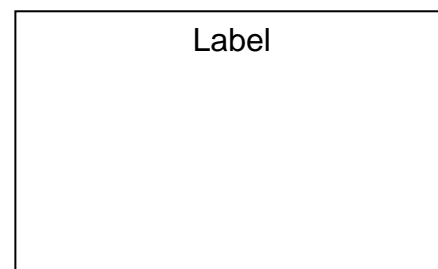


## Information for patients about ESWL (Fragmentation of gallstones and pancreatic duct stones using ultrasound)



Information protocol submitted by:

Date:

Dear patient

Please read these documents immediately upon receiving them. Fill in the questionnaire, if possible date and sign the documents on the day before the examination. If you have any questions, please contact your doctor or specialist (gastroenterologist).

You have been advised to have a procedure known as a **ESWL (Fragmentation of gallstones and pancreatic duct stones using ultrasound)**. Before the examination you'll receive the following:

- an information leaflet
- a questionnaire
- informed consent form

### Information leaflet:

On the information leaflet you can find information about the course of the examination as well as its objectives and risks. Please read this leaflet carefully.

If you have further questions about the necessity and urgency of the examination, about alternatives or any risks posed by the examination, please contact your doctor. Most of these questions can be answered by the doctor who registered you for the examination. Specific questions about the examination's technical details or specific problems can be answered by the specialist (gastroenterologist) who will carry out the procedure, if necessary. If you wish to do so, we kindly ask you to contact us or the referring doctor in good time.

### Questionnaire:

You are kindly asked to fill out the enclosed questionnaire in full to clarify the bleeding tendency and to answer the questions about medication, intolerances or allergies. If you are taking **anticoagulant medication** for blood thinning (e.g. Sintrom, Marcoumar, Xarelto) or regularly take **Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel etc.**, please discuss with your doctor in good time (at least 1 week before before the examination) the possibility of stopping the medication. Please bring the questionnaire with you to the examination. You are kindly asked to date and sign the questionnaire one day before the examination if possible. If you have any problems or there are ambiguities in answering the questions, please contact your doctor or us in good time.

### Informed consent:

Please read the informed consent form through very carefully. Also date and sign it no later than the day before the examination.

The information leaflet is yours to keep.

The questionnaire and the informed consent will be kept by us in the medical files.

*Aufklärungsunterlagen empfohlen durch die Schweizerische Gesellschaft für Gastroenterologie SGGSSG, die Verbindung der Schweizer Ärztinnen und Ärzte FMH sowie der Stiftung Patientenschutz SPO.*

## **Information sheet about ESWL**

### **Why is a ESWL carried out?**

You have been diagnosed with stones in the biliary tract/pancreatic duct that prevent the outflow of bile or pancreatic secretion. These stones should be crushed with ultrasound waves so that they can then be removed from the biliary tract/pancreatic duct.

### **What preparations are necessary for a ESWL?**

Before the gastroscopy, from midnight on, please do not eat solid food as the upper digestive tract must be free of food residue for the gastroscopy. Drinking clear, fat-free liquids (not milk) is permitted up until 2 hours before the start of the examination. Do not take your regular medication unless your doctor tells you to take it.

### **Ability to drive/ ability to work?**

You will be given sedation and or pain medication before the examination. You should not drive after receiving this medication. Do not come with your own vehicle. Make sure that someone personally accompanies you. After these medications have been administered you are not capable of signing any documents for the next 12 hours. This means that during this time you should not conclude any contracts.

### **What happens during a ESWL**

Stone fragmentation can be painful, which is why the prior administration of painkillers or even a general anaesthetic is usually necessary. The position of the stones is first determined using fluoroscopy (X-ray) and you are then precisely positioned on an examination couch. The positioning of the ultrasound device is also checked during the examination by means of fluoroscopy in order to direct the sound waves precisely onto the stones. Since it is not always possible to break up the stones in one session, several such sessions may be necessary.

In most cases, an ERCP (endoscopy with examination of the biliary tract and pancreatic ducts) is necessary (on the day of the examination or the following day).

