

Patient Gastroscopy Package

APPOINTMENT DATE:_____

APPOINTMENT TIME:_____

BARRIE ENDOSCOPY | 5 Quarry Ridge Road, Lower Level 1, Barrie, Ontario- L4M 7G1 ver.090319



General Patient Information

THE FOLLOWING INFORMATION PERTAINS TO ALL PATIENTS HAVING PROCEDURES AT BARRIE ENDOSCOPY:

- Please arrange for a responsible adult to accompany you to and from your scheduled procedure.
- You are advised not to drive for at least 12 hours after your procedure (preferably not until the next morning).
- Patients are advised to have someone stay with them for at least 12 hours post procedure. Be prepared to stay home for the remainder of the day.
- Do not chew gum or eat candy prior to your procedure.
- Do not consume any alcohol or partake in any recreational drugs (i.e.Cannabis) for at least 24 hours prior to the procedure.
- Please remove all jewelry, make-up, and nail polish before arriving at Barrie Endoscopy for your appointment.
- Patients are advised to leave all valuables at home as we will not assume responsibility for lost or stolen property during your time at Barrie Endoscopy
- Please print and complete the attached **Patient Questionnaire** and sign the **Consent Form** and bring them with you to your scheduled appointment.
- BRING YOUR HEALTH CARD WITH YOU TO YOUR APPOINTMENT.

Note: failure to comply with any or all of the previously mentioned items may result in appointment being cancelled at our discretion.

Cancellations:

If for any reason you need to cancel your scheduled appointment Barrie Endoscopy requires a minimum of 5 business days' notice. Failure to comply will result in a \$250.00 charge. Patients will not be able to reschedule an appointment until outstanding fees have been paid.

No Shows:

Patients who are scheduled for a procedure and fail to arrive at Barrie Endoscopy without providing us with notification or reasoning will also be subjected to a \$250.00 fee. Patients will not be able to reschedule an appointment until outstanding fees have been paid.



Gastroscopy Preparation

Preparing for a gastroscopy is a relatively easy and painless procedure. However, it is vital that your stomach be completely empty to obtain optimal visualization and accuracy. Please follow the outlined instructions listed below. If you would like further information pertaining to gastroscopy please refer to our website:

Preparation:

- **1.** The Night before your procedure (at midnight or before you go to bed) commence a clear fluid diet. Examples of acceptable liquids include but are not limited to:
 - Water
 - Clear broth/soup/bouillon
 - Popsicles and sports drink (Gatorade/Powerade-please avoid red and purple colour)
 - Apple Juice, white grape juice, cranberry juice
 - Jello
 - Black tea or black coffee (no cream, milk, whitener)
 - NO SOLID FOODS, MILK or MILK PRODUCTS.
- 2. Nothing by Mouth: 6 hours prior to your procedure please ensure that you do not ingest anything by mouth (including candy, gum).
- 3. Please bring a copy of your completed patient questionnaire and signed consent form with you.



Understanding Gastroscopy Patient Information and Consent

This information sheet includes answers to questions patients ask most frequently. Please read it carefully. If you have additional questions, please feel free to discuss them with the physician who referred you for the gastroscopy, one of the nurses or with the specialist who will perform the gastroscopy, before the examination begins.

What is a gastroscopy?

A gastroscopy is a procedure which examines the esophagus, stomach and upper portion of the small bowel (also known as the duodenum). Gastroscopy is achieved by inserting an instrument known as a gastroscope (which is a flexible tube with a camera) into the oral cavity and slowly advancing it through the upper gastrointestinal tract.

What Preparation is required?

The stomach must be completely empty for the procedure to be accurate and complete. You will receive detailed instructions regarding the dietary restrictions to be followed and the cleansing routine to be used prior to your procedure. Follow these instructions carefully. If you do not, the procedure may have to be repeated or scheduled for a different time.

What about my current medications?

Most medications may be continued as usual. But some medications can interfere with the preparation or with the examination. It is therefore best to inform your physician of your current medications, as well as any allergies to medications, well before the examination.

