

| Interdisciplinary endoscopy

Endoscopy | upper endoscopy

| Dear patient

you've decided to undergo a upper endoscopy in our clinic. Prior to the procedure, the physician who performs the procedure will schedule a separate appointment with you, in which he will explain the entire procedure, associated risks and adverse effects and ask you to sign consent. Before signing consent, you should understand all the benefits and risks of the procedure. This handout should provide additional, relevant information with regard to the upper endoscopy to prepare you for the procedure. Please read the instructions ahead of time and follow them carefully.

The upper endoscopy will be performed using an endoscope. The endoscope (also called a gastroscope) is a flexible tube with a lens and a light source that is about 9 mm in size allowing an easy passage of the esophagus and providing an overview on the inner lining of the upper gastrointestinal (GI) tract. These endoscopes will be thoroughly cleaned after every procedure and cleaning procedures are constantly supervised by the local department of clinical hygiene. We kindly asked you to present yourself with a letter of referral provided by your primary care doctor and a signed form of consent at the day of procedure. Additionally, we asked you to bring laboratory testings (blood cell count including hemoglobin values and platelet numbers and coagulation testings) not older than 4 weeks. For your own safety and to allow the endoscopist to visualize the entire area of your upper intestine, we kindly ask you not to eat or drink anything for up to six hours before your appointment and to avoid smoking on the day of the procedure. You should discuss your current medications with your physician before your appointment for the endoscopy. It might be necessary to adjust the dose of your medications or to stop specific medications temporarily before the examination. In order to take tissue samples called biopsies, it might be necessary to discontinue blood thinning medications e.g. aspirin, warfarin or marcumar, iscover or plavix 5 days prior to the procedure to reduce the risk of bleeding. Please discuss this issue with your referring doctor. If tissue samples are obtained during the endoscopy, histopathological reports will be send to your referring doctor about five to seven days after the procedure.

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An upper endoscopy is a procedure accompanied with a low rate of complications. The procedure is painless and normally only takes few minutes to complete. We kindly asked you to remove any dentures prior to the procedure to avoid swallowing. To ensure an appropriate sight during the procedure, it might be necessary to apply a solution to reduce foaming of the gastric juice, which might leave a taste of aged bananas in your mouth. Your vital signs (blood pressure, heart rate, and blood oxygen level) will be monitored before, during, and after the examination. A plastic mouth guard is placed between the teeth to prevent damage to your teeth and the endoscope. During the procedure, you will be lying on your left side to avoid suffocating of saliva. During the placement of the endoscope in your upper intestine, you might feel the urge to gag. To minimize this urge, a medication to numb the throat (spray) will be applied during the procedure. When the endoscope is placed in your esophagus, we asked you to swallow once and then continue breathing slowly. Air is gently introduced through the endoscope to open the esophagus, stomach, and intestine, allowing the endoscope to be passed through these areas and improving the endoscopist's ability to see completely. Most of this additional air will be removed at the end of the procedure via the endoscope, the remaining air will normally pass by belching.

Please be aware: If you wish so, you can get medication to remain asleep during the procedure (sedation medication). For application of the medication, we will have to place an intravenous line (IV) and oxygen will be given via a small tube in your nose before and during the entire procedure. After the procedure, you will stay in a separate recovery room until you are fully awake again and could be discharged. Nevertheless, the medications used for sedation may still cause temporary changes in the reflexes and judgment and interfere with your ability to drive, operate machines or make decisions during the next 24 hours. For this reason, you should also arrange for a friend or family member to escort you home after the examination. Please refrain from consuming alcohol within the first 24 h. About 30 minutes after the procedure, the effect of the anesthesia spray for your throat will be terminated and you will be allowed to eat and drink again. If you wish so, we will provide you with a short report on your examination results and official notice of incapacity for work for the day of the procedure prior to your discharge at our reception desk.

Do not hesitate to contact us if you have additional questions or would like to schedule an appointment at this designated times:

Monday to Friday

07.30 am to 04.45 pm

Tel.: +49 241 80-80863

Fax: +49 241 8082559

Location of the facility:

Level 3, hallway 27, reception of the endoscopy