



MEDICAL INFORMATION ABOUT THERAPEUTIC GASTROSCOPY BEFORE EXAMINATION

Dear Sir or Madam,

Therapeutic gastroscopy aims at treating injuries or disorders related to the oesophagus, stomach or duodenum.

We ask you to read this document very carefully in order for you to be informed about this medical intervention. Your doctor is at your disposal to provide you with any further details you may require.

WHY CHOOSE GASTROSCOPY?

It is currently the reference examination in the treatment of injuries in the oesophagus, stomach or duodenum.

HOW TO GET PREPARED FOR GASTROSCOPY?

You must go on a strict fast (no eating, no drinking and no smoking) for 6 hours before the examination.

HOW IS GASTROSCOPY PERFORMED?

A flexible device called an endoscope is used during the examination and introduced into your body through your mouth. If general anaesthesia has been scheduled, the anaesthetist-resuscitator will answer your questions concerning his specialty.

According to the current rules, the endoscope is disinfected after each patient, and the devices are sterilized or thrown away if single-use such as biopsy forceps. These procedures are indispensable to prevent any possible infections. You may be asked to remain hospitalized after the examination for monitoring purposes or in case of complications.

WHAT COMPLICATIONS MAY ARISE DURING THE EXAMINATION?

Each medical or surgical intervention, exploration or examination in the human body presents risks, even when proficiency and security conditions are met, consistently with the current rules and scientific knowledge.

Complications due to therapeutic gastroscopy are uncommon. They can be:

- Gastrointestinal tract injuries or perforations, which may require surgical intervention (with its own risks).
- Haemorrhages, which may exceptionally require surgical intervention. Blood or blood-derived product transfusion may sometimes be necessary.

Other complications such as cardiovascular and respiratory disorders or infections are possible but exceptional.

These complications may be increased by your medical and surgical history or some of the drugs you may take.

All these complications usually arise during endoscopy, but they can also appear a few days after the examination and trigger abdominal or chest pains, red or black blood vomiting, coughing, fever, shivers, etc.

If these complications arise, you must immediately call your practitioner and/or anaesthetist at:



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Should it be impossible to do so, you must absolutely contact your referring doctor as soon as possible.

Oesophagus

Stomach

Duodenum

Colon or
Large intestine

Small intestine

