

Explanation of Upper Gastrointestinal (GI) Endoscopy

/上部消化管内視鏡検査の説明書

1. Purpose of upper GI endoscopy/検査目的

The upper gastrointestinal tract includes the esophagus, stomach, and duodenum. An upper gastrointestinal (GI) endoscopy is performed to diagnose diseases of this area (polyps, tumors, inflammation, etc.) and to determine a treatment plan. There are other methods such as an upper GI X-ray (fluoroscopy) using contrast media such as barium. However, in many cases small early cancers cannot be detected in this kind of an X-ray examination, and a biopsy cannot be performed even if abnormal cells are detected. For a precise and accurate diagnosis, an upper GI endoscopy is the most highly recommended diagnostic examination.

/上部消化管とは、食道・胃・十二指腸を指します。内視鏡検査はこれらの場所のできる病気（ポリープ、腫瘍、炎症など）の診断や治療方針を決めるために行います。他の検査法としては、バリウムなどの造影剤を用いた上部消化管X線検査（胃透視）があります。しかしX線検査では小さな早期癌などはみつけられないことが多く、異常所見を認めた場合にも組織検査を行うことができません。精密で確かな診断のためには、内視鏡検査が最も推奨される検査です。

2. Oral and nasal endoscopy/経口内視鏡と経鼻内視鏡

There are two types of methods: an oral endoscopy that involves inserting a scope through the mouth and a nasal endoscopy that involves inserting a scope through the nose.

The external diameter of an oral endoscope is 8-9 mm, and that of a nasal endoscope is 5-6 mm. A nasal endoscopy causes less nausea and discomfort at the time of inserting the scope than an oral endoscopy.

Because the scope passes through the sensitive nostrils, nasal anesthesia is necessary. If the nasal cavity at the back of the nose is too narrow, an oral endoscopy will be performed. In this case, the preparation procedure for the oral endoscopy will have to be done from the beginning, which will require another dose of anesthetic. A nasal endoscopy may cause nose bleed, and therefore the method is not appropriate for patients undergoing anticoagulant therapy. When a smaller endoscope is used, it may cause problems such as “difficulty in collecting tissue samples in some areas”, “difficulty in the passage of a treatment tool”, or “the observation is less effective because the visual field is dark, making it difficult to absorb mucus”.

/口からカメラを入れる経口内視鏡と、鼻からカメラを入れる経鼻内視鏡があります。

経口内視鏡の太さは外径8-9mm、経鼻内視鏡は外径 5-6mm です。経鼻内視鏡検査の場合は、経口に比べて嘔吐感や挿入時のつらさがあまり気になりません。

しかし、敏感な鼻の穴を通りますので鼻の麻酔が必要です。鼻の奥が狭くて挿入できない場合があります。その場合は改めて口からの前処置をやり直さなくてはならず、結果的に麻酔剤の使用量が増えます。鼻血が出ることもありますので、抗凝固療法を受けている方には適しません。そのほか「組織採取ができない部位がある」、「処置用の道具が通らない」、「視野が暗く、粘液が吸いにくいいため観察力がやや劣る」など、細くするために犠牲にされた機能もあります。

3. Preparation for your examination/検査の前処置

・Finish a light dinner by 7:00 pm on the day before the examination. You will be required to fast after that time. You can take fluids such as water.

/検査前日の夕食は、午後7時までに軽めに済ませてください。それ以降の食事摂取は控えてください。水などの水分摂取は可能です。

・You will be required to fast on the day of your examination. Avoid milk and juice, but you can drink small amounts of water until _____ o'clock.

/検査当日は絶食です。牛乳やジュースも控えてください。水は_____時までなら少量は飲んでも差し支えありません。

・If you are currently taking any oral medication for cardiac disease or blood pressure control, etc., consult your doctor in advance about your medication on the day of your examination.

/心臓病や血圧その他で内服薬服用中の方は、検査当日の服用については、事前に担当医に相談してください。

・On the day of your examination, avoid wearing clothes that will tighten against your body.

/当日の服装は、体を締め付けるものは避けてください。

・If you are scheduled to take a sedative during the examination, do not drive a car yourself, and have someone accompany you to the hospital.

/当日鎮静剤を使用する場合は、自分で車を運転せず、付き添いの方と来院してください。

4. On the day of your examination/検査当日

Oral endoscopy/経口内視鏡

1) You will be requested to have an interview to ensure the safety of the examination.

