Consent Form for Gastroscopy and Sedation

To the Medical Director of Midtown Clinic Medical Corporation

～Attention～
Please fill this form with a ballpoint pen.

ID:
名前:

I have read the below document and fully understood the purpose, content, and risks of the gastroscopy and sedation. I consent to undergo the procedure on my free will, with the understanding that the procedure results cannot be completely guaranteed, as the practice of medicine involves uncertainties.

(Please check the following items that apply ☑)

Understanding the contents of the gastroscopy guide

- ☐ 1. Purpose of exam
- ☐ 2. Procedure of exam
- ☐ 3. Precaution prior to exam
- ☐ 4. Precaution after exam
- ☐ 5. Complications and risks
- ☐ 6. Other precautions
- ☐ 7. Alternative examinations
- ☐ 8. Your right to withdraw consent
- ☐ Medications which must be discontinued before the procedure

I would like to proceed with the following procedure

- ☐ **Nasal endoscopy** ※Patients taking MAO inhibitors for Parkinson's disease may not undergo an endoscopy.
- ☐ **Oral endoscopy**
- ☐ **Oral endoscopy with sedation** (*I will not drink alcohol or drive vehicles until 6 am the next morning)

☐ **Sedation is used to alleviate anxiety and discomfort. However, as its effects vary among individuals, sedation may sometimes be insufficient. For safety reasons, it is not possible to administer more than the appropriate dosage, and I understand this.**

- ☐ **I do not have glaucoma**
- ☐ **I have glaucoma (Please check the next section)**

Patients with glaucoma (including suspected cases or high intraocular pressure) or increased cupping of optic disc

- ☐ I have consulted an ophthalmologist and have been permitted to undergo sedation.
- ☐ I have received permission from the ophthalmologist and I elect to undergo sedation.

※Please bring the relevant documents (medical certificate), or consult with an ophthalmologist in person or by phone.

[Date: Name of the Ophthalmology Clinic: Name of Doctor:]

Patients with high fall risk (e.g., use of wheelchair or cane, difficulty walking due to injury, illness, or age)

We recommend that somebody accompany you home since the sedation will further increase your risk of falling.

- ☐ I have a companion to go home with (your companion:_____e.g., husband)
- ☐ I understand all the risks mentioned above and I do not need a companion.

following next page

I consent to undergo biopsy, if an abnormality is found or suspected.

☐ **I consent to a biopsy**

※ With Japanese Health Insurance: approx. 4,000 - 15,000 yen (1 - 3 organs)

※ If you are covered by the Japanese Health Insurance but do not bring your insurance card, you will be charged the full price (Refundable by submitting your insurance card)

※ Without Japanese Health Insurance: approx. 35,000 - 100,000 yen (200% of fee)

☐ **I do not want a biopsy** （ ☐**hemodialysis**, ☐**oral warfarin**, ☐**other**＿＿＿＿＿＿＿＿）

Regarding teeth

☐ I understand that complications associated with the procedure can cause tooth damage regardless of the condition of the tooth (such as healthy teeth, loose teeth, dental crowns, or implants).

Those with diabetes, obesity or medical diets using GLP-1 receptor agonists or GIP/GLP-1 receptor agonists. Even if dietary restrictions are followed, food residue may still be present.

Please notify us in advance if you are using such medications.

☐ **Last used: 20__/__/__.**

☐ Victoza ☐ Trulicity ☐ Ozempic ☐ Rybelsus ☐ Mounjaro ☐ Wegovy ☐ (　　)

Those currently undergoing cancer treatment or currently suffering from cancer

☐ I have confirmed with my doctor that endoscopic examination and biopsy are possible.

☐ I would like to undergo endoscopic examination and biopsy at the discretion of my doctor.

※ Please confirm whether or not the endoscopy/biopsy is possible by bringing documents (medical certificate, etc.) or by consulting or calling your attending physician.

[Date:　　Name of Clinic:　　Name of Doctor:　　]

Patients with neuromuscular diseases (myopathy, myositis, myasthenia gravis, etc.) ※No allowed endoscopy for patients with ALS.

