1. Health Condition and Proposed Examination
Your doctor has explained your current medical condition.
It is:

_____

2. Diagnosis:
This condition requires the above-mentioned procedure for diagnostic purposes.
A Gastroscopy is an examination during which the doctor uses an instrument called an endoscope to visualize and evaluate the interior of the esophagus (the tube through which food passes), the stomach, and the duodenum (the first part of the small intestine). This procedure is performed to identify reasons for issues such as swallowing problems, nausea, vomiting, reflux, bleeding, indigestion, abdominal or chest pain, or other conditions related to the digestive tract. This examination may or may not require sedation.

3. Risks of Gastroscopy (With or Without Sedation)
This diagnostic procedure carries potential risks and complications, which include:

Common Risks and Complications:
- Nausea and vomiting.
- Dizziness or lightheadedness, particularly when standing up or moving.
- Pain, redness, or itching at the site where the sedative was injected (typically in the arm or hand).
- Muscle pain.
- Allergic reactions to medications administered during the procedure.

Rare Risks and Complications:
- Approximately 1 in 1,000 individuals may experience bleeding from the esophagus, stomach, or duodenum at the site where a polyp is removed or a biopsy is taken. This bleeding is usually minor and can be stopped using the endoscope. In very rare cases, surgery may be required to control the bleeding.
- Heart and lung complications, such as a heart attack or aspiration of vomit into the lungs.
- Exacerbation of an existing medical condition.

Very Rare Risks and Complications:
- Polyps that go undetected during the procedure.
- Approximately 1 in 5,000 individuals may experience a perforation (hole) in the esophagus, stomach, or duodenum. This can lead to leakage of stomach fluids into the abdominal cavity. If this occurs, immediate medical intervention, including surgery, may be required.
- Incomplete procedure due to medical or technical difficulties.
- Bacteremia (infection in the bloodstream), requiring antibiotic treatment.
- Muscle numbness resulting from the position maintained during the procedure.
- Anaphylaxis (severe allergic reaction) to medications used during the procedure.
- Death, as a result of complications during this diagnostic procedure, is extremely rare.

4. Risks of Declining the Procedure
(The physician should outline the risks of not undergoing the procedure in the space below. Further details can be documented in the medical record if necessary.)

_____

_____

5. Patient Consent
I confirm that the doctor has explained:
- My medical condition and the proposed diagnostic procedure, including any additional treatments if unforeseen findings arise. I understand the risks, including those specific to my condition.
- The sedation procedure required for this examination, along with its associated risks.
- Alternative procedures or treatments and their respective risks.
- The potential progression of my medical condition and the risks associated with not undergoing this procedure.

I confirm that I have had the opportunity to ask questions and discuss my condition, the proposed diagnostic procedure, its risks, and possible treatments. My questions and concerns have been addressed satisfactorily.
I understand that I have the right to change my mind at any time, even after signing this form.
I acknowledge that photographs or recordings may be taken during the procedure to assist the physician in diagnosing my condition.

6. Patient Declaration

Based on the information provided, I voluntarily consent to undergo the proposed a gastroscopy procedure.

Patient Name:_____

Signature:_____

Date:____/_____/ _____

7. Physician Declaration

I confirm that I have thoroughly explained the procedure, including its purpose, potential risks, and alternatives, to the patient. I believe the patient has understood the provided information.

Physician Name:_____

Signature:_____

Date:____/_____/ _____