In any of the cases below, inform us in advance so that we can prepare for specific procedures.

/安全に検査を受けていただくために問診を受けていただきます。

次の方は特別な準備をする必要があるので、事前にスタッフまでお知らせください。

・ A history of an allergic reaction to local anesthetic or other drugs, an enlarged prostate gland (males only), cardiac disease, glaucoma, diabetes mellitus, or currently taking blood-thinner medicine (anticoagulant)

/局所麻酔などでアレルギーを起こしたことのある方、前立腺肥大(男性のみ)・心疾患・緑内障・糖尿病のある方、血液をかたまりにくくする薬(抗凝固剤)を飲んでいる方。

・ A family doctor's advice not to strain forcefully in order to prevent aortic or cerebral aneurysm rupture

/大動脈瘤、脳動脈瘤など、主治医から強い「いきみ」を禁じられている方

2) You will be given a drug to reduce gastric bubbles./胃の中の泡をおさえる薬を飲みます。

3) Your throat will be anesthetized. You will keep the liquid anesthetic in your throat for 3-5 minutes, and then slowly swallow it (or spit it out).

/のどの麻酔をします。液体の麻酔の薬をのどに3-5分間溜めたのち、ゆっくり飲み込みます。

(または、吐き出します。)

4) You will be given an injection (antispasmodic) to suppress the movements of your gastrointestinal tract.

/消化管の動きを抑える注射(鎮痙剤)をします。

5) You will be asked to lie down on your left side on the examination table.

/検査のためベッドの上で、左半身を下にした横向きになります。

6) Your throat will have already been anesthetized, but you may need an additional anesthetic administered by Xylocaine spray.

/事前にのどの麻酔は済んでいますが、キシロカインスプレーでのどの麻酔を追加することがあります。

- 7) You will be asked to bite down on a mouth piece placed in your mouth.
/マウスピースをくわえます。
- 8) The doctor will insert the endoscope through the mouth piece, and observe thoroughly from your throat to your duodenum. It depends on the individual, but you may feel discomfort when the scope is passing through your throat. You will get used to this feeling over time. Your stomach will gradually feel bloated due to the air inserted to inflate your stomach, which is necessary for the observation of stretched folds of your stomach. If you burp, it may make the observation insufficient, or may prolong the duration of the examination. For these reasons, try as much as possible not to burp during the examination. Do not swallow saliva, but spit it out.
/内視鏡をマウスピースから挿入し、のどから十二指腸までまんべんなく観察します。個人差はありますが、内視鏡がのどを通るときには違和感を感じます。これは時間の経過とともにだんだん慣れてきます。また、胃のひだを十分に伸ばして観察するために、空気で胃を膨らませますので、徐々にお腹が張ってきます。ゲップをしてしまうと観察が不十分になったり、検査時間が長くなる場合がありますので、検査中はできるだけゲップを我慢するよう、ご協力をお願いします。唾液は飲み込まず、口から出してください。
- If an abnormality is detected, a pathological examination of tissue samples or a Helicobacter pylori examination will be required. When tissue samples have been collected, you must not drink alcohol on the day of your examination to prevent bleeding. If you vomit blood or notice blood in your stool, be sure to inform our hospital staff.
/検査で病変が認められた場合には、組織を採取して病理検査を行ったり、ピロリ菌のチェックをすることもあります。組織採取の処置をした場合は、出血予防のために当日の飲酒を禁止します。万が一、吐血や血便などが見られた場合には必ず病院へご連絡ください。
 - The examination usually takes between 5 and 15 minutes. If you have an additional procedure, such as the collection of tissue samples, it may take longer.
/検査の所要時間は通常 5- 15 分くらいですが、組織採取などの処置を追加すると少し長くなることもあります。

Nasal endoscopy/経鼻内視鏡

- 1) You will be requested to have an interview to ensure the safety of the examination.
In any of the cases below, inform us in advance so that we can prepare for specific procedures.
/まず、安全に検査を受けていただくために問診を受けていただきます。
次の方は特別な準備をする必要があるので、事前にスタッフまでお知らせください。
- A history of an allergic reaction to local anesthetic or other drugs, an enlarged prostate gland (males only), cardiac disease, glaucoma, diabetes mellitus, or currently taking blood-thinner medicine (anticoagulant)
/局所麻酔などでアレルギーを起こしたことがある方、前立腺肥大(男性のみ)・心疾患・緑内障・糖尿病のある方、血液をかたまりにくくする薬(抗凝固剤)を飲んでいる方。
 - A family doctor's advice not to strain forcefully in order to prevent aortic or cerebral aneurysm rupture
/大動脈瘤、脳動脈瘤など、主治医から強い「いきみ」を禁じられている方
- 2) You will be given a drug to reduce gastric bubbles./胃の中の泡をおさえる薬を飲みます。
- 3) You will be given nose drops/spray so that the scope can pass through your nose smoothly.
/鼻の通過を良くする薬を点鼻・噴霧します。
- 4) The inside of your nose will be anesthetized./鼻の中を麻酔します。
○Your nose will be sprayed./鼻にスプレーをします。

