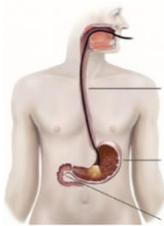


WHAT THE PATIENT SHOULD KNOW ABOUT ENDOSCOPY/COLONOSCOPY AND GASTROSCOPY

Information about the endoscopy examination

The endoscopic examination is performed when a doctor needs to examine the internal organ *ab intra*, assess the condition of the organ, take mucosal tissue for examination and/or carry out therapeutic procedures. The endoscopic examination enables to perform the following examinations: anoscopy* (examination of the mucosal lining of the anal canal), rectoscopy* (examination of the mucosal lining of the rectum), colonoscopy (examination of the colon), sigmoidoscopy* (examination of the sigmoid colon), and gastroscopy/fibrogastroduodenoscopy (examination of the upper part of the digestive tract, which involves the oesophagus, the stomach, and a portion of the duodenum).

1. Gastroscopy



Gastroscopy, also known as fibrogastroduodenoscopy or oesophagogastrroduodenoscopy, is an examination during which a flexible endoscope is inserted through the mouth into the upper part of the gastrointestinal tract (oesophagus, stomach, duodenum), the inside of the digestive tract is examined and, if necessary, biopsy material is taken for examination, polyps/possible precancerous lesions are removed, and internal bleeding from stomach

and/or duodenal ulcers is stopped. This examination is most often prescribed to clarify a diagnosis or perform a therapeutic procedure.

Sometimes the examinations brings to light complications or “unexpected findings”. In this event, regardless of whether the procedure is performed for diagnostic or therapeutic purposes, the doctor performing the procedure is free to change the goals and course of the procedure, such as stopping the bleeding, taking biopsy material for examination, starting the resuscitation, etc.

Preparing for gastroscopy: to ensure that the examination is safe and that food particles in the stomach do not obscure the image, you must not eat on the day of the examination. 6 hours before the examination, you should not drink any fluids (even water). It is recommended not to smoke for 2 hours before the examination, as it may cause a change in the colour of the stomach mucous lining.

You must inform the doctor who performs the procedure about medications you are taking, especially if you are taking blood thinners or other steroid/non-steroidal drugs, or drugs that reduce gastric acidity (e.g., Aspirin, Warfarin, etc.).

It is important to remove the dental appliance and glasses before the gastroscopy examination.

2. Colonoscopy



A colonoscopy is an examination where a flexible endoscope is used to examine the colon and/or to perform additional steps such as taking pieces of tissue for examination (biopsy), stopping bleeding, removing mucosal and/or submucosal growths. Due to the specificity of the examination, when the colon spasms and air is blown into the intestine, you may feel bloated, nauseous and weak. These symptoms are short-lived and disappear spontaneously.

Preparing for colonoscopy: to receive accurate results, the intestinal tract must be properly prepared:

- DO NOT take iron preparations or iron supplements 5–7 days before the examination. If you are taking blood thinners, before the planned examination, you should seek advice from your family doctor on possible temporary discontinuation or replacement of medicines.

- Do NOT eat uncooked fruit and vegetables, seeds, nuts (cereal breads, fruit, jams), purple and red foods and drinks 5 days before the examination;
- Do NOT eat for 1 day before the examination. You are allowed to drink clear and transparent liquids: water, weak tea, broth without additives.
- One day before the examination, you MUST START taking medicines for the PURGE. To cleanse your bowels, you are advised to use laxatives, such as osmotic drugs containing Macrogol or other similar active ingredients. Seek advice from your doctor on the use of medicines.
- Seek advice from the doctor prescribing the procedure as for the use/dosing of specific medicines.
- On the day of the examination, the medicines you take normally (provided that your doctor allows you to take them on the day of the examination) should be taken in the morning with a minimum amount of liquid (one sip).

You must inform the doctor who performs the procedure about medications you are taking, especially if you are taking blood thinners or other steroid/non-steroidal drugs, or drugs that reduce gastric acidity (e.g., Aspirin, Warfarin, etc.).

24 hours after an endoscopic examination you should not

- Go in for sports;
- Go to baths and saunas.

In case of bleeding/fever/abdominal or pelvic pain starts – immediately attend the Emergency Department!

On the request of the patient, gastroscopy and/or colonoscopy can be performed under general intravenous anaesthesia

For the endoscopy procedure under anaesthesia, you should attend with an accompanying person, who, with your consent, will be informed by the endoscopist about your medical condition.

Please bring the results of the following tests made no later than 10 days before the examination: complete blood count; potassium; urea/creatinine; blood clotting parameters (INR – international normalisation ratio); blood glucose levels; electrocardiogram.

You should read the patient alert card *'What the patient should know about anaesthesia'*.

24 hours after you should avoid

- Driving a vehicle;
- Operating machinery or doing dangerous work;
- Taking responsible decisions;
- Signing important documents.

***EXAMINATIONS ARE AVAILABLE ONLY AT THE KLAIPĖDA AFFIDEA CLINIC, at the address: Paryžiaus Komunos St. 10A, Klaipėda.**

****proper preparation for the examination is the responsibility of each patient.**

You will need to mark your familiarity with the information presented in this document before the procedure F-LC-LT-062 Patient's consent for performing an endoscopy examination.