

Klinik / Praxis:



Data about the patient: Patientendaten:

The procedure is scheduled for (the date): Der Eingriff ist vorgesehen am (Datum):

ÖGD

englisch

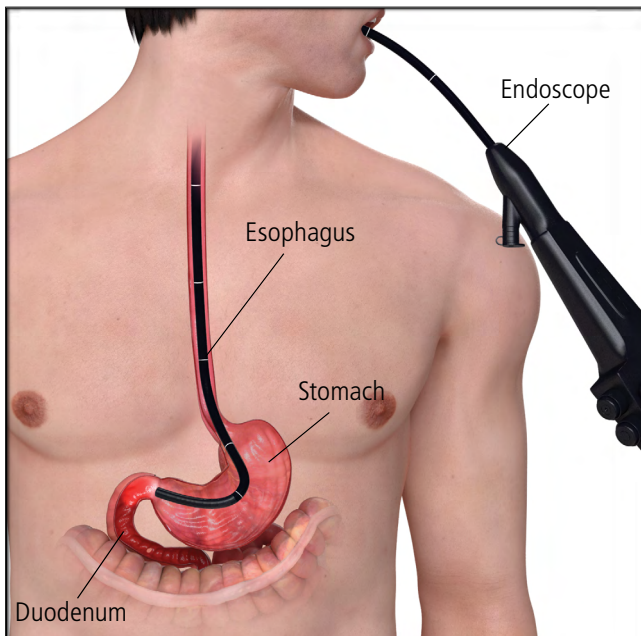
Dear patient,

In order to clarify your discomforts or as a preventive examination, we recommend you a gastroscopy. By application of high-resolution video endoscopes, this examination is innocuous today. Changes such as inflammation, varicose veins (varicosities), boils (ulcers) or tumours can be observed on time and commonly be treated immediately.

The following text is intended to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain to you the advantages and disadvantages of the scheduled examination/procedure and inform you of any risks specific to your case. The doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the procedure suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview.

COURSE OF EXAMINATION ABLAUF DER UNTERSUCHUNG

Examination is conducted by means of an endoscope. It is a flexible, narrow tube with a tiny camera and a light source placed on top, which can be operated. Small instruments are inserted through the working channel in the endoscope's tube.



In order to facilitate the insertion of the endoscope, your pharynx is typically sprayed with a local anaesthetic. You will get a rubber protector in order to protect your teeth. It also prevents you from accidentally biting the tube of endoscope.

A peripheral venous cannula is placed on your forearm, through which, if necessary, a sedative and / or pain killer can be administered. For the purpose of this procedure, a narcotic agent can also be injected (e.g. Propofol or Dormicum®), which would put you in a condition similar to sleep.

Through the mouth, or possibly through the nose, the tube of the endoscope is inserted into the esophagus, stomach and the uppermost part of the small intestine, the duodenum. The small camera transmits the image continuously on the monitor, so that the doctor can control the insertion and observe the entire region of the upper digestive tract. Blowing air in and aspirating gastric fluid can improve the image. By turning the optical filter on or by spraying pigments (chromoendoscopy), changes in the mucosa can be shown, if necessary, in a more precise manner.

Taking samples of tissue, so called biopsies, allow even not yet visible changes to be diagnosed.

COURSE OF TREATMENT ABLAUF DER BEHANDLUNG

An advantage of the gastroscopy is that detected changes can often be treated immediately. Bleeding, e.g. in case of ulcers, can be stopped by injection of medicines, metal clips or gluing technique.

Varicose veins in the esophagus are tied with tiny rubber rings or eliminated by injection of medicines.

Benign growths, so called polyps, can be removed by electrocoagulation. In case of narrowings, e.g. in the esophagus, the narrow passage is extended by insertion of a grid tubicle, the so-called stent.

ALTERNATIVE PROCEDURE ALTERNATIV-VERFAHREN

External examination, e.g. using ultrasound, X-ray, computer or nuclear spin tomography, as well as virtual endoscopy, cannot replace direct assessment of upper digestive organs with an

endoscopic camera. Apart from that, the immediate treatment of changes and the taking of tissue samples are not possible in the above-mentioned examination methods. Therefore, these examinations are not a real alternative to the gastroscopy, and are used only in special cases.

As a rule, an operation is not an alternative to the gastroscopy, due to higher risk for the patient. Your doctor will explain why he recommends a gastroscopy in your case.

OUTLOOK ON SUCCESSFULNESS ERFOLGSAUSSICHTEN

The colonoscopy and endoscopic methods are today routine procedures. A large number of pathological changes can be treated easily and without risk. However, in case of anatomical specificities, such as narrowings in the digestive tract or after previous operations, it is possible that the examination can not be carried out, or only partially, i.e. pathological changes are overlooked. During the therapy of changes, it is possible that the treatment does not succeed according to plans and that repetition of the procedure or some other treatment methods are necessary.

