

Information for patients undergoing gastroscopy (upper endoscopy)

Dear Patient

Please **read** these documents **immediately** after you receive them. Please complete the questionnaire and medication list and **sign the consent form**, preferably **the day before** the examination. If you have any questions, please do not hesitate to contact us.

You are scheduled for a gastroscopy (upper endoscopy). This package includes the following:

- Information sheet
- Questionnaire and consent form
- List of medications

The information sheet contains details about the examination procedure, its objectives and risks. Please read this sheet carefully.

If you have further questions about the necessity and urgency, or any risks posed by the examination, please contact your GP or us.

If you are taking **blood-thinning medication** (e.g. Marcoumar, Sintrom, Xarelto, Eliquis, Lixiana, etc.) or **platelet-inhibiting medication** (e.g. Brilique, Plavix, Clopidogrel, Efient, etc.), please discuss the possible discontinuation of the medication with your GP at least 1 week before the examination.

If you are taking **diabetes or weight-loss medication** (e.g., Ozempic, Wegovy, Mounjaro, Saxenda, Victoza, Trulicity, etc.), please only consume liquid or mushy foods on the day before the examination and extend the fasting period before the examination to 12 hours.

If you have **obstructive sleep apnea syndrome (OSAS)** and wear a CPAP mask to sleep, please bring your CPAP device and mask (nose masks only) with you on the day of the examination.

If you regularly take **asthma medication**, please inhale as usual on the day of the examination and bring the medication with you to the examination.

Please bring all documents, completed in full, with you to your examination appointment.

The questionnaire and consent form will be kept in your medical file at our practice.



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Specialist in Gastroenterology and
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Information sheet - gastroscopy (upper endoscopy)

Why is a gastroscopy performed?

Changes in your esophagus, stomach, and/or duodenum are suspected. A gastroscopy allows us to examine these areas of your body and treat them endoscopically, if necessary.

How is a gastroscopy performed?

The nurse will insert a canula into your arm to administer a sedative (propofol) and any pain medications you may need. The upper gastrointestinal tract is then examined using a thin, flexible "tube" with a light source and camera attached to the tip. If necessary, small tissue samples can be taken, polyps removed, or bleeding stopped. The examination and additional procedures are painless. In addition to the doctor, a specially trained nurse is also present during the examination.

What preparations are necessary for a gastroscopy?

For optimal examination of the upper digestive tract, your stomach must be completely empty. Therefore, you must not eat anything for 6 hours before the gastroscopy. Drinking clear liquids is permitted until 2 hours before the examination.

Medication may need to be adjusted or avoided. If you are taking blood-thinning medication or are diabetic, please discuss the preparations with your family doctor at least a week in advance.

What are the risks associated with gastroscopy?

Complications from gastroscopy are extremely rare (0.2%). Blood pressure, heart function, and breathing are monitored throughout the examination. Despite the utmost care, complications can occur which, in rare cases, can be life-threatening or may require surgery. These include allergic reactions, tooth damage, infections, bleeding, injuries to the wall of the upper digestive tract (perforation) or the larynx. In rare cases, the sleep medication can impair respiratory and cardiac function. Mild hoarseness, difficulty swallowing, or unpleasant bloating (due to residual air in the stomach and small intestine) may occur temporarily after gastroscopy.

What should I do after the examination?

After the examination with a sedative (propofol), you must not drive a vehicle or operate any machinery for 12 hours, and you should not sign any legally binding documents.

If you experience abdominal pain or other discomfort (e.g., dizziness, nausea, vomiting) after the gastroscopy, or if you notice blood coming from your anus (usually in the form of black, thin stools), inform your doctor immediately or go to the emergency department of your nearest hospital.

Questionnaire and consent form for gastroscopy (upper endoscopy)

By carefully following the preparation instructions and completing the questionnaire and medication list in full, you can help to minimize the risk of complications. Thank you in advance.

Surname, name: _____ Date of birth: _____

| Questions | Yes | No |
|---|-----|----|
| Do you have an increased tendency to bleed (e.g. severe nose or gum bleeding, prolonged bleeding after minor injuries, severe bleeding during operations or dental treatment)? | | |
| Are you taking anticoagulant medication (e.g. Marcoumar, Xarelto, Eliquis, Lixiana, Pradaxa, etc.) or platelet inhibitor medication (e.g. Plavix, Clopidogrel, Blilique, Fragmin, Clexane, etc.)? If so, which ones? _____ | | |
| Do you have any allergies to medication, food, latex or adhesive tape? If so, which ones? _____ | | |
| Do you suffer from serious heart or lung condition? If so, which ones? _____ | | |
| Do you have a pacemaker, defibrillator or metal implant? | | |
| Do you have a history of epilepsy? | | |
| Are you diabetic? | | |
| Have you been diagnosed with malfunctioning kidneys (renal failure)? | | |
| Have you been diagnosed with glaucoma? | | |
| Do you have loose teeth, dentures or dental disease? | | |
| For women: Are you pregnant or likely to be pregnant? | | |

I, the person signing, have read the information sheet and completed this questionnaire to the best of my knowledge. I have been informed about and understand the diagnosis, nature, procedure and risks of the examination or intervention. My questions have been answered to my satisfaction. I consent to this examination being carried out.

Place / Date

Signature of patient
(or legal representative)

Signature of doctor

Current list of medications

Surname, name: _____ Date of birth: _____

| Medication | Dosage |
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