



## UPPER GASTROINTESTINAL ENDOSCOPY PROCEDURE CONSENT FORM



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**Revision Cause:** Document content has been modified.

### PATIENT'S

#### Patient File

No:.....

Name, Surname : .....

Birthdate : .....

Sex : .....

Division : .....

Consent Date : .....

Dear patient / deputy legal representative;

You have the right to be informed on the medical, surgical and diagnosis related procedures about your/your patient's health status and recommended for you/your patient, and their alternatives, benefits, risks and even possible damages that could take place, and to refuse or to accept all or part of these, or to stop the procedures to be conducted in any phase.

This form, which we ask you to read and understand, has been prepared to inform you on determining whether you will give consent for the applications or not, and to obtain your permission, and not to frighten you or scare you away from these medical applications.

### INFORMATION

PRE-DIAGNOSIS: .....

PLANNED TREATMENT / ESTIMATED DURATION: .....

### INFORMATION ABOUT THE PROCEDURE

The doctor will evaluate your esophagus, stomach, and duodenum (the first part of the small intestine). For this reason, the doctor will use a thin, flexible device called endoscope. In this way, what's inside can be viewed on the video screen. This procedure directs your doctor to correct diagnosis and treatment of your problem. If not, medical correct diagnosis process is missing, your treatment may be misdirected and your healing may be delayed. The procedure begins by spraying local anesthetic into your throat. If your doctor deems it necessary for you to relax, a sedative may be transfused from vein. You will then lie on your left side and the doctor will forward the endoscope up to the beginning of the esophagus, stomach and small intestine. Endoscopy is a cable-shaped instrument that can be twisted, soft, in plastic nature (not a metal material that cause bleeding), with a width of pinky finger thickness. Therefore, the instrument descend into the stomach easily and comfortably. The examination period is approximately five minutes. This period can sometimes be extended or shortened. Since this procedure is not related to the trachea and respiration, you can breathe freely during the procedure (It is wrong to think you could suffocate). You should lie on your left so that the endoscopy instrument can be forwarded into the stomach easily.

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In addition, a plastic apparatus that has a hole in middle will be given to you and you have to keep it in the middle of your mouth by biting, the endoscopy device is pushed in and down through the hole and the examination starts. A bowl will be placed under your jaw and you will be asked to keep your jaw low so that saliva and secretions accumulating in your mouth can run into the bowl during the procedure. The endoscopy instrument displays its track, therefore inner esophagus, stomach and duodenum are evaluated and photographs of the images are taken. Biopsies are taken during the examination. These biopsies are either sent to the helicobacteria pylori test or to the pathology specialist for pathological examination. Biopsy is taken by forwarding a cable used to take biopsy through a canal inside the endoscopy, his procedure does not cause you any other problem and does not cause harm, you do not feel anything, the biopsy taken is a tissue sample as small as a crumb. This procedure is performed by a pathologist (a specialist in pathology) in some cases where the lesion needs to be examined under microscopy. The sample is sent to the pathology laboratory, and you get the result from the laboratory.

### ALTERNATIVE TREATMENTS

### POSSIBLE COMPLICATIONS REGARDING PROCEDURE

- a) Esophagus, stomach or duodenum wall perforation This condition is very rare and requires surgery. Therefore, you may stay in the hospital for a long time.
- b) Bleeding in area from where the biopsy was taken or the polyps were removed. Bleeding occurs usually in a small quantity and is usually stopped with an endoscope. Rarely, surgery may be required to stop bleeding.
- c) Lung infection is not frequent and usually occurs as a result of vomit running into the lungs.
- d) Due to problems in your body or technical problems, the process period can be extended.
- e) There is also a very rare possibility of skipping disease-related disorder or disease.
- f) Other possible risks are the development of allergy to sedatives and the risk of lung or heart disease.
- g) Death may occur due to the risk of the procedure, but it is very rare.

### HOW CAN I PREPARE FOR THE OPERATION?

You should not eat or drink anything until at least 8 (eight) hours before the procedure. Your stomach needs to be completely empty so that your procedure can be performed in the most reliable way.

### INFORMATION ABOUT THE SUCCESS RATE

### INFORMATION ABOUT THE POSSIBLE CONSEQUENCES IN CASE OF REFUSAL OF PROCEDURE

### (IF MEDICINE USE IS PLANNED) INFORMATION ABOUT OF SPECIFIC MEDICINE AND ITS FEATURES



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### **SHOULD I CONTINUE TO TAKE THE MEDICATION I ALWAYS TAKE?**

You may continue to take your medications, but some medications may cause problems with the examination.

You need to warn your doctor about the drugs you take, especially about:

- Aspirin
- Rheumatism medications
- Blood thinners (coumadin, plavix, or equivalent)
- Insulin
- Diabetic medicines
- Iron supplements
- Herbal remedies

In addition to these:

- Allergy to drugs
- Cardiac pace maker (if any)
- Joint prosthesis
- Heart valve surgery

If you need to use antibiotics before dental treatment, you may need to use them also before endoscopy. Inform your doctor regarding this condition.

### **DEFINITION OF SEDATION**

All procedures for diagnosis and treatment that you do not want to experience pain, mobility or being awake will be carried out by creating a comfortable and safe sedation.

