

INFORMATION & CONSENT FOR ENDOSCOPY
GASTROSCOPY / OESOPHAGEAL DILATATION / ENTEROSCOPY
(SMALL BOWEL EXAMINATION)

WHAT IS AN ENDOSCOPY?

An endoscopy involves the use of a flexible tube to examine the upper gastrointestinal tract which includes the oesophagus, stomach and or the proximal small bowel. These procedures are commonly undertaken if your General Practitioner suspects that you have inflammation, ulcer or other abnormality of the oesophagus, stomach, duodenum and proximal small bowel.

FOR THE PROCEDURE:

If your endoscopy is in the afternoon, make sure you have a very light breakfast such as toast and a drink, then clear fluids until four (4) hours before the procedure. ***Four hours before the procedure, fast completely without drink or food to be taken by mouth.*** If you do take any drink or food during the four hours preceding this examination, the vision with the endoscopes would be obscured and there is risk of aspiration under sedation. If your procedure is in the morning, fast completely from the previous midnight. If you are a diabetic, please contact Dr Chakravarty's staff and you may require prior consultation with Dr Chakravarty with regard to your diabetic medication and insulin etc prior to your endoscopy.

YOUR REGULAR MEDICATIONS:

If you are taking aspirin or anti-inflammatory drugs please discontinue five days prior and then recommence 24 hours after the procedure. If you are taking Warfarin you must let Dr Chakravarty know at least five (5) days prior to your endoscopy. If you are taking Plavix/Iscover (Clopidogrel), this needs to be discontinued, after discussion with your heart specialist or vascular surgeon, 15 days before endoscopy. Dr Chakravarty must also be notified 5 days prior to gastroscopy if your platelet count (blood test abnormality) is low and discuss this with your General Practitioner prior to your endoscopy. These precautions are necessary to prevent bleeding after taking a biopsy (sample of tissue) at the time of endoscopy. Bleeding after a biopsy remains a very rare event. **You should take all other medications regularly before and after endoscopy. If you are on Warfarin, Plavix, Iscover & Insulin, we encourage you to see your endoscopist prior to endoscopy for a consultation.**

HOW ARE YOU PREPARED?

You will be seen by an Anaesthetist/Sedationist prior to your procedure who will discuss your medical history and advise you about sedation. At the beginning, you will gargle & then swallow a local anaesthetic agent which tastes very bitter and then you would be given intravenous sedation through a vein in your arm. Greater than 99% of patients sleep through the procedure and do not have any memory of the procedure. You would be asked to lie on your left side and bite on a mouth guard which helps protect your gum and teeth and also allows continuous administration of oxygen. Then you will receive your intravenous sedation.

WHAT DO WE DO?

A flexible endoscope about 10mms in diameter is passed through your mouth and gullet to your stomach and duodenum and small bowel which allows inspection of these organs. It also allows tiny samples of tissue to be taken if required. The procedure takes between five and twenty minutes.

AFTERWARDS:

After the procedure, you will sleep for approximately fifteen minutes. Once you are awake, you will be given a drink and something to eat and Dr Chakravarty will then discuss the findings with you and give you a letter containing a handwritten report on the examination to take to your General Practitioner.

If any pre-malignant lesion is found such as Barrett's Oesophagus, you would be advised to have the procedure repeated in two years and the same information would be contained in the letter given to you.

It is your responsibility to remember to arrange a further examination in two years time or earlier as advised by Dr Chakravarty. Although the risks of development of cancer from these pre-malignant lesions is extremely small and is of the order of 0.4%, without regular surveillance endoscopies, usually every two years, significant problems may be missed.

SAFETY & RISKS:

Gastroscopy or an upper endoscopy, oesophageal dilatation, enteroscopy are safe procedures. However, rarely, sedation or procedure related complications can occur.

Prior to the procedure, we shall enquire from you any history of allergy to drugs or any reaction to anaesthetic agents. Rarely, patients’ underlying severe heart, lungs, vascular or nervous system disease manifest under sedation. All patients receive oxygen during the procedure and are carefully monitored in an attempt to prevent some of these complications and be able to detect any problems early on.

A mild sore throat is experienced by some 25% patients after an endoscopy, which lasts about forty eight hours. Other rare complications include perforation and bleeding which are extremely rare and related to the procedure. Should stretching (dilatation) of your gullet be required for difficulty in swallowing, there is a 5% risk of a tear in the oesophageal wall or perforation and bleeding. Should these complications occur and are detected at the time of the examination, urgent treatment would need to be instituted and an operation may be required. Please inform us if there is any severe pain, troublesome vomiting, black bowel motions or fresh bleeding from the bowel or chest pain or shortness of breath after the procedure. If these symptoms present after hours when our rooms are closed, please present at the nearest hospital and the staff there shall be in touch with us.

In case of needle stick injury to Doctors & Nurses, it will be necessary to take a blood sample from you. Since you may be under sedation at the time, it will not be possible to discuss this blood test with you. Signing this consent indicates your agreement to this blood test if required.

RISK OF TRANSMISSION OF INFECTION:

Transmission of infections can occur very rarely indeed during endoscopic examination. The estimated risk is one in 1.8million procedures. We use state of the art cleansing disinfection and sterilization techniques and there has not been a single case of transmission of infection since the inception of these services some years ago.

Please understand that driving home after receiving intravenous sedation is illegal, and not recommended for at least 12 hrs. If you have not made arrangements to be driven home, then your procedure would be cancelled & re-booked for another time. Once home a responsible adult should stay with you for the next 12 hours.

If you have any further queries or concerns please discuss this with our Secretary, Anaesthetist/Sedationist Doctor or Dr Chakravarty.

I have read and understood the above information concerning the performance of a gastroscopy or upper endoscopy. I hereby agree for the procedure to be performed upon myself by Dr. Bhaskar Chakravarty or the Gastroenterologist on duty.

SIGNED..... **DATE:**

FULL NAME:

WITNESS: **DATE:**