○A stick with anesthetic will be inserted to your nose.

/鼻に麻酔薬のついたスティックを入れます。

5) You may need to have an additional dose of anesthetic for your throat.

/のどの麻酔を追加することがあります。

6) The doctor will insert the endoscope through your nose, and observe thoroughly from your throat to your duodenum. Your stomach will gradually feel bloated due to the air inserted to inflate your stomach, which is necessary for the observation of stretched folds of your stomach. If you burp, it may make the observation insufficient, or may prolong the duration of the examination. For these reasons, try as much as possible not to burp during the examination.

/内視鏡を鼻から挿入し、のどから十二指腸までまんべんなく観察します。胃のひだを十分に伸ばして観察するために、空気で胃を膨らませますので、徐々にお腹が張ってきます。ゲップをしてしまうと観察が不十分になったり、検査時間が長くなる場合がありますので、検査中はできるだけゲップを我慢するよう、ご協力をお願いします。

• If an abnormality is detected, a pathological examination of tissue samples or a Helicobacter pylori examination will be required. When tissue samples have been collected, you must not drink alcohol on the day of your examination to prevent bleeding. If you vomit blood or notice blood in your stool, be sure to inform our hospital staff.

/検査で病変が認められた場合には、組織を採取して病理検査を行ったり、ピロリ菌のチェックをすることもあります。組織採取の処置をした場合は、出血予防のために当日の飲酒を禁止します。万が一、吐血や血便などが見られた場合には必ず病院へご連絡ください。

• The examination usually takes between 5 and 15 minutes. If you have an additional procedure, such as a pathological examination, it may take longer.

/検査の所要時間は通常 5-15 分くらいですが、組織採取などの処置を追加すると少し長くなることもあります。

5. Sedatives/鎮静剤

If you always have strong discomfort at the time of the insertion of an endoscope, or have a strong fear of endoscopy, you can take a sedative. Consult the doctor performing your examination well in advance, since sedatives may cause adverse reactions. The reactions include drowsiness or lightheadedness, which may last as long as half a day. Be sure not to drive a car yourself or ride a motorbike or bicycle on the day of your examination.

Rare adverse reactions/unexpected symptoms caused by sedatives include allergic drug reactions, respiratory depression, and decreased blood pressure. On the day of your examination, drowsiness and lightheadedness may last for a while. (The level of drowsiness depends on the individual, but the condition may last as long as half a day.)

After the examination, drowsiness may disturb your ability to work normally.

/内視鏡の挿入がいつも辛い方や、恐怖感の強い方のために鎮静剤を使用することもできます。鎮静剤には副作用の危険性があり事前に施行医と十分ご相談ください。特に、鎮静剤を使用すると半日くらい眠気やふらつきが残ることがありますので、検査当日は絶対に車やバイク、自転車をご自身で運転しないでください。

鎮静剤を使用された副作用・偶発症としてはまれに薬剤アレルギー、呼吸抑制、血圧低下などがおこることがあります。検査当日は眠気やふらつきが残ることがあります。(眠気等は人によって違いますが、半日ほど続くこともあります。)

検査終了後には、眠気などのため、通常の仕事に支障が出る場合があります。

6. Adverse reactions/unexpected symptoms/complications following endoscopy

/検査に伴う副作用・偶発症

Endoscopy is relatively safe, but unexpected symptoms/complications following endoscopy may occur. The incidence of unexpected symptoms/complications is 0.005%, according to the data across the nation (Report of National Data 2010, Fuhatsu Awards, Japan Gastroenterological Endoscopy Society). The typical symptom is bleeding, which is usually light and short-term, but depending on the patient's condition, hospitalization and treatment may be required. Other symptoms include adverse drug reactions.

The mortality rate after endoscopy of the esophagus, stomach, and duodenum is 0.00019% (Report of National Data 2010, "Unexpected symptoms/complications", Japan Gastroenterological Endoscopy Society).

