

Informed consent to a medical procedure GASTROSCOPY

1. Description and course of the examination

Gastroscopy is an examination performed when diseases of the upper gastrointestinal tract are suspected. Gastroscopy involves viewing the inside of the oesophagus, stomach and duodenum using a flexible video endoscope with the diameter of a little finger, which is inserted through a mouthpiece placed between the teeth (the patient lies on the left side). During the examination, the gastrointestinal tract is inflated with air, its mucous membrane is inspected, and photographic documentation of selected areas and pathological lesions is taken.

During the examination, a urease test is performed, i.e. a sample is taken to determine the presence of *Helicobacter pylori* bacteria in the gastric mucosa, and samples may be taken for histopathological examination.

The examination does not cause significant pain, but vomiting and discomfort caused by the gastrointestinal tract being distended with air may occur. Doctors try to conduct the examination in such a way as to minimize the discomfort associated with the examination, which is facilitated by ongoing cooperation between the patient and the doctor.

The examination can also be performed under general anaesthesia.

Indications for the proposed treatment:

- swallowing problems,
- long-lasting heartburn,
- vomiting and epigastric pain,
- black stools [melena],
- anaemia,
- unexplained weight loss.

Expected benefits:

Performing detailed diagnostics of the upper gastrointestinal tract.

Risks and complications:

- sore throat - can be soothed with a local preparation of vitamin A+E,
- aspiration of gastric contents into the lungs,
- haematoma at the injection site,
- damage to the wall of the digestive tract,
- infarction,
- adverse reactions of drugs used for sedation (behavioural disorders, respiratory system disorders, hypotension, tachycardia, cardiac arrhythmias)
- serious arrhythmia
- cardiac arrest

Contraindications to the procedure:

- lack of patient consent,
- use of blood thinners,
- severe bleeding disorders,
- poor general condition of the patient,
- active respiratory infection,
- diseases that prevent the use of anaesthesia,
- allergy to anaesthetic drugs,
- fresh myocardial infarction,
- exacerbation of coronary heart disease,
- hypotension,
- uncontrolled hypertension,
- acute respiratory failure,
- oesophageal burns,
- suspected perforation of the digestive tract,
- pregnancy - if the risks outweigh the benefits.

Possible long-term effects:

- bleeding from the gastrointestinal tract,
- phlebitis.

Alternative courses of action:

X-ray of the upper gastrointestinal tract with contrast - when this method is used, it is not possible to take a sample for histopathological examination.

2. Preparation for the examination

On the day of the examination:

- you should fast for 8 hours before the examination, i.e. you should not eat any food,
- do not chew gum or smoke cigarettes 4 hours before the examination,
- do not drink anything 2 hours before the examination, the last liquid (still water) no more than 250ml, i.e. one glass.

NOTE! Failure to follow the recommendations may result in life-threatening complications related to aspiration and aspiration of gastric contents into the lungs.

In case of improper preparation, the patient bears the same costs as in the case of a full examination.

Outfit:

- comfortable clothing that does not restrict movement.

Must be removed:

- not permanently attached dentures,
- hearing aid (if worn on the left ear).

The results of the following tests must be provided:

- complete blood count,
- pt(inr),
- APTT,
- electrolytes.

Patient's forename and surname

PESEL [personal ID No.]

3. Anaesthesia

Description and course of anaesthesia:

Intravenous anaesthesia is a type of anaesthesia often used for short-term procedures. It involves administering short-acting anaesthetic agents intravenously or in the form of medical gases. Sleep comes after several dozen seconds. The patient breathes on his/her own during anaesthesia. During anaesthesia, vital signs are monitored.

Risks and complications:

- unexpected reactions to anaesthetic drugs, shock,
- respiratory failure,
- hypoxia,
- aspiration (if the patient is not fasting),
- headache,
- difficulty opening eyes,
- tendency to nausea and vomiting,
- blurred vision,
- difficulty waking up the patient or prolonged waking the patient due to hidden genetic defects,
- postoperative chills.

The examination can also be performed under local anaesthesia.

4. Proceeding after the examination

You cannot eat or drink for 2 hours after the examination under anaesthesia. After this time, you can start an easily digestible diet. After the examination under intravenous anaesthesia, it is necessary to return home with an accompanying person. You cannot drive a motor vehicle or perform work requiring precision within 12 hours of the test.

5. Patient's questions

- I have no questions (tick if you have no questions)
- I have questions (enter them below):

During the conversation with the doctor, I had the opportunity to ask any questions regarding the planned endoscopic examination. All my questions and doubts were clarified in a clear and satisfactory manner. I have been informed by the doctor about my health condition, diagnosis, possibilities and proposed diagnostic and treatment methods, about the foreseeable consequences of their use or omission, and the expected results of the actions taken. The doctor thoroughly explained to me the purpose, course of the examination, as well as possible complications and risks associated with the proposed procedure.

Date and signature of the doctor

Date and signature of the patient
(or legal guardian)

Patient's forename and surname _____

PESEL [personal ID No.] _____

6. Patient's statement

Do you have an increased tendency to bleed?

 YES

 NO

Do you take medications that affect blood clotting (e.g. Acard, Xarelto, Polocard, Pradaxa, Aspirin, Polopiryna, Ticlopidine, Acenocoumarol, Warfarin, Clopidogrel, etc.)?

 YES

 NO

What medications were you taking that affect blood clotting and when were they stopped?

What? _____

When? _____

Do you have a pacemaker or cardioverter implanted?

 YES

 NO

Women of childbearing age - can you be pregnant?

 YES

 NO

Are you allergic?

 YES

 NO

If so, for what? _____

 I declare that I have not concealed any important information regarding my health, tests or past diseases.

 Date and signature of the doctor

 Date and signature of the patient
 (or legal guardian)

 After reading the information presented and based on the information obtained from the doctor, **I give my informed consent to the gastroscopy procedure.**

I also consent to:

- Performing a polypectomy
- Taking samples for histopathological examination, if the examination results indicate the need to perform them
- Other treatments if medical staff consider them necessary

 YES

 NO

 YES

 NO

 YES

 NO

 Date and signature of the doctor

 Date and signature of the patient
 (or legal guardian)

Price list

Gastroscopy with urease test under local anesthesia	490 zł
Colonoscopy under local anesthesia	590 zł
Polypectomy (up to 2 specimens with histopathological examination)	1000 zł
Histopathological examination of another polyp	100 zł
General anesthesia for gastro- and colonoscopy	500 zł
Gastroscopy with urease test + colonoscopy with general anesthesia	1490 zł
Histopathological examination of a small sample from gastro- and colonoscopy (first)	90 zł
Histopathological examination of a small sample from gastro- and colonoscopy (next)	50 zł
Dyeing (Black Eye)	190 zł
Clipping (1 clip)	220 zł
Endoloop installation	360 zł
Helicobacter pylori test (urease test)	60 zł

 Date and signature of the doctor

 Date and signature of the patient
 (or legal guardian)