Taichung Armed Forces General Hospital
Upper Gastrointestinal Imaging Instructions
上消化道攝影檢查說明書

This instruction sheet shall be kept by patient (or patient's family)

Introduction to upper gastrointestinal imaging

- Upper gastrointestinal imaging is a special X-ray examination that examines the esophagus, stomach, and duodenum. During the procedure, the patient must take a contrast agent—barium, which is a thick, white, milky liquid. It temporarily adheres to the walls of the gastrointestinal tract, allowing the area of interest to be visible under X-ray fluoroscopy.
- In addition, the patient must also swallow a baking soda for the stomach to fill with gas to allow clearer examination results. This examination enables observation of the peristalsis of the digestive tract and, through the adherence of barium, reveals the condition of the mucous membrane of the digestive tract. Therefore, it is a very good diagnostic method for changes such as ulcers, tumors, and inflammatory reactions.
- Possible reasons for prescribing this examination include difficulty swallowing, chest and upper abdominal pain, acid reflux, nausea and vomiting, severe indigestion, or presence of occult blood in the stool.

Precautions before examination

- Residual food or water in the stomach greatly affects the quality of the examination. Therefore, fasting is required from midnight of the day before the examination. Do not chew gum or smoke as this will stimulate the stomach to secrete a lot of gastric acid, resulting in reduced quality of the examination.
- If you are on chronic medications, such as medications for cardiac diseases, hypertension and thyroid dysfunction, you may continue to take them as scheduled, but only a small amount of boiled water is allowed when taking the medications (drugs for diabetes must be suspended to avoid significantly lowered blood sugar).
- Please remove your necklace or other jewelry and change into the examination gown before the examination. Do not bring valuable items.
- If you **may be pregnant**, you must inform your doctor or the radiographer conducting the examination for you.

Examination process

- A muscle relaxant may be injected depending on the situation 10-15 minutes before the examination to slow down gastrointestinal peristalsis to facilitate the procedure. The injection may cause slight pain, and after the injection, you may experience dry mouth, slight dizziness, or blurred vision. These are temporary. Please do not panic.
- When you enter the examination room and the procedure begins, the radiographer will ask you to swallow a baking soda, which will turn into gas and cause your stomach to expand, allowing for better observation of the mucosa. You will feel the urge to burp, but please do not release the gas. You must hold it in until the examination is complete. Next, you will be asked to stand on the examination table. The medical professional will hand you a cup of a gastrointestinal contrast agent (barium), which has a milk-like consistency. Please follow the instructions to drink it, such as holding a sip in your mouth and only swallowing when instructed. During the procedure, please follow the radiologist's instructions and turn from side to side on the examination table.

This helps the barium evenly coat the walls of the digestive tract while allowing images to be captured of different areas and from different angles for better diagnosis.

- The radiologist will stay outside the examination room and observe the condition of your esophagus, stomach, and duodenum on the fluoroscopy screen and take images from the appropriate angles. You will be asked to take additional baking soda or barium as applicable during the examination.
- You will be asked to wait outside the examination room after the examination, during which time the radiologist will review the X-ray images for whether they are clear enough for diagnosis.
- If the radiographic results are acceptable, you will be asked to change back into your own clothes and discharged. Sometimes, you will be asked to enter the examination room again to complete the examination.

Precautions after examination

- After the examination, you may eat or take medications as usual. For 2 to 3 days after the examination, you may observe white or grey stool due to the barium.
- Temporary constipation may occur occasionally, which usually resolves with the use of a mild laxative.

Examination instructions:

1. Fasting (from food and water) is required from 24:00 on the night of the day before examination.
2. Breakfast is strictly prohibited on the morning of the examination day until the examination is completed.
3. Bring your examination requisition form and check in at the registration desk of the Radiology Department, and follow the staff's instructions to wait in the imaging room.
4. Please drink plenty of water after the examination to help excrete the contrast agent.

Risks of examination/procedure

Patients undergoing the examination are not suitable for receiving a gastrointestinal peristalsis suppressant injection if they have any of the following conditions, glaucoma, arrhythmia, or prostate enlargement, as the injection may worsen these conditions. If you have any of the above conditions, please inform the healthcare professional. There are no other permanent sequelae from the upper gastrointestinal imaging.

Alternative examinations

If you do not wish to undergo this examination, please discuss your alternative options with your doctor, such as gastroscopy or temporary medication treatment. However, do not delay the diagnosis or miss the critical window for treatment.

Note: If you wish to cancel the examination, please call the registration desk of the Radiology Department promptly at 04-23934191, extension 525415 to pass the opportunity of undergoing this examination to someone who needs it.

Taichung Armed Forces General Hospital

Upper Gastrointestinal Imaging Consent Form

(Please review the examination instructions carefully and wait for the doctor to explain the examination to you before signing the consent form)

* Basic Information

Patient Name_____

Patient Date of Birth_____YYYY_____MM_____DD

Patient Medical Record No._____

Name of Attending Physician_____

I. Examination planned (provide brief explanation if not familiar with the medical terms)

1. Disease name:

2. Name of examination (procedure or therapy) planned:
   Upper Gastrointestinal Imaging (UGI)
3. Reason for the planned examination (procedure or therapy):

II. Physician statement

1. I have explained the examination to the patient in ways as comprehensible as possible to provide the patient with the relevant information, particularly the following:

☐ Reason why the examination must be performed, method and site of the examination, and risks of the examination

☐ Examination complications and possible management methods

☐ I have given the patient any other information available related to the treatment

2. I have provided the patient with adequate time to ask the following questions about the examination and I have answered the questions:

(1) ----------

(2) ----------

(3) ----------

Signature of attending physician:

Date: YYYY MM DD

Time: hh mm

III. Patient statement

1. The doctor has explained to me and I have understood the information relate to the necessity, steps, and risks of the examination.
2. The doctor has explained to me and I have understood the possible prognosis of the examination and risks if the examination is not performed.
3. The doctor has explained to me that situations that are immediately life-threatening, if any, during the examination will be treated according to appropriate steps.
4. I understand that this examination may be the best option now.

Based on the above statement, I hereby give my consent to this examination.
Statement by woman of childbearing potential: The doctor has clearly informed me of the risks this examination may pose to a pregnant woman and the fetus.

Signature:_____

Consenter Signature: Relationship to patient:

Address: Telephone:

Date: YYYY MM DD Time: hh mm

Witness: Signature:

Date: YYYY MM DD Time: hh mm

Notes:

I. If the consenter is not the patient, the relationship to the patient should be indicated in the "Relationship to patient" field.

II. The fields for the witness may be left blank if no witness is available.

III. If the patient is a minor, a legal representative should sign the consent form.

IV. **Risks of examination/procedure**

Patients undergoing the examination are not suitable for receiving a gastrointestinal peristalsis suppressant injection if they have any of the following conditions, glaucoma, arrhythmia, or prostate enlargement, as the injection may worsen these conditions. If you have any of the above conditions, please inform the healthcare professional. There are no other permanent sequelae from the upper gastrointestinal imaging

V. Alternative examinations

If you do not wish to undergo this examination, please discuss your alternative options with your doctor, such as gastroscopy or temporary medication treatment. However, do not delay the diagnosis or miss the critical window for treatment.