/内視鏡検査は比較的安全な検査ですが、検査に伴う偶発症が起こりえます。偶発症の頻度は全国集計で0.005%です（日本消化器内視鏡学会風発賞全国調査報告2010年度より）。偶発症の代表は出血です。出血は通常少量で短時間に止血しますが、状況により入院治療が必要になることがあります。他の偶発症として薬剤による副作用などがあります。

食道・胃・十二指腸内視鏡検査での死亡率は0.00019%とされています（日本消化器内視鏡学会偶発症全国調査報告2010年度より）。

【Bleeding/tarry stool/出血・タール便】

If you have any abnormalities such as vomiting bright red blood, or notice blood in your vomit, or black stool, inform the department in charge immediately.

/真っ赤な血を吐いたり、嘔吐物に血が混ざっている、黒い便が出るなど。このような異常があれば、すぐに担当部署に連絡してください。

【Adverse drug reactions/薬剤による副作用】

You may experience adverse reactions to antispasmodic to suppress the movement of the stomach, such as double vision, palpitations, and dry mouth. In most cases, such symptoms will clear up after a while.

In rare cases, you may develop a rash or feel sick.

In extremely rare cases the most serious unexpected symptoms/complications, such as shock caused by local anesthetics or sedatives, may occur.

/胃の動きを抑える鎮痙剤のために、「ものが二重に見える」「むねがドキドキする」「口が渇く」などの症状がでることがありますが、こうした副作用はほとんどの場合しばらくするとおさまります

まれに発疹や気分不良が起こることもあります。

また、非常にまれではありますが、もっとも重篤な偶発症として「局所麻酔剤や鎮静剤などによるショック」があります。

【Discomfort in the throat/のどの違和感】

If you have a strong gag reflex, you may have continued pain or discomfort in your throat for a few days after the examination.

/のどの反射の強い方では、検査後に喉の痛みや違和感が数日残ることもあります。

【Perforation of the gastrointestinal tract by endoscopic procedures/内視鏡手技による消化管穿孔】

Endoscopic procedures may cause perforation of the gastrointestinal tract.

/内視鏡手技により、消化管に穴があくことがあります。

In the case of the occurrence of any unexpected symptoms/complications, we will provide the best possible care and treatment. Hospitalization, immediate procedures, blood transfusion, or surgical treatment may possibly be required.

1万が一、偶発症が起きた場合には最善の処置・治療を行います。入院や緊急の処置・輸血・手術などが必要になることがあります。

Sedative/Anesthetic Explanation Form 鎮静剤・麻酔薬 説明書

- Necessity of examination/treatment (disease name/symptoms) 検査・治療行為の必要性 (病状・症状)**
A sedative or anesthetic is used to reduce pain and anxiety during examinations and treatments.
- Specific methods (details/period) 具体的方法 (内容・期間)**
Before the examination, a sphygmomanometer, oxygen saturation meter, and simple electrocardiograph are attached, and after the physical condition is understood, an intravenous drip is inserted and a sedative is administered intravenously.
The state of consciousness during the examination varies slightly depending on the drug used, ranging from a state of being able to be awakened when called to being asleep.
During the examination, oxygen saturation, heart rate, and blood pressure are monitored to prevent accidents from occurring.
If the pain is severe, an analgesic may also be used.
Please note that if there are concerns about safety, such as in the case of elderly patients or patients with underlying diseases such as arrhythmia, valvular heart disease, ischemic heart disease, hypertension, or chronic obstructive pulmonary disease, it may not be possible to perform sufficient sedation even if requested.
- Benefits/risks associated with testing/treatment 検査・治療行為に伴う利点 (ベネフィット)・リスク**
[Benefits] The pain and anxiety associated with examinations and treatments can be reduced.
[Risks] Onset of respiratory depression, decreased blood pressure, bradycardia, arrhythmia, etc. may occur.
*Among all cases of endoscopic examinations and treatments, including upper and lower gastrointestinal endoscopy, sedative-related complications accounted occurred in 0.000606% (1 out of 170,000 cases), and the mortality rate was 0.0000166% (1 out of 10 million cases).
- Long-term effects 長期的な影響**
There are no particular problematic effects of note.
- Alternative treatments and their advantages/risks 代替行為可能な医療行為の有無とその利点・リスク**
 - Endoscopy/treatment without sedative or anesthetic
[Advantages] There is no concern about onset of respiratory depression, blood pressure decrease, bradycardia, arrhythmia, etc. due to use of a sedative or anesthetic.
[Risk] In the case of transoral endoscopy or treatment, the vomiting reflex may occur more strongly.
In the case of transanal endoscopy and treatment, abdominal pain may occur more strongly.
- Expected result if not performed 実施しなかつた場合に予測される結果**
In the case of transoral endoscopic examination or treatment, the vomiting reflex may be more severe.
In the case of transanal endoscopic examination or treatment, abdominal pain may be felt more severely.
If the above symptoms are extremely severe, it may be necessary to stop the procedure.
- Condition immediately after treatment and recovery period 施術直後の状態と回復期間**
After the examination, it is necessary for you to rest in the recovery room until fully awake. Please come to the hospital with sufficient time to spare (1 to 2 hours).
Even if it is determined that you may return home, the effects of the drug remain, so please do not drive a car or ride a motorcycle, bicycle, etc. on the day of the procedure.
- Possibility of success (expectation of surgery/procedure to be completed as scheduled) 成功の可能性**
In the majority of patients, the effect of reducing anxiety and pain associated with examinations and treatments can be expected.

