

Explanation and consent form for Upper Gastrointestinal (GI) Endoscopy

【Purpose of upper GI endoscopy】

The upper gastrointestinal tract includes the esophagus, stomach, and duodenum. An upper gastrointestinal (GI) endoscopy is performed to diagnose diseases of this area (polyps, tumors, inflammation, etc.) For a precise and accurate diagnosis, an upper GI endoscopy is the most highly recommended diagnostic examination.

【Dietary Restrictions】

Please finish a light meal by 9:00 pm on the day before the examination.

After this time, you must fast. However, you may drink clear fluids such as water.

On the day of the examination, continue fasting. Avoid milk and juice, but you may drink a small amount of water up to 1 hour before the examination.

【Medication Instructions】

If you are taking medications for heart disease or high blood pressure, take them as usual by 7:00 AM.

If you are taking diabetes medication or using insulin injections, do not take them on the morning of the examination.

【On the day of your examination】

- 1) The estimated inspection time is about 10 minutes.
- 2) You will be given a drug to suppress bubbles in your stomach.
- 3) **For oral endoscopy:** your throat will be anesthetized.
You will hold the frozen anesthetic in your throat for 3-5 minutes, and then slowly swallow it.
- 4) **For nasal endoscopy,** you will be given nasal drops or spray so that the scope can pass through your nose smoothly.
The inside of your nose will be anesthetized.
- 5) You will lie on your left side on the examination table.
- 6) The doctor will insert the endoscope through your mouth or nose and observe thoroughly from your throat to your duodenum. Your stomach will gradually feel bloated due to the inserted air to inflate your stomach, which is necessary for the observation of stretched folds of your stomach. Your burp during examination may make the observation insufficient, or may prolong the duration of the examination. For these reasons, try as much as possible not to burp during the examination.

【Biopsy and Additional Tests】

If any abnormalities are detected, a biopsy (tissue sample collection) or a Helicobacter pylori test may be required.

If a biopsy is performed:

- Do not drink alcohol on the day of the examination to prevent bleeding.
- If you experience vomiting blood or blood in your stool, contact our hospital immediately. (TEL: 06-6345-8145)
- Additional charges may apply for biopsy procedures.

【Potential Risks and Complications】

Although endoscopy is generally safe, unexpected symptoms or complications may occur.

1) **Bleeding / Tarry Stool**

If you experience vomiting bright red blood, notice blood in your vomit, or have black/tarry stool, contact our hospital

immediately.

2) Throat Discomfort

If you have a strong gag reflex, you may experience throat pain or discomfort for a few days after the procedure.

3) Perforation of the gastrointestinal tract by endoscopic procedures

Endoscopic procedures may cause perforation of the gastrointestinal tract.

Endoscopy is relatively safe, but unexpected symptoms/complications following endoscopy may occur. The incidence of unexpected symptoms/complications is 0.005%, according to the data across the nation (Report of National Data 2010, Fuhatsu Awards, Japan Gastroenterological Endoscopy Society). The typical symptom is bleeding, which is usually mild and short-term, but depending on the patient's condition, hospitalization and treatment may be required. Other symptoms include adverse drug reactions caused by medications during examinations.

The mortality rate after endoscopy of the esophagus, stomach, and duodenum is 0.00019% (Report of National Data 2010, "Unexpected symptoms/complications", Japan Gastroenterological Endoscopy Society).

In case of the occurrence of any unexpected symptoms/complications, we will provide the best possible care and treatment. Hospitalization, immediate procedures, blood transfusion, or surgical treatment may possibly be required.

Please note that any additional medical expenses, including hospitalization or surgery, will be the patient's responsibility.

Consent Acknowledgment

*** I have received sufficient explanation regarding the contents above and fully understand them.**

Date: _____ / _____ / _____ (Year / Month / Day)

Signature: _____

Your Phone Number: _____

Emergency Contact in Japan (Name & Phone Number): _____

説明日時： _____ 年 _____ 月 _____ 日 _____ 医師

看護師 _____

看護師記入欄

- | | |
|--|---|
| <input type="checkbox"/> 経口 / 経鼻 (左 ・ 右) | <input type="checkbox"/> キシロカインビスカス内服 |
| <input type="checkbox"/> ガスコンドロープ内服 | <input type="checkbox"/> キシロカインスプレー |
| <input type="checkbox"/> プリビナ液 0.05% 鼻腔内散布 | <input type="checkbox"/> ヘリコバクターピロリ IgG |
| <input type="checkbox"/> キシロカインゼリー 鼻腔内投与 | <input type="checkbox"/> その他 (_____) |

実施者サイン