

Gastric Fluoroscopy(Barium) Examination Confirmation

TO the Medical Director of
WELLBEING Yokohama
General Incorporated
Association

~Caution~
Please fill out with a ballpoint pen

ID :	
Name :	

1 Object of the Examination

Gastric fluoroscopy uses barium(contrast medium)ingested with a foaming agent (carbonated water) to enhance the stomach for a continuous X-ray beam to pass through to check if there are any lesions in the esophagus, stomach and duodenum. By observing the barium flowing down the surface and adhesion to the mucous, any polyps, bulges and recesses can be perceived.

2 Examination Flow

Initially, you will drink a foaming agent and a small amount of barium, which will be followed with another drink of 120ml of barium. Do not burp until the end of the examination. In order to adhere the barium to the mucous of the stomach, you will be asked to make different positions and turn over and lower your head. The examination will take 5-10 minutes.

- ※ If you have mental illness or orthopedic problems in which you are not able to stand-up on your own feet or have difficulty grabbing the X-ray table's handrail, you will not be able to take the examination due to lack of ensuring safety.

3 Precautions

Please be aware that if there is food or fluids left in your stomach on the day of the examination, this will hamper the photography and diagnostic imaging. There is also a risk of vomiting and aspiration in which we may have to cancel or postpone the examination.

Especially for patients taking GLP-1 or GIP/GLP-1 Receptor Agonists for diabetes or obesity treatments or weight loss purposes, even if you have abided by the fasting period, significantly more likely to have retained gastric contents at Gastric Fluoroscopy(Barium) Examination.Please consult your doctor in advance.

1) Eating

You must avoid eating anything 10 hours before the examination.

2) Water Intake

You may have up to 200ml of water for 2 hours before the examination (water only).

3) Other cautions

If you have an on-body device (continuous glucose monitor, insulin pump, etc), because it may affect the operation of the device, please remove it before the examination with permission from your doctor.

4 Post-examination Cautions

After the examination, drink lots of fluids to try to excrete the barium from your body as soon as possible. If you have a stomach ache after the examination or constipation continues for more than 2 days, please go to your nearest medical institution or contact Tokyo Midtown Clinic.

5 Risks, Adverse Events and Unexpected Symptoms involved with the Examir

Due to the barium's effect, constipation, temporary diarrhea, rectum pain, nausea and other symptoms might appear. It has also been reported that, very rarely, a shock (allergy reaction) which is an accidental symptom called barium hypersensitivity, and also vomiting, aspiration, diverticulitis, barium appendicitis, intestinal obstruction, gastrointestinal perforation might occur. If any of these unexpected symptoms appear, we will deal with it appropriately. In order to have a safe examination please confirm the following contraindications.

following next page

6 Exposure to Radiation

The average radiation exposure level of the barium examination is 3.0mSv which has almost no effect to an adult's health. Although, if you are actually or suspected to be pregnant, you will not allowed to take the examination due to possible effects on the embryo.

7 Alternative Examinations

An alternative to the barium swallow examinations are the endoscopy and gastric cancer ABC test (blood draw). If you have any questions or requests please ask our staff.

Fluoroscopy (Barium Swallow) Examination Contraindications

Please check if you fall under any of the following items.

Patients who are subject to Items 1-8 below are not able to take the barium examination at Tokyo Midtown Clinic.

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. Treatment for a disease which requires fluid intake restriction (hemodialysis/ peritoneal dialysis) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. Hypersensitivity to barium compounds | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. Current or past medical history of intestinal obstruction, Crohn's disease, diverticulitis | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Medical history of gastrointestinal proliferation | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. Within 12 months of post abdominal operation (laparotomy, laparoscopic operation, C-Section) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 6. Within 30 days of endoscopic polypectomy. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 7. Actual or suspected Pregnancy. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 8. Severe Blood Pressure on the day of examination with over BP180/110mmHg | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 9. Over weight on the day of examination with over 130 kg/ 285 lbs. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Semi-Contradictions for the Gastric Fluoroscopy(Barium) Examination

- You have a cardiac pacemaker or implantable cardiac defibrillator (ICD)? YES NO

If you have checked 'Yes' for the above question please confirm the following:

Please let us know the location of the implanted pacemaker.

(anterior chest · abdomen · other :)

If you have a pacemaker in your stomach, you will not be able to take the gastric furoscopy (barium) examination.

If you have a pacemaker in your anterior chest, due to safety cautions we will change the photograph method, so that the X-ray beam does not directly hit the medical device. Therefor, we are not able to X-ray the esophagus. Thank you for understanding in advance.

By signing below, I confirm that I have received and understood the explanation of the risks, unexpected symptoms and effects provided above. I agree to undergo the Fluoroscopy (Barium) examination on my own free will.

【Signature of recipient】

Year	Month	Day	Time	Signature:	
【Signature of guardian/ proxy】				(※) The patient is under 20 years old or has physical disability	
Year	Month	Day	Time	Signature:	(Relationship:)
Contact(TEL) :					

看護師・放射線技師
確認者サイン (印)