

## Information for patients about gastroscopy with insertion of a percutaneous gastric tube (PEG)

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 **gastroscopy with insertion of a percutaneous gastric tube (PEG)**. 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 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 gastroscopy with insertion of a percutaneous gastric tube (PEG)**

### **Why is a gastroscopy with insertion of a percutaneous gastric tube (PEG) carried out?**

During a gastroscopy the oesophagus, stomach and duodenum are investigated. It can be used to diagnose diseases of these organs (e.g. inflammation, ulcers, varicose veins, polyps or tumours) and sometimes to treat them, or to monitor the course of known diseases. To ensure a sufficient food supply, in your situation a probe (= thin tube) should be inserted through the abdominal wall into the stomach or small intestine. The probe can be kept in place for a long time, but can also be easily removed when it is no longer needed. You can eat and drink normally, if permitted by your doctor, despite the probe.

### **What preparations are necessary for a gastroscopy with insertion of a percutaneous gastric tube (PEG)?**

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. Usually an antibiotic is administered prophylactically before the insertion of the PEG probe.

### **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.

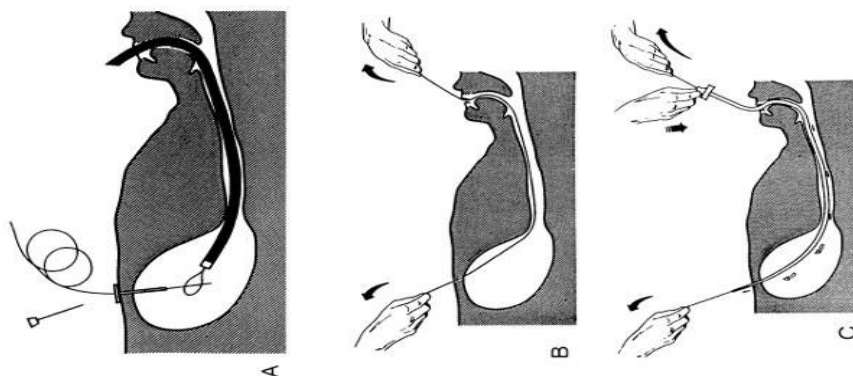
### **What happens during a gastroscopy with insertion of a percutaneous gastric tube (PEG)?**

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. This allows the doctor to see the mucous membrane of the mentioned organs and to search for pathological changes. In addition to the exact inspection of the mucous membrane, tissue samples can be taken or various procedures can be performed, such as hemostasis or the removal of tissue. The examination and additional procedures do not cause any pain. During the examination a specially trained nurse is also present in addition to the doctor.

There are two methods for inserting the PEG probe. It is not always possible to say in advance with absolute certainty which method will be used. Your doctor will choose the more suitable method for you during the examination.

#### 1. Insertion of the probe through the mouth ("pull-through method")

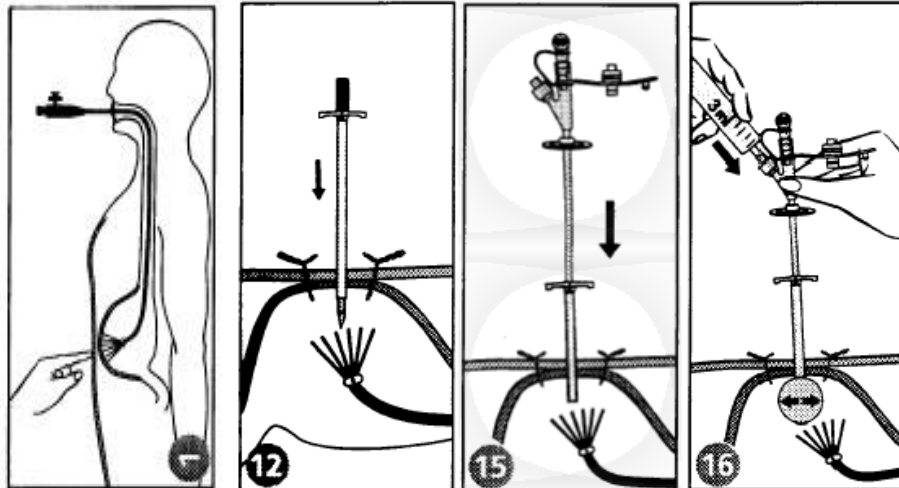
During the gastroscopy, while you sleep, the upper abdomen is locally anaesthetized and a needle is inserted into the stomach at this point. A thread is inserted through this needle, which is grasped in the stomach with the endoscope and led out through the mouth. The probe is then tied to this thread and pulled through the mouth into the stomach. The PEG probe tube is fixed to the outside of the abdominal wall with a small holding plate.



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2. Insertion through the abdominal wall under endoscopic control ("Push-PEG Method")

The upper abdomen is locally anaesthetized. Then the stomach wall is fixed to the abdominal wall with two thin sutures under endoscopic view and the stomach is punctured with a cannula under visual inspection. The needle is removed and a PEG probe with balloon is inserted into the stomach from outside. The balloon at the end of the PEG probe is inflated with water and prevents the probe from escaping from the stomach. The stitches are removed after 1-4 weeks. The probe must be replaced after 3-4 weeks without a new endoscopy.



**What are the risks associated with gastroscopy with insertion of a percutaneous gastric tube (PEG)?**

Complications due to a gastroscopy are extremely rare (0.2%). However, despite the greatest care being taken, complications can occur, which can be life-threatening in exceptional cases. These include allergic reactions, possible damage to teeth due to pre-existing defective teeth, infection, bleeding, injury to the wall of the upper digestive tract (perforation) and injury to the larynx. Rarely, the administration of sleep medication can lead to the impairment of respiratory and cardiac function. Slight hoarseness, difficulty swallowing or unpleasant flatulence (caused by air remaining in the stomach and small intestine) may occur temporarily after gastroscopy. After insertion of a PEG probe, pain, redness in the area of the puncture site and local infections of the abdominal wall occur in 20% of cases. Very rarely (<1%) bleeding occurs, even more rarely (<1 ‰) an organ (liver, large or small intestine) in the abdominal cavity can be injured. These complications can result in an operation.

**What about after the examination?**

After the examination, you must not eat or drink for 6 hours, after which the intake of clear liquid is allowed. The time of starting the intake of food through the mouth or the intake of enteral food via the PEG is determined by the doctor. If **abdominal pains** or other disturbances of well-being occur after the gastroscopy (e.g. dizziness, nausea, vomiting) or if there is bleeding from the anus (usually in the form of black, thin fluid stools), inform your doctor immediately or go to a hospital emergency department.

You will receive an individual diet plan from your doctor or nutritionist. The persons involved (nursing staff, Spitex) are also instructed in the handling and care of the tube.

**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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## Informed consent

### for a gastroscopy with insertion of a percutaneous gastric tube (PEG)

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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 gastroscopy with insertion of a percutaneous gastric tube (PEG). I understand the nature, procedure and risks of a gastroscopy with insertion of a percutaneous gastric tube (PEG). My questions have been answered to my satisfaction.

*(Check the appropriate box)*

**I agree to having a gastroscopy with insertion of a percutaneous gastric tube (PEG)**

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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