

Patient's consent to gastroscopy

Patient's full name:

PESEL / date of birth: Patient ID:

What is gastroscopy?

Gastroscopy is an examination of the upper gastrointestinal tract (oesophagus, stomach, and the initial section of the duodenum). It is one of the best ways to localise lesions, perform diagnostics (collect part of the mucous membrane for further analyses) and treatment.

How does gastroscopy work?

- Before the examination, your throat will be anesthetized with Lignocaine spray. This will help reduce the discomfort that might otherwise occur with the introduction of the endoscope.
- The examination will be performed in a lying position on the left side. Initially, you will be asked to squat your head and gently clamp your teeth on the mouthpiece through which the endoscope will be inserted. The endoscope (gastroscope) is a thin, flexible and smooth instrument with a diameter of approximately 1.0 cm.
- Thanks to a high-intensity light source, special optics and a miniature camera installed in the endoscope, it is possible to visualise the inner surface of the upper gastrointestinal tract (oesophagus, stomach, duodenum) in detail. As air is introduced into the stomach during the examination, a feeling of bloating and belching may occur. These are normal during the examination and disappear as soon as it is finished.
- During gastroscopy, sections may need to be taken for microscopic evaluation if, for example: a gastric ulcer, inflammatory lesions or polyps are found, or to diagnose infection – *Helicobacter pylori*. The collection of such specimens is painless.
- The examination time is individually variable and averages about 5-7 minutes. In rare cases, the examination lasts longer.

After the treatment

- You should report any unexplained symptoms to your nurse or physician immediately. Do not eat or drink anything for at least 1 hour after the examination.
- If samples from the oesophagus have been collected, please avoid hot meals and liquids for 2 hours.
- If the examination is performed under analgosedation, the Patient should be fasting for 2 hours after the examination.

Contraindications to gastroscopy:

- acute coronary syndrome,
- acute or severe chronic heart failure,
- respiratory failure,
- uncompensated coagulation disorders.

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Possible complications after gastroscopy

Any medical procedure, including gastroscopy, carries a risk of adverse events. It should be emphasised that they are rare and, in the vast majority, are mild. The most serious complications include:

- Perforation (rupture) of the gastrointestinal tract wall (occurs in about 0.05% of examinations) may require immediate surgical treatment.
- The majority of bleeding resolves spontaneously or is controlled by endoscopic methods, but sometimes requires surgical intervention.

The following can also occur:

- Cardiovascular disorders (abnormal heart rhythm, worsening of pain in the heart area, death)
- Allergic reactions to anaesthetics used (0.01%)
- The examination belongs to the basic methods of gastroenterological diagnostics and the associated mortality is extremely low.

Information on alternative diagnostic methods

The examination belongs to the basic methods of gastroenterologically diagnosing lower gastrointestinal tract. Currently, there are no other methods that can replace it.

Questionnaire

In order to minimize the likelihood of complications and reduce the risk associated with the administration of anesthetics, please answer the following questions:

1. Do you use dental prostheses? Yes / No
2. Are you fasting today? Yes / No
3. Do you have an implanted cardioverter/defibrillator? Yes / No
4. Has your doctor ever diagnosed any drug allergies? Yes / No
Which ones?
5. Are you taking anticoagulants? Yes / No
(e.g. Acard, Polocard, Acenocumarol, Warfin; others)
Which ones?
6. Are you pregnant? Yes / No

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Patient's statement

I hereby declare that:

- I have been fully and clearly informed about my health condition and diagnosis;
- I have read the description of the proposed examination, its purpose and I have been informed about the indications and contraindications for the examination, possible complications and if they require measures, including surgical intervention.
- I have been familiarized in detail with the full course of the proposed examination, the method of operation of the device, and the expected duration of the procedure;
- I have been informed about the risk and possibility of developing transient pain symptoms (throat or abdominal pain) during the procedure and especially after its completion, which sometimes necessitate the use of painkillers.
- I have received comprehensive answers to all questions that have been asked and I have fully understood the information given to me;
- I undertake to proceed in a manner consistent with medical recommendations concerning examination and post-examination recommendations;
- **Statement not applicable to Patients who undergo examinations under the National Health Fund (NFZ):** I have been informed that during the examination it may be necessary to take biopsy specimens (which are necessary in the diagnostic process) and remove polyps found during the examination, as well as to perform a test for Helicobacter pylori infection. If necessary, I agree to cover the costs of this procedure; I hereby authorise LUX MED sp. z o.o. with its registered office in Warsaw to issue an invoice without my signature for the amount related to the above diagnostics

I agree to undergoing gastroscopy

Yes / No

I agree to taking biopsy specimen

Yes / No

.....
Date and legible signature – name and surname
of the Patient/statutory representative or legal
guardian

.....
In the case of a minor Patient aged between 16 and
18 years, additionally legible signature – name and
surname of the Patient's legal guardian/statutory
representative

Physician's Statement

I declare that I have informed the Patient about the planned examination/procedure, I have presented information on the examination and procedure, I described its purpose and the manner in which it is performed as well as the method of preparation and actions after the examination/procedure and I have presented alternative options. I also presented contraindications, possible complications and risks arising from examination/procedure. I have provided the Patient with the opportunity to ask questions and gave all necessary information.

.....
(place, date)

.....
(stamp and signature of the physician)

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