Queensland Government

Upper Gastrointestinal Endoscopy - Open Access

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

A. Interpreter / cultural needs

An Interpreter Service is required? ☐ Yes ☐ No

If *Yes*, is a qualified Interpreter present? ☐ Yes ☐ No

A Cultural Support Person is required? ☐ Yes ☐ No

If *Yes*, is a Cultural Support Person present? ☐ Yes ☐ No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....

.....

This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

.....

.....

An upper gastrointestinal (GI) endoscopy is where the doctor uses an instrument called an endoscope to look at the inside lining of your oesophagus (food pipe), stomach and duodenum (first part of the small intestine). This is done to look at reasons as to why you may have swallowing problems, nausea, vomiting, reflux, bleeding, indigestion, abdominal pain or chest pain.

This procedure may or may not require a sedation anaesthetic.

C. Risks of an upper gastrointestinal endoscopy - open access +/- sedation

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Nausea and vomiting.
- Faintness or dizziness, especially when you start to move around.
- Headache.
- Pain, redness or bruising at the sedation injection site (usually in the hand or arm).
- Muscle aches and pains.
- Allergy to medications given at time of the procedure.

Uncommon risks and complications include:

- About 1 person in every 1,000 will experience bleeding from the oesophagus (food pipe), stomach and duodenum where a lesion or polyp was removed. This is usually minor and can usually be stopped through the endoscope. Rarely, surgery is needed to stop bleeding.
- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.
- Damage to your teeth or jaw due to the presence of instruments in your mouth.
- An existing medical condition that you may have getting worse.

Rare risks and complications include:

- Missed polyps or growths.
- About 1 person in every 5,000 will accidentally get a hole (perforation) in the oesophagus, stomach or duodenum. This can cause a leak of stomach contents into the abdomen. If a hole is made, you will be admitted to hospital for further treatment which may include surgery.
- Your procedure may not be able to be finished due to problems inside your body or because of technical problems.
- Bacteraemia (infection in the blood). This will need antibiotics.
- 'Dead arm' type feeling in any nerve, due to positioning with the procedure – usually temporary.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.
- Death as a result of complications to this procedure is rare.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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DO NOT WRITE IN THIS BINDING MARGIN

PROCEDURAL CONSENT FORM

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F. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- The anaesthetic/sedation required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

☐ **Upper Gastrointestinal Endoscopy – Open Access**

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient: .....

Signature: .....

Date: .....

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ▶ Location of the original or certified copy of the AHD: .....

☐ No ▶ Name of Substitute Decision Maker/s: .....

Signature: .....

Relationship to patient: .....

Date: ..... PH No: .....

Source of decision making authority (tick one):

- ☐ Tribunal-appointed Guardian
- ☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
- ☐ Statutory Health Attorney
- ☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

G. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: .....

Designation: .....

Signature: .....

Date: .....

H. Interpreter's statement

I have given a sight translation in

.....

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: .....

Signature: .....

Date: .....

DO NOT WRITE IN THIS BINDING MARGIN

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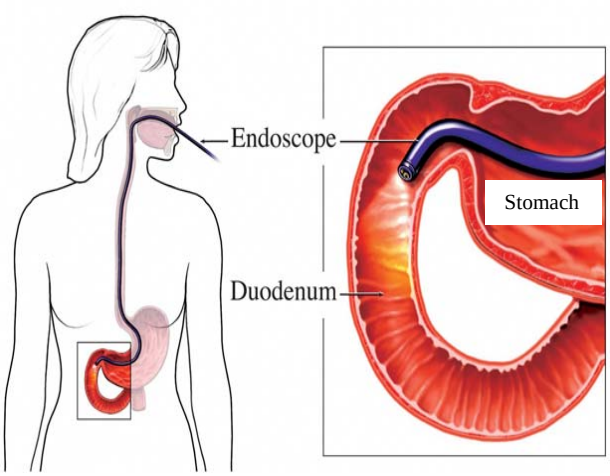
Consent Information - Patient Copy
Upper Gastrointestinal Endoscopy - Open Access

1. What is an open access endoscopy procedure?

Open access endoscopy is where the referring doctor, usually a GP, discusses the procedure, risks of the procedure, risks specific to you, anaesthetic / sedation and the risks of not having the procedure. You do not usually see the hospital doctor who is performing the procedure prior to admission.

Therefore, it is very important that you read and understand all the patient information before having the procedure.

If you wish to discuss any matters with the hospital doctor before deciding whether to have the procedure, please telephone the number on the appointment letter to set up an appointment with a hospital doctor.



2. What is an upper gastrointestinal endoscopy – open access?

An upper gastrointestinal (GI) endoscopy is where the doctor uses an instrument called an endoscope to look at the inside lining of your oesophagus (food pipe), stomach and duodenum (first part of the small intestine). This is done to look at reasons as to why you may have swallowing problems, nausea, vomiting, reflux, bleeding, indigestion, abdominal pain or chest pain.

An endoscope is a long, thin, flexible tube with a small camera and light attached which allows the doctor to see the pictures of the inside of your gut on a video screen. The scope bends, so that the doctor can move it around the curves of your gut. The scope also blows air into your stomach; this expands the folds of tissue in your stomach so that the doctor sees the stomach lining better. As a result, you might feel some pressure, bloating or cramping during the procedure.

This instrument can also be used to remove or burn growths or to take tissue biopsies.

You will then lie on your left side, and the doctor will pass the endoscope into your mouth and down your oesophagus (food pipe), stomach and duodenum (first part of the small intestine). Your doctor will examine the lining again as the endoscope is taken out.