- <u>Aspirin and arthritis pills (also called NSAID's or anti-inflammatories)</u> can and should be taken up until the day of the procedure
- <u>Anticoagulants (blood thinners) such as Plavix (clopidogrel), Pradaxa (dabigatran), Coumadin (warfarin) and insulin</u> or other injections for diabetes are all medications that indicate that <u>your colonoscopy should be</u> performed at RVH and not at Barrie Endoscopy Clinic, and special instructions must be individualized.
- <u>Blood Pressure Pills</u> should be taken on the day of your procedure, with a small sip of water.
- DIABETICS: Please hold all diabetic oral medication the day of your procedure .We will be checking your blood sugar on admission.

What can be expected during my gastroscopy? Gastroscopy is normally a well-tolerated procedure, especially with sedation. If sedation is not administered, there can be a feeling of throat pressure, gagging, or coughing at times during the procedure, but we have a highly trained specialist (anesthesiologist) who will give you medications (one or more anesthetic agents) through a vein to make you sleepy, and will monitor your respirations, heart rate and blood pressure. It is not a general anesthetic, but often patients will have little or no memory of the procedure. It is rare to experience any discomfort from the procedure.

With you resting on your left side, a bite block will be inserted in between your teeth to not only protect your teeth but to also protect the gastroscope. You should be able to breathe normally during this entire procedure. Once the gastroscope is inserted and reaches the stomach, air is then usually pumped through the tube and into the stomach to make it expand and make the stomach lining easier to see. When this happens, you may briefly feel a sensation of fullness or nausea. A camera lens at the end of the gastroscope sends pictures from the inside of your body to a video screen. Your doctor will look at these images to examine the lining of your esophagus, stomach, and duodenum.

If necessary, your doctor will take a biopsy and/or remove polyps. This is done using special instruments passed inside the endoscope, although it is quick and painless, you may feel a slight pinch Page 3 of 6

What happens after a gastroscopy?

After a gastroscopy, your physician will explain the results to you and you will receive a written preliminary report. If you have been given medications during the procedure, someone must accompany you home because of the sedation used during the examination. Even if you feel alert after the procedure, your judgment and reflexes may be impaired by the sedation for the rest of the day, making it unsafe for you to drive or operate any machinery. Given the nature of gastroscopy and sedation we recommend that you take it easy for the remainder of the day and arrange to have someone stay with you for the first 12-24 hours. As previously mentioned gastroscopy is normally a very well tolerated procedure. However, please contact your doctor and seek appropriate medical attention if you develop any of the following symptoms:

- Coughing up or vomiting blood
- Abdominal pain which gradually gets worse, or is more severe than any pain that you had prior to the procedure
- High Temperature

What are the risks involved with having a gastroscopy?

Gastroscopy is a commonly performed and generally safe procedure. For most people, the benefits in terms of having a clear diagnosis are much greater than any disadvantages. However, as with all medical procedures, a gastroscopy carries an element of risk. In order to make an informed decision and give your consent, you need to be aware of the possible side-effects and the risk of complications.

Side-effects are the unwanted but mostly temporary effects of a successful procedure. After having a gastroscopy you may:

- Have a numb mouth and tongue for a few hours as a result of the local anesthetic spray please take care with hot food and drink.
- feel bloated, but this usually clears up quite quickly
- feeling sleepy as a result of the sedative
- have a sore throat for a few hours sucking on throat lozenges or gargling with salt water can help to ease any discomfort

Complications of having a gastroscopy

A complication is an unexpected problem which can occur during or after the procedure. Most people are not affected with a complication in any way. Although complication with gastroscopy are rare some of the possible complications associated with this procedure are listed below:

- If you have not fasted properly prior to gastroscopy or if you have a large amount of gastric mucous in your stomach it is possible that you may vomit under anesthetic and aspirate stomach fluids into your lungs. This can cause pneumonia and require hospital admission, intravenous antibiotics and oxygen to correct.
- If biopsies of the lining of your stomach, esophagus or duodenum are taken you may have some bleeding after the gastroscopy which may cause your stools to turn black or you to vomit blood. Very rarely, this may be severe enough to require a blood transfusion or a repeat gastroscopy or even open surgery to stop the bleeding. This is more likely of you are currently taking blood thinning medication such as warfarin aspirin or clopidogrel. Please discuss this with your endoscopist prior to your gastroscopy if you are taking any of these medications.
- It's possible to damage or, in very rare cases, perforate the esophagus, stomach, or duodenum during the procedure-this can lead to bleeding and infection, which may require further surgery or treatment with medicines.
- Ask your doctor to explain how this risks apply to you. The exact risks will differ for every person.



