

# Information for patients about gastroscopy with Argon beam

Label

Information protocol submitted by:

Date:

Dear patient

Please read these documents immediately upon receiving them. Fill in the questionnaire, if possible date and sign the documents on the day before the examination. If you have any questions, please contact your doctor or specialist (gastroenterologist).

You have been advised to have a procedure known as a **gastroscopy with Argon beam treatment**. Before the examination you'll receive the following:

- **an information leaflet**
- **a questionnaire**
- **informed consent form**

## Information leaflet:

On the information leaflet you can find information about the course of the examination as well as its objectives and risks. Please read this leaflet carefully.

If you have further questions about the necessity and urgency of the examination, about alternatives or any risks posed by the examination, please contact your doctor. Most of these questions can be answered by the doctor who registered you for the examination. Specific questions about the examination's technical details or specific problems can be answered by the specialist (gastroenterologist) who will carry out the procedure, if necessary. If you wish to do so, we kindly ask you to contact us or the referring doctor in good time.

## Questionnaire:

You are kindly asked to fill out the enclosed questionnaire in full to clarify the bleeding tendency and to answer the questions about medication, intolerances or allergies. If you are taking **anticoagulant medication** for blood thinning (e.g. Sintrom, Marcoumar, Xarelto) or regularly take **Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel etc.**, please discuss with your doctor in good time (at least 1 week before the examination) the possibility of stopping the medication. Please bring the questionnaire with you to the examination. You are kindly asked to date and sign the questionnaire one day before the examination if possible. If you have any problems or there are ambiguities in answering the questions, please contact your doctor or us in good time.

## Informed consent:

Please read the informed consent form through very carefully. Also date and sign it no later than the day before the examination.

The information leaflet is yours to keep.

The questionnaire and the informed consent will be kept by us in the medical files.

Aufklärungsunterlagen empfohlen durch die Schweizerische Gesellschaft für Gastroenterologie SGGSSG, die Verbindung der Schweizer Ärztinnen und Ärzte FMH sowie der Stiftung Patientenschutz SPO.



# **Information sheet about gastroscopy with Argon beam treatment**

## **Why is a gastroscopy with Argon beam treatment carried out?**

During a gastroscopy the oesophagus, stomach and duodenum are investigated. It can be used to diagnose diseases of these organs (e.g. inflammation, ulcers, varicose veins, polyps or tumours) and sometimes to treat them, or to monitor the course of known diseases. You were diagnosed with bleeding, or suspected bleeding, from small blood vessels in your stomach or upper small intestine. With Argon beam treatment, bleeding can be stopped.

## **What preparations are necessary for a gastroscopy with Argon beam treatment?**

Before the gastroscopy, from midnight on, please do not eat solid food as the upper digestive tract must be free of food residue for the gastroscopy. Drinking clear, fat-free liquids (not milk) is permitted up until 2 hours before the start of the examination. Do not take your regular medication unless your doctor tells you to take it.

## **Ability to drive/ ability to work?**

As a rule you will be given sedation and/or pain medication before the examination. You should not drive after receiving this medication. Do not come with your own vehicle. Make sure that someone personally accompanies you. After these medications have been administered you are not capable of signing any documents for the next 12 hours. This means that during this time you should not conclude any contracts.

## **What happens during a gastroscopy with Argon beam treatment?**

First of all, in order to administer any potentially necessary sedative or sleep medication an infusion is put in the arm. The examination is carried out using a thin movable 'tube' at the tip of which a light source and a camera are attached. This allows the doctor to see the mucous membrane of the mentioned organs and to search for pathological changes. In addition to the exact inspection of the mucous membrane, tissue samples can be taken or various procedures can be performed, such as hemostasis or the removal of tissue. Treatment with Argon beams is based on the application of heat (thermocoagulation) by ionized gases (Argon gas). Gas is released via a catheter, which is brought to the desired location by the instrument. The bleeding vessels are atrophied by the heat. As a rule, the examination and additional procedures do not cause any pain. During the examination a specially trained nurse is also present in addition to the doctor.

## **What are the risks associated with gastroscopy with Argon beam treatment?**

Complications due to a gastroscopy are extremely rare (0.2%). However, despite the greatest care being taken, complications can occur, which can be life-threatening in exceptional cases. These include allergic reactions, possible damage to teeth due to pre-existing defective teeth, infection, bleeding, injury to the wall of the upper digestive tract (perforation) and injury to the larynx. Rarely, the administration of sleep medication can lead to the impairment of respiratory and cardiac function. Slight hoarseness, difficulty swallowing or unpleasant flatulence (caused by air remaining in the stomach and small intestine) may occur temporarily after gastroscopy.