☐ I have confirmed with my primary physician that I can undergo endoscopy and sedation.

☐ Based on my primary physician's decision, I would like to undergo endoscopy and sedation.

※ Please bring the relevant documents (medical certificate) to undergo the endoscopy and sedation before the procedure.

[Date:　　Name of Clinic:　　Name of Doctor:　　]

Other conditions

☐ I have not had abdominal surgery (open surgery, laparoscopic surgery or C-section) within 1 month

☐ Fasting blood sugar is within 70-250mg/dL on the procedure day (if applicable)

☐ I weigh less than 130 kg on the day of the examination

☐ My blood pressure value on the day of examination is less than BP 180/110 mm Hg

☐ My intraocular pressure is less than 25 mmHg on the day of the examination and I do not have any eye pain.

☐ I am not pregnant, nor possibly pregnant.

(Signature of Explainer)　　※staff use only
Doctor (or Nurse) :Date　/　/　Time　:　Signature:
Doctor (or Nurse) :Date　/　/　Time　:　Signature:
【Signature of Patient】
Date (yyyy/mm/dd)　/　/　Time　:　Signature:
【If the patient is unable to consent, parent or legal guardian needs to sign】
Date (yyyy/mm/dd)　/　/　Time　:　Signature: **Emergency contact number　(Relationship:　)**

【Pre Procedure Anticoagulates & Antiplatelet Agents Discontinuation Guideline】

Classification	Generic Name (component name)		Brand Name (branded medicine and main generic medicine)		Gastrointestinal Endoscopy★1,2	
					Low Risk for Biopsy/Bleeding	Colon Polyp Removal
Antiplatelet	Aspirin		Aspirin	Aspirin (enteric-coated)	Take As Usual	STOP 5 days prior
			Bayaspirin			
	Aspirin・dialuminate Combination product		Asphanate	Nitogis		
			Bassamin	Bufferin ※including OTC		
			Famoter			
	【Combination product】Aspirin・Vonoprazan Fumarate		Cabpirin			
	【Combination product】Aspirin・Lansoprazole		Takelda			
	【Combination product】Aspirin・Clopidogrel Sulfate		ComPlavin	LoreAce		STOP 7 days prior
	Ethyl Icosapentate (EPA)		Ethyl Icosapentate	Epadel		STOP 1 day prior
			Epadel EM	Epadel S		
	Omega-3-Acid Ethyl Esters (EPA products)		Omega-3-Acid Ethyl Esters	Lotriga		
	Sarpogrelate Hydrochloride		Anplag	Sarpogrelate Hydrochloride		
	Cilostazol		Cilostazol	Pletaal		
	Ticagrelor		Brilinta			STOP 5 days prior
	Thienopyridine	Clopidogrel Sulfate	Clopidogrel Sulfate	Plavix		STOP 7 days prior
		Ticlopidine hydrochloride	Ticlopidine hydrochloride	Panaldine		
		Prasugrel Hydrochloride	Efient	Prasugrel		
	Beraprost Sodium		Careload LA	Domer		STOP 1day prior
			Procylin	Berasus LA		
			Beraprost Na			
Anticoagulant	Apixaban		Eliquis		Take As Usual	Unable to proceed with the procedure
	Edoxaban Tosilate Hydrate		Lixiana			
	Dabigatran Etexilate Methanesulfonate		Prazaxa			
	Rivaroxaban		Xarelto	Rivaroxaban		
	Warfarin Potassium		Warfarin	Warfarin K	Cannot proceed with procedure★3	
Vasodilator	Kallidinogenase		Kallidinogenase	Carnaculin	Take As Usual	STOP 1 day prior
	Hepronicate		Hepronicate			
	Limaprost alfadex		Opalmon	Limaprost alfadex		
Coronary vasodilator	Dipyridamol		Dipyridamol	Persantin	Take As Usual	STOP 1 day prior
	Dilazep Hydrochloride Hydrate		Comelian Kowa	Dilazep Hydrochloride Hydrate		
	Trapidil		Rocornal	Trapidil		
Brain circulatory	Ibudilast		Ketas		Take As Usual	STOP 3 days prior
	Ifenprodil Tartrate		Ifenprodil Tartrate	Cerocral		
	Nicergoline		Sermion	Nicergoline		