### **INFORMATION ABOUT SEDATION**

Sedation process, which is similar to sleep state, usually includes a relaxing drug application (premedication) (injection, suppositories, tablets, syrups, sprays, etc.) and administration of a fast-acting drug after inserting a serum. During the procedure, this condition is maintained with medications. Consciousness and the feeling of pain in the whole body disappears. Simple and short-lasting interventions usually can be achieved by administering drug into the vein (intravenous anesthesia). In addition to heavy and long-lasting interventions, other excipients are used. Oxygen is provided through breathing mask (mask anesthetics) placed on the mouth and nose. During the procedure, the body functions like important organ functions are checked on a regular basis, such as: pulse, blood pressure, respiration, EKG for heart beats, oxygenation of blood. With the intervention coming to an end, drug use is stopped and you wake up from a deep sleep. You will be kept under care until you are sent to another clinic or home, and until the organ functions are normal.

### **CONSEQUENCES OF OPERATION WITHOUT SEDATION**

You may feel pain while performing the procedures required for diagnosis and/or treatment. Because the patient feels pain, a complete lack of mobility can not be achieved. Therefore, interventions for diagnosis and/or treatment are inadequate.

### **SIDE EFFECTS**

Nausea, vomiting, respiratory standstill may take place and pulse and blood pressure may decrease or increase. Very rarely, neck pain, allergies, nerve damage, intubation requirement, embolism, malignant hyperthermia, death may occur.

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**MATTERS THAT SHOULD BE EXPLAINED TO THE PHYSICIAN BEFORE SEDATION**

The patient should inform physician adequately about whether this attempt has been made before, the drugs used by the patient, the associated diseases, and whether they have bleeding disorder or allergies.

**POINTS THE PATIENT SHOULD PAY ATTENTION TO AFTER SEDATION**

You will be kept under care until you are sent to another clinic or home, and until the organ functions are normal.

**WHAT HAPPENS AFTER THE OPERATION?**

If only your throat has been anaesthetized before the procedure, you will be under observation for a while after the procedure. There may be a slight burning in the throat after the procedure.

If sedative injection is performed through vascular access during the procedure, you will be monitored for 2-4 hours until the effect of the drug is over. Again, during this period, do not eat or drink without the nurse's permission. In addition, during this period, tasks that require attention such as driving should not be done. If sedation is applied, a person who will take you home should accompany you.

Your throat may burn slightly and you may feel swelling in your abdomen. This sensation is due to the air provided during the procedure.

Unless otherwise instructed, you can return to normal eating and drinking routine after the procedure. Take your report from the endoscopy unit on the same day.

**WHAT SHOULD I PAY ATTENTION TO FOR MY SAFETY?**

**If the endoscopic procedure is done with medication, for your safety:**

You have to return home with a person who will be responsible for you.

If any problems occur, seek the help of a responsible adult who can take care of you day and night.

**Do not drive or use machinery for 24 hours after the procedure because of medication.**

**Do not sign anything for 24 hours and do not make important decisions after the procedure.**

Do not drink alcohol for 24 hours after the procedure.

**What should I observe after operation?**

Tell your doctor immediately if one or more of the following occur:

- If you feel a general headache, tremor, and muscle pain
- If you have fever
- If you have swallowing distress
- If you have dizziness, shortness of breath, or a feeling of fainting.
- If you have sore throat, chest and stomach pain or if you start to vomit.



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### **ACCESS TO MEDICAL ASSISTANCE ON THE SAME SUBJECT WHEN NECESSARY**

According to health legislation, every individual has the freedom to choose hospital and physician. You can reach medical assistance in public or private health organizations about your disease within the scope of your Social Security.

When necessary, you can contact our hospital 24 hours a day, or you can get medical assistance by contacting the doctor or another specialist who performed the surgery with the phone number **0090 (222) 335 0 335**. In case of emergency, you are be able to get medical assistance at a health care facility near you or via an emergency call center (112).

### **PATIENT'S QUESTIONS (IF ANY)**

### **CONSENT**

I have been told all the results I might have had if I am not treated or if I refused the treatment, and, in respect of all the procedures to be performed while diagnosis and treatment, I have been explained plainly and explicitly that I may encounter with infection, blood coagulation in veins and lungs, bleeding, allergic reaction or oedema at or far from surgical area, epileptic seizure, temporary or permanent organ/system functioning failure, death, including anameia and meningitis.

I have read the above given information and have been informed by the undersigned doctor. I have been informed about the purpose, risks and complications of the medical or surgical intervention to be performed. I approve this process consciously, without further explanation and under no pressure I hereby authorize the person named ..... with giving approval and being informed about my treatment if I lose my consciousness by some means or another and am not able to give approval during the operations related to my treatment.

.....(Please write "I acknowledge that I have read and understood above" in your handwriting)



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### PATIENT

Time: Signature: Date:.....

Name Surname (handwriting):.....

Patient's father/mother/legal representative\* Signature:

Date / Time:

Name Surname (handwriting):.....

\*The person whose name is mentioned in the last paragraph should sign.

I have made adequate and satisfactory explanation to aforementioned patient / patient relative about the disease, operation to be performed, the reason and benefits of the operation, necessary postoperative care and probable risks, type of anaesthesia to be applied, if necessary, and risks and complications regarding anaesthesia. The patient / patient relative has signed and approved this form with their own consent that they have been adequately informed on the operation.

### DOCTOR

Date / Time: Signature:

Name Surname:.....

### IF THE PATIENT HAS SPEECH / LANGUAGE DIFFICULTIES:

I have interpreted the statements made by the doctor to the patient. In my opinion, the information I have interpreted is understood by the patient.

### INTERPRETER'S:

Date / Time: Signature:

Name Surname (handwriting):.....

You can consult with Patient Services Directorate during the day and the Night Chief during the nights for all your complaints or any other issues you wish to address about medical applications.

\*Legal Representative: The guardian for those under guardianship, the parents for minors, in cases where they do not have one of these, first degree lawful heirs. Signing this consent form does not abolish the patient's legal rights.