

Fact sheet

Preparation for your gastroscopy

Dear patient,

due to your symptoms or as a preventive medical check-up you will undergo an endoscopy of your stomach. Your stomach **needs to be empty** at the time of endoscopy, which means that you must not eat any **solid food at least 6 hours** and not **drink any fluids 4 hours** before the intervention. The only exception is a mouthful of water to take your prescribed medications.

Sedation

- ▶ If you wish to be **sedated** during the intervention, please make sure that you are accompanied by a person who can help you home. After a sedation it is **prohibited to drive a vehicle** or **operate machinery** for 24 hours and making **important decisions** isn't advisable.

Medication

- ▶ **Please inform our doctors before the intervention if you take anticoagulation therapy!**
A change in intake can be necessary to reduce the risk of bleeding after the intervention!

Marcoumar/Sintrom: please contact our Imed19 team!

Thrombo-ASS/Plavix/Clopidogrel/Brilique/Efient/Xarelto/Eliquis/Pradaxa/Lixiana:
do not take it on the day of the intervention.

Lovenox/Fragmin Injections: do not use the syringe on the day of the intervention.

With diabetes: please contact our Imed19 team.

General information

- ▶ Please read the **patient information** carefully and sign it 1 day before your appointment!
- ▶ Please bring **all completed documents** and a **towel** with you to the intervention!
- ▶ **Cancelling the appointment is without charge until 24 hours before intervention.**
In case of later cancellation 200 € will be charged for the resulting costs!

We wish you a pleasant visit in our Endoscopy Center!

Sincerely yours,

Priv. Doz. Dr. Wolfgang Sieghart & Imed19 Endoscopy Team

Fact sheet

Current intake of medications and allergies

Dear patient,

We kindly ask you for a detailed description of your current intake of any medication and allergies.

Name:

Day of birth:

I don't take any medication.

 I take the following medication:

Medication Name	Dosage mg	Morning	Midday	Evening

I don't have allergies.

 I am allergic to:

Date: Signature:

Sincerely yours,
Priv. Doz. Dr. Wolfgang Sieghart & Imed19 Endoscopy Team

Fact Sheet

Sedation with Propofol

Dear patient,

For your upcoming sedation you're kindly asked to read through this fact sheet carefully and fill out the requested information.

Name:

Date of birth:

I would like to be sedated during the endoscopic examination.

YES

NO

Propofol injection

As long as there are no medical objections, propofol is a safe **sleep medication**.

International medical societies recommend using Propofol based on various studies, due to the **following advantages**:

- ▶ Stable sleep condition
- ▶ Adequate pain relief
- ▶ High patient satisfaction
- ▶ Examination quality higher
- ▶ Quick effect
- ▶ Quick recovery phase

Date:

Signature:

Declaration of consent

Histological laboratory

Dear patient,

We kindly ask you to read this declaration of consent carefully and sign it below.

I agree that my sample extractions, my health records (for example suspected diagnosis) and my personal details such as name, insurance number, date of birth and address may be submitted to the following laboratories (depending on the medical necessity) for the purpose of histological analysis:

Labor für Histologie & Zytologie Dr. Ulm GesmbH und
 Labors.at Fachärzte für medizinische und chemische Labordiagnostik OG
 Kürschnergasse 6b, 1210 Wien

The laboratories are fully responsible for the histological analysis they carry out.
 Further, I agree that the laboratories may forward my histological results and my personal data to Imed19.

I am aware that I may entirely or in parts withdraw this declaration in and for the future.

Date:		Signature:	
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Our team will be happy to provide you with further information.

Sincerely yours,
Priv. Doz. Dr. Wolfgang Sieghart & Imed19 Endoscopy Team