＜参考文献＞
※「循環器疾患における抗凝固・抗血小板療法に関するガイドライン」2008年 日本循環器学会（2009年改訂版 2015/10 更新版）
※「脳卒中治療ガイドライン2009 」2009年 日本脳卒中ガイドライン委員会（日本脳卒中学会、日本脳神経外科学会、日本神経学会ほか）追補2017
※「手術医療の実践ガイドライン」2013年 日本手術医学会
※「EHRA PRACTICAL GUIDE」: 非弁膜症性心房細動患者における新規抗凝固薬の実用ガイド(2012年), European Heart Rhythm Association
※「科学的根拠に基づく抗血栓療法患者の抜歯に関するガイドライン2015年版」日本有病者歯科医療学会、日本口腔外科学会、日本老年歯科医学会
★1「心房細動治療（薬物）ガイドライン2015年改訂版」日本循環器学会、日本心臓病学会、日本心電学会、日本不整脈学会
★2「抗血栓薬服用者に対する消化器内視鏡診療ガイドライン」2012年 日本消化器内視鏡学会　直接経口薬(DOAC)を含めた抗凝固薬に関する追補2017
★3「ワーファリン適正使用情報第3版」

Tokyo Midtown Clinic Revised in June. 2026

ID	
名前	

【主治医確認書】
～消化管内視鏡検査における抗血栓薬の休薬について～

平素より大変お世話になっております。

この度、当院にて患者様の消化管内視鏡検査を行う事となりましたが、貴院より抗血栓薬の処方を受けていると伺いました。当院では「抗血栓薬服用者に対する消化管内視鏡診療ガイドライン」に基づき、抗血栓薬の休薬について下記のように定めております。
お手数ではございますが、内容をご確認の上、「～主治医記入欄～」に休薬可否や休薬期間をご記載いただきたく存じます。患者様のリスクを最小限にする為にもご協力のほど、宜しくお願い申し上げます。

【当院の基準】
当院では休薬に伴う血栓塞栓症のリスクを低減するため、抗血栓薬の内服を継続した状態で検査及び内視鏡治療が可能な場合があります。検査医の判断のもと、安全性を考慮して治療・検査を行いますが、抗血栓薬休薬に伴う血栓塞栓症のリスクが低い場合はより安全に内視鏡検査を行うため、休薬を検討いただくようにお願いしております。当院での治療が難しい病変を発見した場合は、入院可能な施設への紹介を行うなど、適切な対応を行います。

□下部消化管内視鏡検査（大腸ポリープ切除の希望あり）：
抗血栓薬の内服が１剤までであれば内視鏡治療が可能な場合もありますが、より安全を期すため休薬をご検討ください。休薬する場合は、「抗血栓薬の休止薬一覧表」にて休薬期間を確認ください。

※チエノピリジン/チカグレロル以外の抗血小板剤を２剤以上内服している場合、抗血小板剤が単剤であればポリープ切除が可能になりますので休薬の可否をご検討ください。
※抗凝固薬（ワルファリンカリウムや直接経口抗凝固薬；DOAC）服用中の方、チエノピリジンまたはチカグレロルを含む抗血栓薬を２剤以上服用中の方はポリープ切除を行うことができたないため休薬の必要はありません。

□上・下部消化管内視鏡検査（観察・生検のみ希望）：
抗血栓薬は休薬不要です。
※ワルファリンカリウム（ワーファリン等）を服用中の方は生検不可のため休薬の必要はありません。

～主治医記入欄～

【患者名】 _____ 様

【休薬可否】 可 ・ 不可 （○をつけてください）

【休薬する抗血栓薬名および休薬開始日】 _____を____日間休薬

※検査当日は休薬期間に含みません
※内服再開時期は検査医が指示いたします

【記載日】 20___年___月___日

【医療機関名】 _____

【医師名】 _____