

**Strutture semplici endoscopia digestiva ASLCN1**

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Dear Sir/Madame

In order to be informed in a clear and sufficient manner for you about the intervention you require, after the discussions previously held, please read this document carefully. The information contained therein is not to cause any worries, but it is mandatory in order to allow you to decide freely and clearly, therefore better and more consciously whether to carry out the operation or not. It is understood that you can and must ask the staff in charge for any further clarification and clarification you need. Finally, you must bring all the clinical documentation in your possession (clinical analyzes or findings, inquiries, radiological tests, etc.)

**IMPORTANT: BRING THE LIST OF MEDICATIONS YOU TAKE DAILY**

**What is esophago-gastro-duodenoscopy?**

Esophagus-gastro-duodenoscopy (gastroscopy) is a technique in which your doctor can look into your esophagus, stomach and duodenum to see if there is any lesion causing your problems. It also allows to obtain tissue samples for examination in a simple and painless way. The endoscope is a flexible probe 8-9 mm in diameter with a clear light at its end that will be passed through your mouth into your stomach and duodenum.

**What to do before the examination?**

You must fast for at least six hours before taking the test and it is best if you are accompanied by someone. Bring with you the doctor's referral, the radiological tests and the reports of previous gastroscopies. It is important to report to your doctor any allergies to current medications and therapies that can modify blood coagulation (anticoagulants, antiplatelets, etc.). Upon your request, the doctor or nurses will explain further details and answer your questions: You will be seated on a cot; you will then have to remove any removable dentures from your mouth. Gastroscopy is not painful, however some people may find it uncomfortable. To improve compliance with the exam, if deemed necessary, you will be given a sedative and/or painkiller intravenously. You will be given a local anesthetic spray in your mouth to decrease the chance of gagging. After premedication you will be made to lie on your left side and the examination will begin. You will have to open your mouth, a mouthpiece will be placed between your teeth to avoid any biting of the instrument and trauma to the teeth, then the tip of the gastroscopy will be placed on the tongue and you will be invited to swallow so the endoscope will pass into the esophagus and then you will only have to breathe deeply with your nose and let the saliva drain onto the appropriate cloth. The exam will last a few minutes, then the instrument will be quickly removed. During the endoscopic examination it may be necessary to carry out any biopsies and interventional maneuvers (polypectomies, dilations, sclerosing injections, removal of foreign bodies) and, if necessary, carry out therapy with antispasmodics, anxiolytics and painkillers.

**Complications**

Trauma of teeth and prosthetic implants; hemorrhages (0.3-6.1%) where immediate bleeding is usually resolved endoscopically; in 2% of patients, late bleeding may occur which can occur up to 7-30 days after the procedure; perforation of viscera (0.07-0.3% from 0.04-1% during polypectomy) and if endoscopic treatment is ineffective, surgical intervention is indicated; cardiorespiratory and circulatory complications which are usually linked to premedication and/or the ingestion of waste materials are represented by a drop in oxygen in the blood; respiratory arrest; heart attack.

### **What happens after the examination?**

The endoscopic report will be delivered to you immediately, while you will have to wait a few days for the results of any biopsies. If in the hours following the exam you should feel abdominal pain or notice the emission of black stools, contact the Digestive Endoscopy Service or the Emergency Department immediately. If the exam is performed under sedation, at the end there may be temporary drowsiness, dizziness, blurred or double vision. In any case, the patient can only be discharged if accompanied and cannot therefore drive cars or motor vehicles or carry out risky maneuvers or maneuvers that require particular attention in the 24 hours following the procedure. The resumption of ongoing therapies, nutrition and fluid intake are agreed with the healthcare professionals at the time of discharge. If no sedation has been performed, the patient will be able to return to the ward or home, even alone.

### **What are the alternatives to esophagogastroduodenoscopy**

They are represented by radiography with contrast medium and computed tomography (CT) which, however, have a lower diagnostic accuracy, do not allow biopsies or operative procedures and often must be integrated with a subsequent endoscopy. The alternative to interventional procedures is mostly represented by surgery which involves greater risks. Gastroscopy represents the test of choice for diagnosing organic lesions, such as ulcers and tumors, with an accuracy of over 95%, and allows the doctor to identify the cause of the onset of many symptoms attributable to pathologies of the upper digestive tract.

## 1 DOCUMENTI E REGISTRAZIONI CORRELATI AL DOCUMENTO

PG<sub>SQ</sub>033 Consenso Informato

## 2 BIBLIOGRAFIA

Note SIED

## 3 LISTA DI DISTRIBUZIONE

Ai Direttori/Responsabili e Coordinatori delle seguenti strutture, per diffusione al personale coinvolto nell'applicazione (si ricorda che la diffusione alle Strutture Semplici è di competenza della Struttura Complessa di afferenza):

SS Risk Management
SS Medicina Specialistica Ambulatoriale e Privato Accreditato per diffusione ai Medici e agli infermieri dei Poliambulatori
SS Direzione Amministrativa Distrettuale per diffusione ai MMG e PLS
SC DISTRETTO SUD-OVEST
SC DISTRETTO SUD-EST
SC DISTRETTO NORD-OVEST
SC DISTRETTO NORD-EST
SC MEDICINA INTERNA MONDOVI'
SC MEDICINA INTERNA SALUZZO
SC MEDICINA INTERNA CEVA
SC MEDICINA INTERNA SAVIGLIANO
SC LUNGODEGENZA FOSSANO
Ssd Continuità Assistenziale a Valenza Sanitaria
SC CARDIOLOGIA MONDOVI'
SC CARDIOLOGIA SAVIGLIANO
SC NEUROLOGIA MONDOVI'
SC NEUROLOGIA SAVIGLIANO
SC CHIRURGIA GENERALE SAVIGLIANO
SC CHIRURGIA GENERALE MONDOVI'
SC UROLOGIA SAVIGLIANO
SC OCULISTICA SAVIGLIANO
SC OTORINOLARINGOIATRIA SAVIGLIANO
SC ORTOPEDIA E TRAUMATOLOGIA MONDOVI'
SC ORTOPEDIA E TRAUMATOLOGIA SAVIGLIANO
SSD Fisiopatologia Respiratoria
SC ANESTESIA E RIANIMAZIONE SAVIGLIANO

SC ANESTESIA E RIANIMAZIONE MONDOVI'
SC PEDIATRIA SAVIGLIANO
SC PEDIATRIA MONDOVI'
SC GINECOLOGIA E OSTETRICIA SAVIGLIANO
SC GINECOLOGIA E OSTETRICIA MONDOVI'
SC PSICHIATRIA AREA SUD
SC PSICHIATRIA AREA NORD
SC Logistica e DAPO per diffusione alla Ss Gestione Front Office
SC ONCOLOGIA SALUZZO

E per conoscenza:

SC DIREZIONE SANITARIA SAVIGLIANO
SC DIREZIONE SANITARIA MONDOVI'

Deve rimanere evidenza della diffusione secondo le modalità presenti in Azienda.

Stesura per il gruppo di lavoro			Verifica/Approvazione	Emissione
Qualifica	Nome Cognome	Firma		
Dirigente medico	Corrado Genovesi		Per l'U.G.R. Il Responsabile SS Risk Management	Firma del Direttore SC/Dipartimento
Dirigente medico	Paolo Viazzi		Maurizio Salvatico	Toni Pazzaia