

**Informed consent of the patient (patient's legal representative)
for gastroscopy (esophago-gastro-duodenoscopy)**

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

Gastroscopy (esophago-gastro-duodenoscopy):

examination of the oesophagus, stomach and duodenum with an endoscopic device

Purpose of the procedure

In order to clarify and resolve your problems or in some cases as a preventive measure for early detection of possible disease changes in the oesophagus and stomach, you should undergo a gastroscopy, i.e. an examination of the oesophagus, stomach and duodenum with an endoscopic device, with possible follow-up treatments such as mucosal sampling, removal of polyps, stopping bleeding, treatment of varices (varicose veins of the oesophagus and stomach), dilatation of stenoses (widening of narrowed areas), etc. It involves inserting the endoscope through the mouth and direct visualization of the oesophagus, stomach and duodenum.

Nature of the procedure

Preparation before the procedure performance:

The procedure is performed fasting. Do not eat, drink or smoke at least 6 hours before the procedure.

The performance of gastroscopy:

A flexible endoscope is advanced through the oral cavity and pharynx into the oesophagus, stomach and duodenum. If necessary, the pharynx is numbed locally or a soothing injection is given. For good clarity, the organs to be examined are inflated with air or carbon dioxide. If necessary, a tissue sample is taken with forceps for histological or other examination. In individual cases, polyps are removed during gastroscopy, usually using loops and electrocoagulation current. Bleeding areas can be treated by injecting a substance for stopping the bleeding, applying a metal clamp or applying heat with an electric probe. Esophageal varicose veins can be treated by putting on rubber rings or injecting a special solution. Narrowed areas can be widened with a special balloon.

After the completion of the medical procedure:

In the case of local anaesthesia of the pharynx, do not eat or drink for 2 hours after the procedure. Do not drive a car or operate machinery for 24 hours if a sedative injection is given.

After some medical procedures, a short hospital stay may be necessary and the fasting period may be prolonged.

Expected benefit from the procedure

Examination of the oesophagus, stomach and duodenum with an endoscopic device to determine the type and extent of the disease.

Alternatives to the procedure

An alternative is an X-ray of the oesophagus, stomach and duodenum with a contrast substance, which is, however, less accurate and does not allow tissue sampling and medical procedures.

Consequences of the procedure

After the therapeutic intervention, especially polyp removal, several days of monitoring during hospitalization may be necessary with exclusion of food, with administration of infusions and blood count control. **In case of any problems after the procedure (abdominal pain, signs of bleeding, etc.) it is necessary to immediately notify the attending physician!!!**

Potential risks of the procedure

Complications of gastroscopy are rare and may include bleeding after tissue sampling or after a medical procedure, an allergic reaction to a sedative injection or pharyngeal numbing, and rarely perforation of the organ under examination. You may feel a sore throat or a discomfort in your throat after a gastroscopy.

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