ADVICE FOR PREPARATION AND PREVENTION

HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please respect the doctor and medical staff's advice. Unless otherwise specified, please note the following items:

Preparation: For the gastroscopy your stomach must be empty. Therefore, at least 5 hours before the examination do not take food or drink and stop smoking. Small amounts of clear liquid, such as water, are allowed up to 2 hours prior to the gastroscopy.

It is important to tell the Doctor which medicines, i.e. injections you have to take regularly (especially anti-clotting remedies, such as Aspirin® [ASS], Marcumar®, Heparin, Plavix®, Xarelto®, Pradaxa®, etc). Your doctor will inform you whether and for which period you should discontinue the medication.

Prevention: If you have received an anaesthetic into the pharynx, 2 hours after the procedure you must not eat or drink, since there is a risk of choking.

The urge to vomit, a burning sensation in the pharynx or pain due to air remaining in the stomach and intestine are temporary and should not be cause for anxiety. Please, inform your doctor immediately if you have a **temperature, severe pains, nausea, cardiovascular problems or if you vomit blood**. Problems can occur several days after the procedure and they require urgent intervention.

If you received painkiller and / or sedative, in case of an **out-patient intervention**, it is necessary that an adult pick you up. Make sure that someone supervises you at home during the period recommended by the doctor. The ability to react is limited due to the administering of painkillers and sedatives, therefore you/your child should not participate in road traffic (not even as a pedestrian) and perform risky activities for **24 hours after discharge from the clinic**. Furthermore, during this period you should avoid making important decisions.

POSSIBLE RISKS, COMPLICATIONS AND SIDE EFFECTS

RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is well known that every **medical intervention hides risks**, even routine examinations, such as the gastroscopy. If complications occur, they may require additional measures or operations and in an extreme case, in the further course - **be fatal** or lead to permanent damages. Please, have understanding that due to legal reasons we have to mention all risks specific to the intervention, although partly they relate only to exceptions. Your doctor will explain in more detail risks which are specific to you during the interview. However, you can also reject a detailed

explanation. In that case, skip the chapter on risks and confirm that at the end of explanation.

Injuries of the larynx, trachea, stomach or duodenum, even in pathological changes or their treatments, are rare, since the doctor conducts all measures under visual control. In certain circumstances, if for example there is a penetration in the abdominal or chest cavity, it may be necessary to perform an operation and a life-threatening infection can occur. **Infections** can also occur at the site where the needle for injection is inserted, e.g. venous cannula. In most cases, such infections are successfully treated with antibiotics. Carrying of germs in the bloodstream causing a dangerous blood poisoning (sepsis) or inflammation of the inner envelope of the heart (endocarditis) rarely occur.

Allergic reactions (reactions of intolerance), e.g. to medicines (pain killers, sedatives) or pigments are rare. Consequences can be skin rashes, itching, swelling, as well as nausea and cough. Severe reactions, such as choking, spasms, tachycardia or cardiovascular shock are rare. Due to reduced blood flow and despite urgent medical intervention, this may lead to temporary or permanent damages, such as brain damage, paralysis or kidney failure.

Bleeding after taking of tissue samples, measures of treatment or minor injuries, is generally immediately seen and stopped. Sometimes, an expansion of the procedure may be necessary, if there is large loss of blood the transmission of blood or blood derivatives (**transfusion**). This may lead to infection with agents causing diseases, such as, very rarely hepatitis viruses (the cause of dangerous inflammation of the liver), extremely rarely HIV (the causative agent of AIDS), BSE (causative agent of a variant of Creutzfeldt-Jakob), or other dangerous – maybe unknown – causative agents.

Damage of the skin, soft tissues, i.e. nerves (e.g. by injection of medicines, application of disinfectants, application of electric operational instruments or despite the correct position of the patient) are rare. The consequences can be disruption of sensation, numbness, paralysis and pain. They generally pass by themselves. Permanent damage of nerves or scars is rare.

Damage to teeth by the endoscope is very rare. In case of loose teeth, they can fall out.

After the treatment of changes, **scarred narrow passages** or **inflammatory reactions** may occur, which then require additional therapeutic measures.

Administration of anaesthetics and sedatives may cause **breathing disorders** or **cardiovascular reactions** (e.g. drop in blood pressure, slow heart rate) with **nausea and vomiting**. This is usually solved by supplying oxygen or medicines. In case of **respiratory arrest**, mechanical ventilation is necessary in order to prevent brain damage. In extreme cases, despite urgent intervention, damage to organs (kidney or brain damage) can occur.

Contents of the stomach can find their way through the oesophagus into the lungs. This can have life threatening consequences such as **an acute occlusion of the respiratory tract** (blocked airways) leading to **suffocation** or **a lung infection** possibly causing permanent damage to lung tissue or even **respiratory failure**.

