after careful consideration and valuation of all decisive facts.

Based on this advice I hereby declare that I agree with:

- the above specified medical procedure;
- the fact that any other related intervention can be performed if non-performance of such intervention would put my health / health of the person under my custody in immediate danger and in the given situation my current consent couldn’t be obtained.

I’m aware that:

- the specified medical procedure doesn’t have to be performed by the physician who has treated me so far;
- the consent is considered as an informed consent also in the case I waive my right to be informed in accordance with Section 32 subsection 1 of Act No. 372/2011 Coll.

I agree with provision of information:

Yes No

Date: **Signature of patient:**

Name and signature of statutory representative (1):.....

Name and signature of statutory representative (2):.....

Name and signature of a person appointed by the patient in the Informed Consent to Hospitalization during the admission:

.....

IF THE PATIENT IS NOT ABLE TO SIGN THE CONSENT, PLEASE FILL IN THE RELEVANT OPTION A) OR B) ACCORDING TO THE SITUATION:

a) **Name of witness (a health professional):**

Signature:

Date:

b) **Name of witness:** **Personal ID No.:**

Address: **Identity card No.:**

Date: