

Information for patients about lower enteroscopy (small bowel endoscopy via the anus)

Label

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 **lower enteroscopy (small bowel endoscopy via the anus)**. 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 lower enteroscopy (small bowel endoscopy via the anus)

Why is a lower enteroscopy (small bowel endoscopy via the anus) carried out?

You are suspected of having a pathological process in the small bowel, on the basis of clarifications already carried out. The disease cannot be reached either by gastroscopy or colonoscopy. With an enteroscopy, deeper sections of the small intestine, which is about 4 metres long, can be seen. In the same examination, tissue samples can be taken, bleeding sources sclerosed, polyps removed, constrictions widened and foreign bodies recovered.

What preparations are necessary for a lower enteroscopy (small bowel endoscopy via the anus)?

Enteroscopy, like colonoscopy, requires a thorough cleansing of the intestine beforehand (see separate instructions). Please follow the instructions for intestinal cleansing exactly. The intake of iron preparations must be stopped 5 days before the examination.

Ability to drive/ ability to work?

As a rule 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 lower enteroscopy (small bowel endoscopy via the anus)?

First of all, in order to administer any potentially necessary sedative or sleep medication an infusion is put in the arm. The examination is carried out using a thin movable 'tube' at the tip of which a light source and a camera are attached. Using various techniques ("double balloon", "mono balloon" or "spiral technique") it is possible to advance far (approx. 2 metres) into the small bowel under X-ray control (image intensifier) This allows the doctor to see the mucous membrane of the intestine and to search for pathological changes. If such changes are found, tissue samples (biopsies) can be taken and then analysed under the microscope. If polyps (mucosal growths that are usually benign but can develop into cancer over the years) are present, they are removed if possible. Despite the greatest care and attention, about 5-10% of polyps are not found. Active bleeding can also be stopped by various techniques (e.g. injection of diluted adrenaline or using clips). During the examination a specially trained nurse is also present in addition to the doctor.

Is a lower enteroscopy painful?

At times the lower enteroscopy can be painful. Therefore, a sedative or painkiller is administered as required before and during the examination. These drugs allow the examination to be pain-free.

What are the risks associated with lower enteroscopy (small bowel endoscopy via the anus)?

Complications due to a enteroscopy are as a whole rare. However, despite the greatest care being taken, complications can occur, which can be life-threatening in exceptional cases. These include allergic reactions to any medication that may be administered. In about 10% of the cases, the examination leads to complications that are not serious, such as abdominal pain, small mucous membrane bleedings or vomiting. In very rare cases (< 1%) there are serious complications, such as perforation (rupture of the intestinal wall) or bleeding, which occur mainly after interventions (removal of tissue samples and polyp removal) and in the worst case, lead to surgery Rarely, the administration of sleep medication can lead to the impairment of respiratory and cardiac function.

What about after the examination?

If you have been given a sedative or painkilling injection for an enteroscopy, you will be monitored after the examination until you have rested. In the hours following the examination you may feel a feeling of pressure in your abdomen (increased air in the intestine). If this increases or new **abdominal pain** occurs, or you notice bleeding from the anus or you develop a 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:

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

Questionnaire

Label

Questions to clarify bleeding tendency:

yes no

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

Questions about medication, allergies, concomitant disease:

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

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 lower enteroscopy
(small bowel endoscopy via the anus)**

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 lower enteroscopy (small bowel endoscopy via the anus). I understand the nature, procedure and risks of a lower enteroscopy (small bowel endoscopy via the anus) including possible polyp removal. My questions have been answered to my satisfaction.

(Check the appropriate box)

**I agree to having a lower enteroscopy
(small bowel endoscopy via the anus) including possible polyp
removal**

yes	no
yes	no

**I agree to a sedative and/or pain relief being administered
during the examination**

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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