### **What are the risks associated with ESWL?**

Stone fragmentation in the biliary tract and pancreatic duct are routine procedures with a low risk. Despite the greatest care, complications can still occur, which in exceptional cases can be life-threatening. The ultrasound shock waves can cause reddening of the skin and small patches of harmless bleeding in the skin. Larger bruises seldom occur. Rarely, bleeding may occur in the immediate vicinity of stones in the bile or pancreatic ducts. If stones in the pancreatic duct are fragmented, the pancreas may become inflamed. In rare cases, these complications may make surgery or longer hospitalization necessary. Rarely, the administration of sleep medication can lead to the impairment of respiratory and cardiac function.

### **What about after the examination?**

You remain under medical supervision for a few hours after stone fragmentation. In case of **abdominal pain**, circulation problems (e.g. dizziness), difficulty breathing, chills or fever inform your doctor immediately or go to a hospital emergency department.

### **Questions about the examination?**

If you have any further questions about the planned examination, please contact your GP. If you are still unclear, contact the specialist (gastroenterologist) who is carrying out your examination.

### **You can contact the following doctors if you have any questions or problems:**

General practitioner		Tel:	
Gastroenterology		Tel:	

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# Questionnaire

Label
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## Questions to clarify bleeding tendency:

yes    no

1. Do you have heavy <b>nosebleeds</b> for no apparent reason?		
2. Do your <b>gums bleed</b> for no apparent reason (brushing your teeth)?		
3. Do you have „ <b>bruises</b> “ ( <b>Haematomas</b> ) or small bleeds under the skin without obvious injuries?		
4. Do you have the impression that you <b>bleed longer after minor injuries</b> (e.g. when shaving)?		
5. Women: do you have the impression that you have <b>prolonged menstrual bleeding</b> (>7 days) or that you must change tampons or sanitary towels very frequently?		
6. Have you had <b>prolonged or heavy bleeding during or after dental treatment</b> ?		
7. Have you had prolonged or heavy <b>bleeding during or after surgery</b> (e.g. tonsillectomy, appendectomy, birth)?		
8. Have you received any <b>blood</b> or <b>blood products</b> during surgery?		
9. Does anyone <b>in your family</b> (Parents, siblings, children, grandchildren, uncles, aunts) have a <b>disease with increased bleeding tendency</b> ?		

## Questions about medication, allergies, concomitant disease:

1. Are you taking <b>anticoagulants</b> for blood thinning (e.g. Sintrom, Marcoumar, Xarelto) or have you been taking <b>Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, etc.</b> or <b>flu medication, pain killers or rheumatism medication</b> in the last 7 days? If 'yes', what exactly?		
2. Do you have an <b>allergy/ hypersensitivity</b> reaction (to medications, latex, local anaesthetics, sticking plasters)? If 'yes', which ones?		
3. Do you suffer from a <b>heart valve defect, heart or lung disease</b> ? Do you have an ID card for <b>endocarditis-prophylaxis</b> ?		
4. Do you have a <b>heart pacemaker / defibrillator</b> or a <b>metal implant</b> ?		
5. Are you aware of a <b>renal dysfunction (renal insufficiency)</b> ?		
6. Are you <b>diabetic</b> ?		
7. Women: are you <b>pregnant</b> or is there a <b>possibility</b> that you could be pregnant?		
8. Do you have any <b>loose teeth, dentures</b> or a <b>dental disease</b> ?		

**I, the undersigned, have completed the questionnaire to the best of my knowledge.**

Place, date

Patient's name

Patient's signature

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**Informed consent**

**for a ESWL  
(Fragmentation of gallstones and  
pancreatic duct stones using  
ultrasound)**

Label

**Information protocol submitted by:**

**Date:**

I, the undersigned, have read the information sheet.

I have been informed by the doctor of the reason (Indication) for the ESWL. I understand the nature, procedure and risks of a ESWL. My questions have been answered to my satisfaction.

*(Check the appropriate box)*

**I agree to having a ESWL**

yes	no
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**I agree to a sedative and/or pain relief being administered during the examination**

yes	no
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Patient's name

Doctor's name

Place, date

\_\_\_\_\_  
Patient's signature

Place, date

\_\_\_\_\_  
Doctor's signature

**For patients who cannot give consent themselves:**

Legal representative  
or proxy

Doctor's name

Place, date

\_\_\_\_\_  
Representative's name

Place, date

\_\_\_\_\_  
Doctor's signature

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