

.....

Parent/Guardian of.....

I/We have read the information on this leaflet given to me outlining the procedure or the procedure has been adequately explained to me.

I/We understand the risks and benefits of the procedure to be undertaken.

My/Our questions have been satisfactorily answered for me.

I/We understand that general anaesthetic or sedation may be required and that any other procedure found to be necessary will be performed.

I/We consent to the procedure of Full Gastroscopy

Signed.....
(Parent/Guardian)

Date.....

Signed.....
(Endoscopist)

Date.....



FOLLOWING THE EXAMINATION:

Further tests may be requested by the Consultant. These tests may be completed on the same day as your examination or a future appointment date will be given. We will discuss this with you at the time.

If you have not received sedation, you will be given a light snack and you may go home as soon as you have been given follow-up instructions. You may resume all normal activities immediately.

If you have received sedation you will be observed in the recovery area until the effects of the sedation have worn off. When you have sufficiently recovered, you will be given a light snack and you may go home as soon as you have been given follow-up instructions. The needle will be removed from your arm before you go home.

You must not operate machinery or drink alcohol until the next day.

You must be collected on discharge as you should NOT drive or travel home unaccompanied.

FURTHER INFORMATION:

If you require any other information or if for any reason you cannot attend for the scheduled appointment please contact:

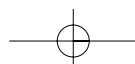
Ph: 8858222 / 8858220.

Mon-Fri: 07.30-16.00.

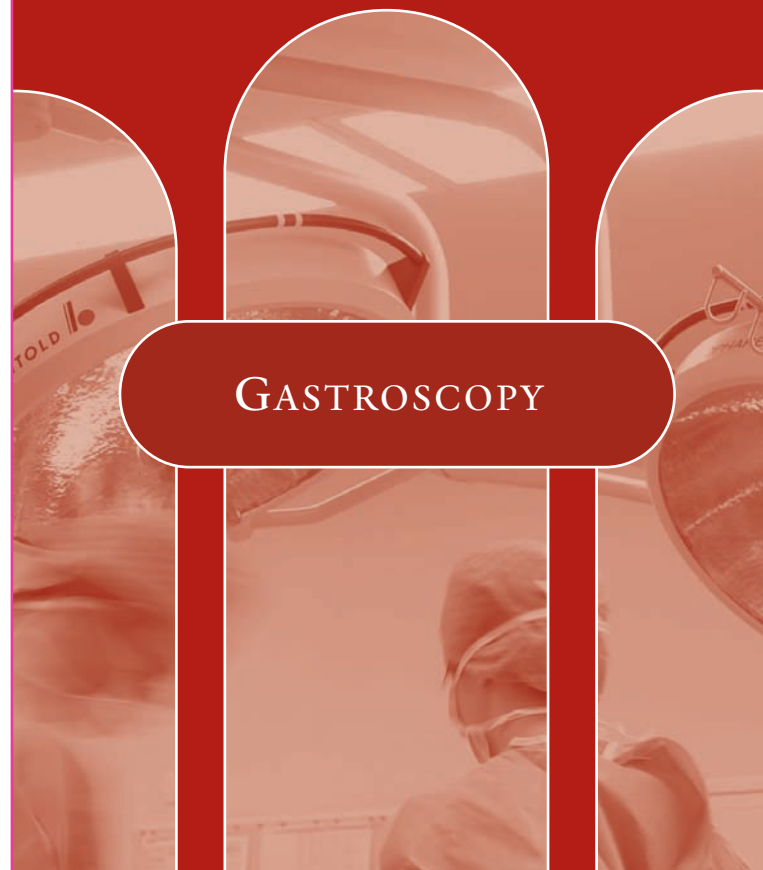
Endoscopy Unit
Day Therapy
Mater Private
Dublin 7.

PLEASE BRING THIS LEAFLET WITH YOU ON THE DAY OF THE TEST.

*A Heritage in Care.
A Reputation in Excellence.*



PATIENT INFORMATION LEAFLET



MPH9798 v2 03/11

YOUR APPOINTMENT

A Full Gastroscopy has been requested and arranged for you

on _____

at _____

under the care of _____

What is a Full Gastroscopy:

A gastroscopy is a test which allows the Doctor to look at the lining of the oesophagus (gullet), the stomach and the first part of your intestine. It is performed using a thin flexible tube (gastroscope) which is passed through your mouth to the area being examined. During the course of the examination biopsies may be taken.

Preparation for Full Gastroscopy:

- Your stomach needs to be empty for this procedure so please do not eat or drink for 8 hours before your appointment time.
- Bring suitable bed clothes (pyjamas/night-dress, dressing gown and slippers) to wear.
- Please have a telephone number of a relative or friend who we can contact to collect you if the need arises.
- If you are under 16 years you must be accompanied by your parent or guardian who will be required to give written consent for the procedure.
- Please bring details of your private health insurance with you. We recommend you check your cover with your insurer in advance of admission.
- If you are on medication please bring a copy of your prescription or a list of medications.
- Do not bring jewellery or large sums of money.
- If you have a referral letter from your Doctor, please present this to the secretary on arrival.

Medication (tablets):

You may continue to take essential medications before the test. If you are taking anticoagulants you should receive special advice from your Consultant about these when this test is being organised.

Risks:

The risks related to this test are **extremely rare** but can include complications such as perforation (tear), haemorrhage (bleeding) or reactions to medication. These rare complications may require urgent treatment and even surgical interventions (operation).

Consent:

The Doctor performing the test will answer any questions you may have. If you are unsure about anything please ask us in advance of your appointment or discuss it with your Doctor on the day of your procedure. You will be asked to sign the attached consent form which is to ensure that you understand the examination and the risks involved.

Procedures:

A nurse will stay with you throughout the examination. The test itself is quite short, lasting approximately 5-10 minutes. However you can expect to be in the department for a couple of hours – this depends on whether or not you have sedation. Due to the nature of procedures carried out in the department, there can be unforeseen delays. We do our best to keep these to a minimum and to keep you informed.

- This test is not normally performed under sedation but is available if required, and will be discussed with you. If you are given sedation, the Consultant will insert a needle in your arm to give the sedation.
- A throat spray will be given to numb your throat.
- You will lie on your left side.
- A plastic mouth piece will be placed between your teeth, this helps to keep your mouth slightly open. The gastroscope is passed through this mouth piece.
- The gastroscope does not interfere with your breathing and you can breathe normally.
- During the test air will be passed into your stomach to inflate the area to enable a better view for the examination.
- On occasion there may be other members of the hospital multidisciplinary team present during the procedure.



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Have read the information on this leaflet given to me outlining the procedure or the procedure has been adequately explained to me.

I understand the risks and benefits of the procedure to be undertaken.

My questions have been satisfactorily answered for me.

I understand that sedation may be required and that any other procedure found to be necessary will be performed.

I consent to the procedure of Full Colonoscopy.

Signed.....

Date.....
(Patient)

Signed.....

Date.....
(Endoscopist)