Rarely, treatment with Argon beams can lead to flatulence. In addition, on very rare occasions, an injury to the stomach or small intestine wall (perforation), a formation of a gas embolism through the blood vessels leading to cardiac arrhythmia as well as injuries to the stomach or small intestine wall due to gas explosions have been described.

## **What about after the examination?**

After local anaesthesia of the throat with a spray, you may not eat or drink anything for at least an hour.

If abdominal pains or other disturbances of well-being occur after the gastroscopy (e.g. dizziness, nausea, vomiting, chills or fever) or if there is bleeding from the anus (usually in the form of black, thin fluid stools), inform your doctor immediately or go to a hospital emergency department.

## **Questions about the examination?**

If you have any further questions about the planned examination, please contact your GP. If you are still unclear, contact the specialist (gastroenterologist) who is carrying out your examination.

## **You can contact the following doctors if you have any questions or problems:**

General practitioner		Tel:
Gastroenterology		Tel:

Aufklärungsunterlagen empfohlen durch die Schweizerische Gesellschaft für Gastroenterologie SGGSSG, die Verbindung der Schweizer Ärztinnen und Ärzte FMH sowie der Stiftung Patientenschutz SPO.



## Questionnaire

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### Questions to clarify bleeding tendency:

yes no

1. Do you have heavy <b>nosebleeds</b> for no apparent reason?		
2. Do your <b>gums bleed</b> for no apparent reason (brushing your teeth)?		
3. Do you have „ <b>bruises</b> “ ( <b>Haematomas</b> ) or small bleeds under the skin without obvious injuries?		
4. Do you have the impression that you <b>bleed longer after minor injuries</b> (e.g. when shaving)?		
5. Women: do you have the impression that you have <b>prolonged menstrual bleeding</b> (>7 days) or that you must change tampons or sanitary towels very frequently?		
6. Have you had <b>prolonged or heavy bleeding during or after dental treatment</b> ?		
7. Have you had prolonged or heavy <b>bleeding during or after surgery</b> (e.g. tonsillectomy, appendectomy, birth)?		
8. Have you received any <b>blood or blood products</b> during surgery?		
9. Does anyone <b>in your family</b> (Parents, siblings, children, grandchildren, uncles, aunts) have a <b>disease with increased bleeding tendency</b> ?		

### Questions about medication, allergies, concomitant disease:

1. Are you taking <b>anticoagulants</b> for blood thinning (e.g. Sintrom, Marcoumar, Xarelto) or have you been taking <b>Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, etc.</b> or <b>flu medication, pain killers or rheumatism medication</b> in the last 7 days? If 'yes', what exactly?		
2. Do you have an <b>allergy/ hypersensitivity</b> reaction (to medications, latex, local anaesthetics, sticking plasters)? If 'yes', which ones?		
3. Do you suffer from a <b>heart valve defect, heart or lung disease</b> ? Do you have an ID card for <b>endocarditis-prophylaxis</b> ?		
4. Do you have a <b>heart pacemaker / defibrillator</b> or a <b>metal implant</b> ?		
5. Are you aware of a <b>renal dysfunction (renal insufficiency)</b> ?		
6. Are you <b>diabetic</b> ?		
7. Women: are you <b>pregnant</b> or is there a <b>possibility</b> that you could be pregnant?		
8. Do you have any <b>loose teeth, dentures</b> or a <b>dental disease</b> ?		

**I, the undersigned, have completed the questionnaire to the best of my knowledge.**

Place, date

Patient's name

Patient's signature

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## **Informed consent**

### **for a gastroscopy with Argon beam treatment**

**Information protocol submitted by:**

Label

**Date:**

I, the undersigned, have read the information sheet.

I have been informed by the doctor of the reason (Indication) for the gastroscopy with Argon beam treatment. I understand the nature, procedure and risks of a gastroscopy with Argon beam treatment. My questions have been answered to my satisfaction.

*(Check the appropriate box)*

**I agree to having a gastroscopy with Argon beam treatment**

yes	no
yes	no

**I agree to a sedative and/or pain relief being administered during the examination**

Patient's name

Doctor's name

Place, date

Patient's signature

Place, date

Doctor's signature

**For patients who cannot give consent themselves:**

Legal representative  
or proxy

Doctor's name

Place, date

Representative's name

Place, date

Doctor's signature

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