Serious complications are rare and by careful supervision can be usually identified and treated in a timely manner.

Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks of treatment in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

Information about medications: Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days? yes no

Aspirin® (ASS), Heparin, Marcumar®,
 Plavix®, Ticlopidin, Clopidogrel.

Angaben zur Medikamenteneinnahme: Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt? Aspirin® (ASS), Heparin, Marcumar®, Plavix®, Ticlopidin, Clopidogrel.

Other: _____
Sonstiges: _____

When did you take the last dose? _____
Wann war die letzte Einnahme?

Do you take any other medications? yes no

Nehmen Sie andere Medikamente ein?

If so, which ones: _____

Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.)
(Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Have you ever had surgery on the oesophagus or stomach? yes no

Wurden Sie schon einmal an **Speiseröhre** oder **Magen** operiert?

Have you ever had a gastroscopy? yes no

Wurde bei Ihnen schon einmal eine **Magenspiegelung** durchgeführt?

Were there any complications? yes no

Ergaben sich dabei Komplikationen?

If so, what complications? _____

Wenn ja, welche?

Do you have any metal implant (such as artificial hip)? yes no

Haben Sie ein Metallimplantat (z. B. eine künstliche Hüfte)?

Do you smoke? yes no

If so, what and how much daily: _____

Rauchen Sie? Wenn ja, was und wie viel täglich:

Are you pregnant? not certain **nicht sicher** yes no

Besteht eine Schwangerschaft?

Are you currently breast feeding a baby? yes no

Stillen Sie?

Do you have or have you ever had any of the following diseases or symptoms thereof:

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

increased tendency to bleed (e.g. frequent nose-bleeds, increased bleeding after surgery, minor wounds or dental treatment), tendency to bruise (frequent bruising possibly for no particular reason).

Bluterkrankung/Blutgerinnungsstörung? Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung), Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders? yes no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Allergies / Oversensitivity? yes no

Medications, foods, contrast media, iodine, sticking plaster, latex (e.g. rubber gloves, balloons) pollen (grass, trees), anaesthetics,

metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

Allergie/Überempfindlichkeit? Medikamente, Lebensmittel, Kontrastmittel, Jod, Pflaster, Latex (z.B. Gummihandschuhe, Luftballon), Pollen (Gräser, Bäume), Betäubungsmittel, Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Other: Sonstiges: _____

Heart, circulatory or blood vessel diseases? yes no

Heart attack, chest pain and/or tightness (angina pectoris), heart defect, irregular heart rhythm, inflammation of heart muscle, heart valve disease, shortness of breath while climbing stairs, heart surgery (possibly with insertion of an artificial heart valve, pacemaker, defibrillator), high blood pressure, low blood pressure.

Herz-/Kreislauf-/Gefäß-Erkrankungen? Herzinfarkt, Angina pectoris (Schmerzen im Brustkorb, Brustenge), Herzfehler, Herzrhythmusstörungen, Herzmuskelentzündung, Herzklappenerkrankung, Luftnot beim Treppensteigen, Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator), hoher Blutdruck, niedriger Blutdruck.

Other: Sonstiges: _____

Diseases of the respiratory tract (breathing passages) or lungs? yes no

Asthma, chronic bronchitis, inflammation of the lungs, emphysema, sleep apnoea (heavy snoring), vocal cord/diaphragm paralysis.

Erkrankung der Atemwege/Lungen? Asthma, chronische Bronchitis, Lungenentzündung, Lungenemphysem, Schlafapnoe (starkes Schnarchen), Stimmband-Zwerchfelllähmung.

Other: Sonstiges: _____

Metabolic diseases? yes no

Diabetes (sugar sickness), gout.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Gicht.

Other: Sonstiges: _____

Thyroid diseases? yes no

Underactive thyroid, overactive thyroid.

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion.

Other: Sonstiges: _____

Communicable (contagious) diseases? yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Other: Sonstiges: _____

Damages to teeth / dental prostheses? yes no

Cavities, paradontosis, loose teeth, crown, bridge, implant, pivot tooth, removable artificial teeth.

Zahnschäden/Zahnersatz? Karies, Parodontose, lockere Zähne, Krone, Brücke, Implantat, Stiftzahn, herausnehmbarer Zahnersatz.

Other: Sonstiges: _____

Any other acute or chronic diseases / illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____

Bitte kurz beschreiben: _____

Important Questions for Outpatient Procedures

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are discharged from the hospital/ clinic/doctor's practise? Wer wird Sie abholen, sobald Sie aus Klinik/Praxis entlassen werden?

Name and age of the person picking you up: [Name und Alter des Abholers]

If certain answers are preselected, please correct them if anything has changed.)

