



Dear patient!

Name and surname: _____

Date of birth: _____

Medical Record ID: _____

Gastroscopy is an endoscopic examination of the upper gastrointestinal tract that gives the doctor a direct view inside the oesophagus, stomach and duodenum. The test is performed using a flexible instrument with a cold light source and a small camera at the tip, which sends an image of the digestive tract to a screen. During the examination, the doctor moves the tip of the instrument to get a close look at the lining and inside of the digestive tract. Using special forceps, a tissue sample may be removed from the stomach lining to quickly identify a *Helicobacter pylori* infection, or tissue samples can be sent for microscopic examination.

For the examination to be successful and safe, your stomach and duodenum must be empty, as food in the stomach interferes with visibility, so you should avoid eating or drinking thick liquids for 6-8 hours before the procedure. You may take small sips of water and take any medications you take regularly, except for diabetes medication, blood thinners and aspirin.

If you take these medications regularly, please consult your personal doctor. If you are already taking medications to reduce stomach acid (proton pump inhibitors), please stop taking them 7 days before the examination, if possible. Often, a rapid urease test (CLO test) is performed during gastroscopy for diagnosis of *Helicobacter Pylori*, which can give a false negative when these drugs are taken at the same time.

We therefore ask you to inform us before the procedure about any bleeding tendencies, use of anti-clotting drugs (Pelentan, Marivarin, Sintrom), drug and food intolerances, and any medical conditions you might have, specifically any cardiovascular disease, lung disease or chronic infection.

Every endoscopic examination poses some risk to the patient, although complications during gastroscopy are very rare. The most serious complication, which is extremely rare, is the tearing of the digestive tract, which requires surgical treatment. On very rare occasions, a patient may suffer internal bleeding at the esophagogastric junction due to excessive eructation and restlessness during the examination. Bleeding usually stops on its own or is stopped by the doctor during the examination. Other minor complications may be caused by hypersensitivity to the medications you have received or complications from your underlying condition.

We will answer any further questions and clarify any uncertainties you may have during a personal interview before the examination itself.

Elderly or more sensitive patients are advised to arrive for an examination with a companion.

STATEMENT:

I declare that I am informed about the planned examination and possible complications and, by signing, I give my consent to the examination and any additional interventions.

Special note:

I also give my consent for the doctor to administer sedation during the examination if they deem it necessary. Sedation can be performed after my prior verbal consent. Sedation is subject to a fee according to the current price list.

Ljubljana: _____

Patient's signature:

(if a patient is less than 18 years old, parental signature is required)

Doctor's signature:

! IMPORTANT NOTICE FOR PRIVATE PATIENTS: Histological examination is charged according to the price list (basic examination costs € 100.00).

If more than one histological sample is taken or if complementary examination methods are required, the histological examination will be charged in accordance with the actual scope of work that we receive at a later date!



GASTROSCOPY SAFETY CHECKLIST

Patient's name and
surname: _____
Or a label

Before the examination



Before the patient leaves the
room

(with the nurse present)

1. Has the patient confirmed their identity?

☐ Yes

6. Does the patient have:

Allergies:

☐ Yes: _____

☐ No

i

Risk of major blood loss (over 500ml)

☐ No

☐ Yes, we have two IV lines and
access to fluids (planned).

TIME OUT (5-10 minutes)

☐ Yes, from _____ to _____

(with the nurse and the
gastroenterologist)

- ☐ Confirmation of all team
members, who introduce
themselves by their name and
their role in the procedure.

EXPECTED COMPLICATIONS:

For the gastroenterologist:

- ☐ What are the critical and non-
routine procedures?

☐ Estimated time of the
examination? _____

☐ Chance of bleeding? _____

For the registered nurse:

- ☐ Please indicate any concerns you
have regarding the patient.

For the nursing team:

- ☐ Are there any concerns regarding
the equipment or anything
else? _____

MATERIALS USED:

☐ Ordinary snare

☐ Special snare

☐ Spot

(with the nurse and the gastroenterologist)

The nurse states out loud:

- ☐ Labelling of samples (reads out
loud the labels on the samples,
including the patient's name).
☐ Potential problems with
equipment that need to be
resolved

For the colonoscopy team:

- ☐ Do they have any concerns
regarding the patient's
recovery and treatment?

Signature: _____

Date: _____