GASTROSCOPY CONSENT

PLEASE READ, SIGN AND DATE THIS FORM WITH A WITNESS BEFORE ARRIVING TO BARRIE ENDOSCOPY FOR YOUR PROCEDURE. IF YOU HAVE FURTHER QUESTIOND, PLEASE SPEAK WITH THE NURSE WHEN YOU ARRIVE.

I have read the above gastroscopy information, and understood it adequately. I understand the gastroscopy procedure and the risks associated with the procedure, and the administration of anesthetic drugs, including the risks of perforation, bleeding, infection, subsequent surgery, and reactions to the medications used. I have had adequate opportunity to ask any and all question about this procedure.

| I authorize Dr. | ti | 0 1 | perform the | procedure | on my | /self |
|-----------------|----|-----|---------------|-----------|-------|-------|
| I authorize Dr. | U | U | periorini une | procedure | on my | scn. |

Patient (or guardian) Signature: _____Date: _____Date: _____

Witness Signature: _____Date: _____Date: ______Date: _____Date: _____Date: _____Date: ______Date: _____Date: ______Date: _______Date: ______Date: _______Date: ______Date: ______AAtE: ______AAtE: ___



Patient Questionnaire

| Name: | | | _ Today's Date: | |
|----------------------|---------------------|---------------------------|-----------------|------------|
| Date of Birth: | | Age: OHIP#: | | |
| Family Doctor: | | | | |
| | | | | |
| | | | | |
| Current Gastro-Intes | tinal Symptoms (ple | ase check all that apply) | | |
| Current Gastro-Intes | tinal Symptoms (ple | ase check all that apply) | □ Anemia | □ Diarrhea |

Family History: Any relatives with a history of bowel cancer, polyps, stomach cancer? List relationship diagnosis, age at diagnosis:

Medical: (any heart or lung issues)

Surgical History (procedure and date):

Current Medications (name & dosage & when taken):

Medication Allergies (*Name and reaction*):

| Do you smoke? Tyes INO How many years? How many packs per day (= 20 cigarettes)? |
|---|
| Recreations Drug Use? Yes No What Kind? |
| Alcohol Consumption: How many drinks per day? How many drinks per week? |
| Anesthetic Issues: Have you ever had a general anesthetic before (fully asleep)? \Box Yes \Box No |
| Have you ever had any problems with anesthesia? If so please describe: |
| |
| |

Any Family History of Anesthesia Problems? If so please describe: _____



CANNABIS BEFORE SEDATION

Information About Cannabis Use Prior to Your Procedure

What if I am using cannabis for medical purposes?

It is routine for patients to be asked to discontinue prescribed medications before surgery. Cannabis is no different.

Is smoking cannabis safer than smoking cigarettes?

No. You are at risk of developing lung disease from smoking cannabis. Lung disease from either cannabis or cigarette smoking may increase Anesthesia related complications and could affect healing after surgery.

Further questions?

Please contact the clinic. Our contact information is below.

Barrie Endoscopy 5 Quarry Ridge Road, Suite LL1 Barrie ON L4M 7G1

Does Cannabis Use Increase My Anesthetic Risk?

This is a difficult question to answer. Anesthetic risk has many variables and it is often related to your unique medical issues and specific surgery. Individuals who use cannabis, do so in many ways, forms and amounts. Therefore, its effect on the body is difficult to predict when combined with a wide variety of Anesthetic agents and techniques.

Currently, we do not have enough evidence to say that cannabis *alone* will increase your Anesthetic risk **when stopped at an appropriate time**. Although it is recommended that you abstain from cannabis use **for** *as long as possible* prior to your surgery, below is the minimum time you would be expected to stop before receiving an anesthetic.

Your attending Anesthesiologist has a legal obligation to provide you with the safest care possible during your surgery. On rare occasions there may be times where your surgery is delayed, postponed or canceled at their discretion.

Under **NO** circumstances will you receive an anesthetic for non-emergency surgery if you are intoxicated.

| Substance | Stop Time | | |
|-----------------------|---------------------------|--|--|
| CANNABIS (MARIJUANA) | | | |
| Smoked or Vaporized | 12 hours before Procedure | | |
| Ingested | 12 hours before Procedure | | |
| CANNABIDIOL (CBD Oil) | | | |
| Oral Dosing/ingesting | 4 hours before Procedure | | |