Having understood the above explanation, 私は、上記の説明事項について理解し同意した上で、

- I hereby request the use of a sedative 希望します
- I do not desire that a sedative be used 希望しません

■ Date and time of consent 承諾日 (Year) 年 (Month) 月 (Day) 日 (Time) :

■ Signature of patient or 署名
Legally authorized representative _____



Sedative/Anesthetic Explanation Form 鎮静剤・麻酔薬 説明書

- Necessity of examination/treatment (disease name/symptoms) 検査・治療行為の必要性 (病状・症状)**
A sedative or anesthetic is used to reduce pain and anxiety during examinations and treatments.
- Specific methods (details/period) 具体的方法 (内容・期間)**
Before the examination, a sphygmomanometer, oxygen saturation meter, and simple electrocardiograph are attached, and after the physical condition is understood, an intravenous drip is inserted and a sedative is administered intravenously.
The state of consciousness during the examination varies slightly depending on the drug used, ranging from a state of being able to be awakened when called to being asleep.
During the examination, oxygen saturation, heart rate, and blood pressure are monitored to prevent accidents from occurring.
If the pain is severe, an analgesic may also be used.
Please note that if there are concerns about safety, such as in the case of elderly patients or patients with underlying diseases such as arrhythmia, valvular heart disease, ischemic heart disease, hypertension, or chronic obstructive pulmonary disease, it may not be possible to perform sufficient sedation even if requested.
- Benefits/risks associated with testing/treatment 検査・治療行為に伴う利点 (ベネフィット)・リスク**
[Benefits] The pain and anxiety associated with examinations and treatments can be reduced.
[Risks] Onset of respiratory depression, decreased blood pressure, bradycardia, arrhythmia, etc. may occur.
*Among all cases of endoscopic examinations and treatments, including upper and lower gastrointestinal endoscopy, sedative-related complications accounted occurred in 0.000606% (1 out of 170,000 cases), and the mortality rate was 0.0000166% (1 out of 10 million cases).
- Long-term effects 長期的な影響**
There are no particular problematic effects of note.
- Alternative treatments and their advantages/risks 代替行為可能な医療行為の有無とその利点・リスク**
 - Endoscopy/treatment without sedative or anesthetic
[Advantages] There is no concern about onset of respiratory depression, blood pressure decrease, bradycardia, arrhythmia, etc. due to use of a sedative or anesthetic.
[Risk] In the case of transoral endoscopy or treatment, the vomiting reflex may occur more strongly.
In the case of transanal endoscopy and treatment, abdominal pain may occur more strongly.
- Expected result if not performed 実施しなかつた場合に予測される結果**
In the case of transoral endoscopic examination or treatment, the vomiting reflex may be more severe.
In the case of transanal endoscopic examination or treatment, abdominal pain may be felt more severely.
If the above symptoms are extremely severe, it may be necessary to stop the procedure.
- Condition immediately after treatment and recovery period 施術直後の状態と回復期間**
After the examination, it is necessary for you to rest in the recovery room until fully awake. Please come to the hospital with sufficient time to spare (1 to 2 hours).
Even if it is determined that you may return home, the effects of the drug remain, so please do not drive a car or ride a motorcycle, bicycle, etc. on the day of the procedure.
- Possibility of success (expectation of surgery/procedure to be completed as scheduled) 成功の可能性**
In the majority of patients, the effect of reducing anxiety and pain associated with examinations and treatments can be expected.

