

PATIENT'S DECLARATION ON GASTROSCOPY

Information on the educational talk

Mirroring of the upper digestive tract (esophago-gastro-duodenoscopy)

Dear patient,

The examination of the upper digestive tract (esophagus, stomach and duodenum) enables the doctor to determine the cause of your complaints more precisely and to detect and treat pathological changes at an early stage. Before the examination, the doctor will talk to you about the necessity of the planned procedure and how it will be carried out. This information sheet is intended to help you prepare for the consultation.

How is the mirroring performed?

For endoscopy, a thin, flexible optical instrument (the endoscope) is advanced through the oral cavity into the esophagus, stomach and duodenum. Pathological changes in the mucous membrane can be assessed, and if necessary, tissue samples can be obtained during the endoscopy using tiny forceps. Tissue sampling is painless, but the procedure itself can be uncomfortable because of the natural gag reflex. The throat will be locally anaesthetized or you will be given a short anesthetic. If further treatment measures are planned in the course of the examination, you will be informed separately.

What preparations are necessary?

In order to be able to accurately assess the upper digestive tract, it must be free of food residues. For this reason, you should be fasting on the day of the examination, i.e., you should not have eaten anything for at least 6 hours before the examination. You can drink water up to 2 hours before the examination. However, if you have to take medication regularly, you should take it with a glass of water as usual 2 hours before the examination. However, this does not apply to blood-thinning medicines such as aspirin or ASA. If you are having a colonoscopy at the same time, please refer to the separate information sheet!

What complications can be expected?

Nowadays, the mirroring of the upper digestive tract is a safe routine procedure. Despite the greatest care, complications can still occur in rare cases. Injuries to the wall of the digestive tract, the larynx and the trachea caused by the endoscope or additional instruments or severe bleeding due to the removal of tissue samples are rare. As a rule, these can be treated on the spot. Only in exceptional cases is surgical treatment necessary. Very rare are hypersensitivity reactions to medication with short-term impairment of respiratory function. Monitoring during and after the examination by the doctor and his assistants considerably reduces this risk. In rare cases, even with conscientious preparation, damage to dentures is possible with loose-fitting teeth, dental implants, crowns and dental veneers. No liability is accepted for such dental damage. Extremely rare are sensory and taste disturbances of the tongue or paralysis of the vocal cords.

What are the chances of success?

By means of the mirror examination and the fine tissue examination of the tissue samples obtained, pathological changes of the upper digestive tract can be detected or ruled out. Any necessary treatment can be initiated in a targeted and effective manner.

What should be taken care of after the mirroring?

If you have received a throat anesthetic, you must not eat or drink anything for ½ hour after the examination. **If you have received a short anesthetic, you must not actively participate in road traffic again (including cycling!) for at least 24 hours.** Furthermore, you should not make any important decisions or work on dangerous machines during the same period.

Are follow-up examinations necessary?

Depending on the findings of the mirror examination and the result of the fine tissue examination, further examinations may be necessary. We will inform your doctor about this.