



Gastroenterologie

Allgemeine Innere Medizin

Dr. med. Wulf Winkler

Spitalstrasse 38

4226 Breitenbach

Informed consent for gastroscopy

Name	Surname	Date of Birth

Dear patient

Please read the declaration of consent carefully and fill out the questionnaire completely. This document will be kept in our medical records.

Purpose of gastroscopy: This is an examination of the oesophagus, stomach and duodenum. Diseases of these organs can be detected, investigated and partially treated.

Preparations: Please do not eat for six hours before the procedure. Drinking of clear liquids is allowed up to 3 hours before. Medication should not be taken directly before the procedure.

Ability to drive/ability to work: Sedative medication is administered during the examination. Therefore, you are not allowed to drive any vehicles on this day and should not sign any legally binding documents for 12 hours.

Gastroscopy procedure: An IV cannula is inserted for the administration of medication. Alternatively, a local anaesthetic can be applied to the throat. The examination is carried out with a thin, flexible instrument with a light source and a camera attached to its tip, with which tissue samples can be taken. The examination is not painful.

Risks of gastroscopy: blood pressure, pulse and breathing are monitored throughout the examination. Complications are extremely rare (0.2%). Despite the greatest care, allergic reactions, tooth damage, infections, bleeding, injuries to the intestinal wall (perforation) or the larynx can occur. Because of the sedation, breathing and heart function may be impaired.

After the examination: If you experience new abdominal pain or blood loss, inform us or your doctor immediately or go to an emergency ward.

Tissue samples: If tissue samples are taken during the examination, the material is sent to a specialized laboratory for further examination. This laboratory will send a report to us and your family doctor. The results should be available within 3-4 working days. You will receive a separate invoice from the laboratory, which you can forward to your health insurance company.

Please answer the following questions:

Are you taking medication to prevent blood clotting?	<input type="radio"/> Yes	<input type="radio"/> No
Are you allergic? If yes: to what?	<input type="radio"/> Yes	<input type="radio"/> No
Have you had cardiac surgery or do you have a heart valve condition?	<input type="radio"/> Yes	<input type="radio"/> No
Have you got loose teeth or a denture ?	<input type="radio"/> Yes	<input type="radio"/> No
Are you suffering from epilepsy ?	<input type="radio"/> Yes	<input type="radio"/> No



PRAXIS DR. WINKLER

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Are you pregnant or breast-feeding ?	<input type="radio"/> Yes	<input type="radio"/> No
Which medications do you take on a regular basis?		

**I have read and understood these explanations.
All my questions were answered satisfactorily.**

I agree to have gastroscopy performed.

Date	Signature Patient	Signature Doctor