The endoscope does not cause problems with your breathing.

You should plan on 2 to 3 hours for waiting, preparation and recovery. The procedure itself usually takes anywhere from 10 to 15 minutes.

If the doctor sees anything unusual or wants to test for bacteria in the stomach they may need to take a biopsy (small pieces of tissue) for testing at Pathology

3. Will there be any discomfort? Is any anaesthetic needed?

The procedure can be uncomfortable and to make the procedure more comfortable a sedative injection or a light anaesthetic can be given.

If you prefer, it can be done without sedation.

Before the procedure begins the doctor;

- will put a drip into a vein in your hand or forearm. This is where the sedation or anaesthetic is injected and
- may spray your throat with a numbing agent that will help prevent gagging.

4. What is sedation?

Sedation is the use of drugs that give you a ‘sleepy-like’ feeling. It makes you feel very relaxed during a procedure that may be otherwise unpleasant or painful.

You may remember some or little about what has occurred during the procedure.

Anaesthesia is generally very safe but every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

The risk to you will depend on:

- personal factors, such as whether you smoke or are overweight.
- whether you have any other illness such as asthma, diabetes, heart disease, kidney disease, high blood pressure or other serious medical conditions

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5. What are the risks of this specific procedure +/- sedation?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Nausea and vomiting.
- Faintness or dizziness, especially when you start to move around.
- Headache.
- Pain, redness or bruising at the sedation injection site (usually in the hand or arm).
- Muscle aches and pains.
- Allergy to medications given at time of the procedure.

Uncommon risks and complications include:

- About 1 person in every 1,000 will experience bleeding from the oesophagus (food pipe), stomach and duodenum where a lesion or polyp was removed. This is usually minor and can usually be stopped through the endoscope. Rarely, surgery is needed to stop bleeding.
- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.
- Damage to your teeth or jaw due to the presence of instruments in your mouth.
- An existing medical condition that you may have getting worse.

Rare risks and complications include:

- Missed polyps or growths.
- About 1 person in every 5,000 will accidentally get a hole (perforation) in the oesophagus, stomach or duodenum. This can cause a leak of stomach contents into the abdomen. If a hole is made, you will be admitted to hospital for further treatment which may include surgery.
- Your procedure may not be able to be finished due to problems inside your body or because of technical problems.
- Bacteraemia (infection in the blood). This will need antibiotics.
- 'Dead arm' type feeling in any nerve, due to positioning with the procedure – usually temporary.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.
- Death as a result of complications to this procedure is rare.

6. Your responsibilities before having this procedure

You are less at risk of problems if you do the following:

- Bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements and show your doctor what you are taking. Tell your doctor about any allergies or side effects you may have.
- Do not drink any alcohol and stop recreational drugs 24 hours before the procedure. If you have a drug habit please tell your doctor.
- If you take Warfarin, Persantin, Clopidogrel (Plavix or Iscover), Asasantin or any other drug that is used to thin your blood ask the doctor ordering the test if you should stop taking it before the procedure as it may affect your blood clotting. Do not stop taking them without asking your doctor.
- Tell your doctor if you have;

  - had heart valve replacement surgery.

  - received previous advice about taking antibiotics before a dental treatment or a surgical procedure. If so, you may also need antibiotics before the colonoscopy.

7. Preparation for the procedure

Your stomach must be empty for the procedure to be safe and thorough, so you will not be able to eat or drink anything for at least six hours before the procedure.

8. What if the doctor finds something wrong?

Your doctor may take a biopsy (a very small piece of the stomach lining) to be examined at Pathology.

– Biopsies are used to identify many conditions even if cancer is not thought to be the problem.

9. What are polyps and why are they removed?

Polyps are fleshy growths in the bowel lining, and they can be as small as a tiny dot or up to several centimetres in size.

They are not usually cancer but can potentially grow into cancer over time. Taking polyps out is an important way of preventing bowel cancer.

The doctor usually removes a polyp along the endoscope by using a wire loop. An electric current is sometimes also used. This is not painful.

10. What if I don't have the procedure?

Your symptoms may become worse and the doctor will not be able to give you the correct treatment without knowing the cause of your problems.

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11. Are there any other tests I can have instead?

No. Your doctor could discuss with you other ways of managing your condition.

12. What can I expect after this procedure?

You will remain in the recovery area for about 2 hours until the effect of the sedation wears off.

Your doctor will tell you when you can eat and drink. Most times this is straight after the procedure**.**

Your throat may feel sore and you might have some cramping pain or bloating because of the air entering the stomach during the procedure.

You will be told what was found during the examination or you may need to come back to discuss the results, and to find out the results of any biopsies that may have been taken.

13. What are the safety issues?

Sedation will affect your judgment for about 24 hours. For your own safety and in some cases legally;

- Do NOT drive any type of car, bike or other vehicle. You must be taken home by a responsible adult person.
- Do NOT operate machinery including cooking implements.
- Do NOT make important decisions or sign a legal document.
- Do NOT drink alcohol, take other mind-altering substances, or smoke. They may react with the sedation drugs.
- Have an adult with you on the first night after your surgery.

Notify the hospital Emergency Department straight away if you have;

- severe ongoing abdominal pain
- trouble swallowing
- a fever
- sharp chest or throat pain
- have redness, tenderness or swelling for more than 48hours where you had the injection for sedation (either in the hand or arm).

Notes to talk to my doctor about:

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