



## CONSENT FOR GASTROSCOPY

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

SURNAME		MRN
OTHER NAMES		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION		

AFFIX PATIENT LABEL HERE OR COMPLETE ALL DETAILS

Please read this carefully and bring this form into the Day Surgery Unit when you attend Lifehouse for the procedure. If there is anything you do not understand, please raise this with the nursing and medical staff at the time of your procedure. We will attempt to quantify the risks of the procedure from the literature and our own experience for outpatient procedures such as yours. **The risk of not having the procedure (missed cancer etc) may significantly exceed the risks from the procedure.**

Gastroscopy is a safe and well tolerated method of examining the upper gastrointestinal tract. This includes the oesophagus (gullet), the stomach and the duodenum (upper small bowel).

The examination is done following sedation which is given into a vein. It is unlikely you will have any recollection of the procedure as you will be very sleepy/asleep during the procedure.

The risks of the examination are minimal. It is extremely uncommon to have an allergy to the drugs used. Occasionally it is necessary to perform interventional procedures through the endoscope, such as oesophageal dilatation in the presence of a stricture, or removal of polyps from the upper intestine. Potential complications include:

- Bleeding - less than 1/1000
- Perforation/puncture of the food pipe, stomach or bowel- less than 1/5000
- Death due to gastroscopy - extremely rare ~ 1/25000
- Injury to surrounding structures (eg pancreas) - very rare
- Sedation related complications including drug allergy - very rare
- Aspiration of stomach contents into lungs - rare
- The rare possibility that something may be missed, or that the procedure may be technically difficult and unable to be completed, particularly if there is poor stomach emptying and residual food

**Most complications settle spontaneously and do not require any specific intervention.** Very rarely they may be life threatening and require a blood transfusion or open surgery. If you would rather not have polyps removed, or not have interventions such as a blood transfusion (in a life threatening situation), please inform the nursing and medical staff on admission. **Should you have any symptoms of concern following the procedure such as abdominal pain, fever, shortness of breath, bleeding etc, please notify your doctor immediately.**

If there is a chance that you could be pregnant, or have very serious heart, lung (e.g. requiring home oxygen), kidney disease, or if you have difficulty walking up one flight of stairs without stopping, please notify us before the procedure. These issues may increase the risk of sedation.

I \_\_\_\_\_ have read and understood the above advice and I have received satisfactory answers to my questions about the procedure. I consent to colonoscopy and any associated procedure necessary. I agree not to operate a motor vehicle or machinery for at least 24 hours after the procedure, and not to make any important decisions or sign any contracts within 24 hours of the procedure, if given sedation for the procedure.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Doctor:** I have asked the patient whether they understand the consent form and I have answered any questions or concerns about the procedure or the consent form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

BINDING MARGIN - NO WRITING  
FILE IN CLINICAL RECORD

CONSENT FOR GASTROSCOPY

LHR 0000



SURNAME		MRN
OTHER NAMES		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
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           D    D    M    M    Y    Y

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### Gastroscopy Patient Information

#### What is Gastroscopy/Upper Gastrointestinal Endoscopy?

Endoscopy involves the use of a flexible tube to examine the upper intestinal tract including the oesophagus, stomach and duodenum. The procedure is commonly undertaken if your doctor suspects that you have inflammation of the oesophagus (the pipe which connects the throat to the stomach), an ulcer, inflammation or other abnormality of the oesophagus, stomach or duodenum.

#### How are you prepared?

You should have nothing to eat or drink for 6 hours before your procedure. If this test is being done in conjunction with a colonoscopy, it is enough to follow only the colonoscopy instructions. You will be given a sedative through a vein in the arm or hand before the procedure to make you more comfortable.

#### Special Considerations

As drugs are used, and x-ray screening is occasionally used following the procedure, it is essential for female patients that there is no possibility of pregnancy. You must advise the staff if you have any doubts about this. You should have advised the staff if you are sensitive (allergic) to any drug or other substance. Please do not stop any blood thinners or anti-coagulants unless directly advised to by your doctor. You should have also informed staff if you have heart valve disease or have a pacemaker implanted.

#### What do we do?

An endoscope is a flexible tube about 9mm in diameter. It allows full colour inspection of the oesophagus, stomach and duodenum. It also allows biopsies to be taken from the small bowel and other areas.

#### Safety and risks

Gastrointestinal endoscopy is usually simple and safe. It is very unlikely to cause any serious problems for patients. Extremely rarely, individual patients may have a reaction to the sedation or damage to the oesophagus at the time of examination. Such complications are extremely rare, however, if you wish to have full details of all possible rare complications discussed before the procedure, you should inform your doctor.

#### Afterwards

The procedure will take between 5 and 15 minutes and you will be sleepy for about half an hour afterwards. If you have any severe abdominal pain, bleeding, fever or other symptoms that cause you concern, you should contact the number on your discharge form immediately. **You will need a friend or relative to accompany you home after the procedure.**

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Revised March 15