Having understood the above explanation, 私は、上記の説明事項について理解し同意した上で、

- I hereby request the use of a sedative 希望します
- I do not desire that a sedative be used 希望しません

■ Date and time of consent 承諾日 (Year) 年 (Month) 月 (Day) 日 (Time) :

■ Signature of patient or 署名
Legally authorized representative _____

Endoscopic Hemostasis Explanation 内視鏡止血術 説明書

1 Necessity of Examination / Treatment (Name of disease/Symptoms) 検査・治療行為の必要性 (病名・症状)

If ulcers or similar lesions develop in the stomach or large intestine and there is bleeding from those areas, or if there is a risk of bleeding, it is possible to stop the bleeding using endoscopic treatment without the need for open surgery. Hemostasis is the treatment and prevention of this condition.

2 Specific Methods (Details/ Period) 具体的方法 (内容・期間)

There are three main methods of hemostasis: (1) thermal coagulation, (2) clipping, and (3) medication. Hemostasis is performed using the most appropriate method, selected based on the severity of bleeding, the amount of blood loss, and the location of the bleeding.

(1) Thermal Coagulation: Hemostasis using high-frequency current involves applying a high-frequency coagulation probe to the bleeding site. By passing high-frequency current through the probe, heat is generated at the targeted area, which coagulates the tissue and stops the bleeding.

(2) Clipping : The clipping method involves directly pinching the bleeding blood vessel or mucosa with a clip to apply pressure and stop the bleeding.

(3) Medication : The local injection method involves identifying the bleeding site and injecting medication that causes tissue fixation or vasoconstriction (narrowing of blood vessels) to achieve hemostasis.

Topical Drug Application Method : In this method, medication is applied or sprayed directly onto the surface of the bleeding mucosa. Hemostasis is achieved through the drug's pharmacological effects or by forming a protective coating over the bleeding area.

3 Benefits/ Risks Associated with Testing/ Treatment 検査・治療行為に伴う利点 (ベネフィット) ・リスク

[Advantages] Bleeding that once required surgical treatment can now often be managed endoscopically. This not only avoids the need for emergency surgery, but also reduces the physical burden on the patient, shortens hospitalization, and promotes a faster return to normal life or work.

[Risks] If hemostasis is not successful with the first endoscopic procedure, a second or third hemostatic treatment may be performed. However, if bleeding still cannot be stopped, other treatment methods such as surgery may be necessary. Additionally, risks include perforation in the stomach or duodenum after hemostasis, rebleeding shortly afterward, a drop in blood pressure or cardiac arrest, and acute respiratory failure caused by blood entering the airway or

4 Long-term Effects 長期的な影響

If appropriate hemostatic treatment is performed, there will be no particular adverse effects.

5 Availability of alternative medical treatments and their advantages and risks. 代替行為可能な医療行為有無とその利点・リスク

In addition to endoscopy, other hemostatic treatments include interventional radiology (IVR) and surgery. IVR and surgery are considered in cases of perforation (holes in the stomach, duodenum, or colon), repeated rebleeding, elderly patients, and patients with hypertension or diabetes or other severe complications, hemostasis may be difficult, in which case IVR or surgery may be considered

6 Expected Result if Not Performed 実施しなかった場合に予測される結果

If bleeding is left untreated, it can lead to death or anemia, which can cause serious complications in vital organs such as the heart, brain, and kidneys.

7 Condition immediately after treatment and recovery period 施術直後の状態と回復期間

After treatment, the patient is required to abstain from all oral intake, rest, and receive hemostatic agents and medications to suppress gastric acid, either orally or via intravenous infusion. If rebleeding occurs, an endoscopic examination will be performed. Even if there is no rebleeding, a follow-up endoscopy is conducted within several hours to a few days after the initial hemostatic procedure to check for the presence of exposed blood vessels.

Once the disappearance of exposed blood vessels is confirmed, the patient may begin a liquid diet. There are also restrictions on eating, heavy physical labor, traveling, alcohol consumption, bathing, and smoking.

8 Possibility of success (Expectation of surgery/ procedure to be completed as scheduled) 成功の可能性

The success rate of achieving hemostasis with a single procedure varies depending on the patient's condition, but it is generally around 50% to 80%. In patients who are debilitated or in a weakened state, the likelihood of success tends to be lower.