

**Informed consent of the patient (patient's legal representative)  
with endoscopy - endoscopic endosonography**

Patient – name and surname:	Birth registration number (insurance number):
Date of birth: (if no birth certificate number exists)	Health insurance company code:
Patient's permanent address: (or other address)	
Name of legal representative (guardian):	Birth registration number:

**Name of procedure**

**Endoscopic endosonography**

imaging of the wall of the digestive tube and the organs near it with a small ultrasound probe

**Purpose of the procedure**

Endosonography is designed to diagnose diseases of the digestive tube and organs near it using a small ultrasound probe that is part of an endoscope inserted through the mouth into the esophagus, stomach and duodenum. Due to the proximity of the probe to the wall of the digestive tube and adjacent organs (pancreas, bile ducts, part of the liver, lymph nodes, abdominal vessels, etc.), the imaging is very accurate. Under endosonographic control, a tissue sample can be taken by performing a fine-needle aspiration biopsy to clarify the diagnosis.

**Nature of the procedure**

**The following is essential before the procedure performance!**

- No eating, drinking or smoking for at least 6 hours before the procedure.

**The performance of Endoscopic endosonography:**

Before the actual examination, at the doctor's discretion and after mutual agreement with you, a calming injection may be given. The endoscope is then advanced through the oral cavity and pharynx into the esophagus, stomach and duodenum. Using a probe placed at the end of the endoscope, the structure of the wall of the alimentary canal and adjacent organs such as the pancreas, bile ducts, liver, lymph nodes, abdominal vessels and others are imaged. The duration of the examination depends on the reason for the examination and the nature of the disease. In some examinations, after imaging the organs, a so-called fine-needle aspiration biopsy is immediately performed, which consists of painless insertion of a needle through the wall of the digestive tube and taking a tissue sample for further examination. Some biopsies require a single dose of antibiotics beforehand.

**The following is essential after the medical procedure!**

- In case of local anaesthesia, do not eat or drink for 2 hours after the procedure.
- After the sedative injection, you must not drive a car, motorcycle or operate machinery or equipment that requires increased attention for 24 hours. For these reasons it is advisable to have an accompaniment with you.
- Depending on the nature of the procedure, the fasting period may be extended.
- In some cases, short-term hospitalization is necessary after the procedure.

**In case of any problems (abdominal pain, etc.) immediately notify the attending physician!!!**

**Expected benefit from the procedure**

Endosonography is a very specialised examination which, because of its accuracy, is not completely replaceable by other examinations. It is usually performed to clarify the diagnosis after other imaging examinations such as conventional ultrasound, computed tomography (CT), magnetic resonance imaging (MRI), endoscopic retrograde cholangiopancreatography (ERCP), positron emission tomography (PET). The more accurately the diagnosis is made and the extent of the disease is determined, the better the further treatment course is determined.

**Alternatives to the procedure**

Alternatives to endosonography include ultrasound, computed tomography (CT), magnetic resonance imaging (MRI) or positron emission tomography (PET). However, these methods do not achieve as detailed a view of some organs and usually do not allow tissue removal for further examination.

**Consequences of the procedure**

In the case of tissue sampling, the procedure may be followed by a short-term hospitalization with prolonged fasting.

**Potential risks of the procedure**

Complications of endosonography without tissue sampling are very rare, and may include an allergic reaction to a sedative injection, local anaesthesia of the throat and antibiotics, or injury to the wall of the digestive tube (perforation). In the case of fine-needle biopsy sampling, subsequent bleeding, injection site infection and acute pancreatitis may rarely occur. After the procedure, you may experience a sore throat or other discomfort in your throat caused by the endoscope being inserted through your mouth and pharynx.

To reduce the risk of complications and especially allergic reactions to a minimum, please answer the following questions:

**note Circle your answer:**

1. Do you have an increased tendency to bleeding even with small injuries or after a tooth extraction?	YES	NO
2. Does your skin bruise easily or is there a predisposition to bruising in your family (blood relatives only)?	YES	NO
3. Do you suffer from hay fever, bronchial asthma, hypersensitivity to foods, medicines, patches, local anaesthetics?	YES	NO
4. Do you suffer from a chronic disease (e.g. glaucoma, epilepsy, asthma, diabetes, heart failure)? If so, which ones?	YES	NO
5. Are you pregnant?	YES	NO

**Consent:**

I have been clearly informed about the alternatives to the procedure performed at the University Hospital Olomouc, which I can choose from.	YES	NO
I have been informed about the potential limitations to my usual way of living and to my working ability after the medical procedure, as well as about potential changes in my medical fitness in the event of a potential or expected change in my health.	YES	NO
I have been informed about the treatment regimen and appropriate preventive measures as well as about the follow-up medical procedures.	YES	NO
I have understood all the explanations and information provided and explained to me by the doctor. I had the opportunity to ask additional questions, which were all answered by the doctor.	YES	NO

**After obtaining the aforementioned information, I declare that:**

- I agree with the care proposed and with the procedure. I also agree with additional procedures required to save my life or health in the event of unexpected complications requiring such procedures to be immediately performed.	YES	NO
- I have disclosed to the doctors all information known to me about my health condition that could adversely affect my treatment or endanger my surroundings, in particular by spreading an infectious disease.	YES	NO
- I give my consent to taking samples of my biological material (blood, urine) for laboratory analysis should the need arise, particularly to rule out some infectious disease.	YES	NO

Date	Time	Signature of the patient or legal representative (guardian)

Name and surname of the physician who provided the necessary information	Signature of the physician who provided the necessary information

**If the patient is unable to sign, state the reasons why the patient was unable to sign and how the patient expressed his/her will:**

Name and surname of the healthcare professional/a witness who was present:	Signature of the healthcare professional/a witness who was present:	Date