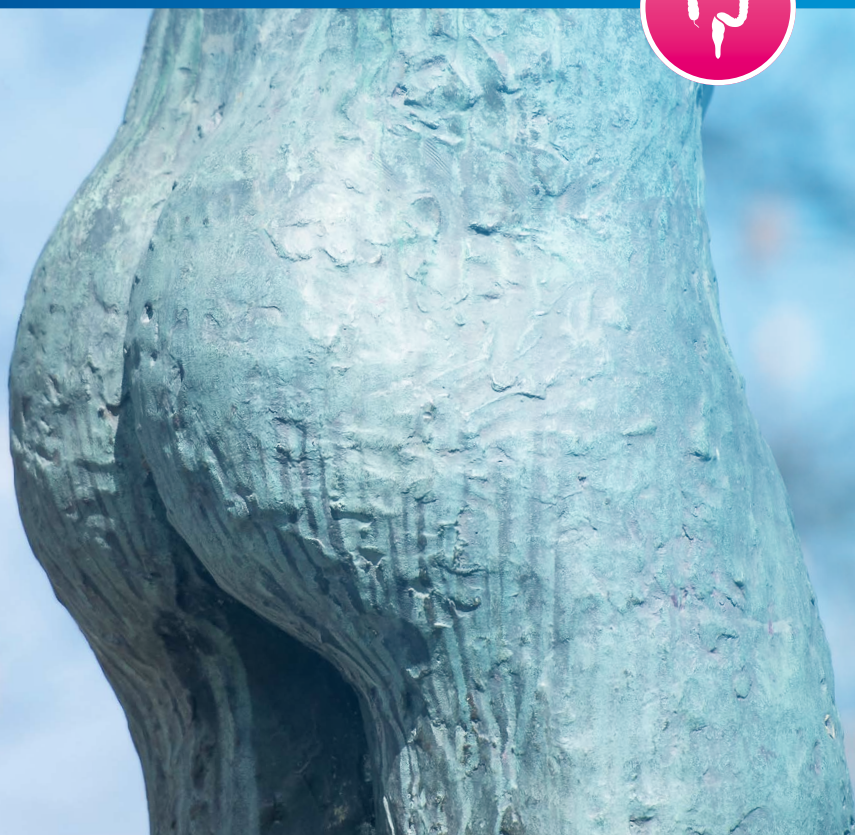


Colonoscopy – Your examination at our practice



Dr. med. Martin Wilhelmi
FMH GASTROENTEROLOGIE UND HEPATOLOGIE
FMH INNERE MEDIZIN

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Dear Patient,

You are scheduled to have a colonoscopy at our practice or are planning to undergo this examination soon. This brochure is intended to answer all your questions and explain the process and preparation.

Our team will do their best to make this examination as pleasant for you as possible. In general, you will not feel any pain before, during, or after the examination. The practice is equipped with state-of-the-art machines and follows the recommendations of specialist groups on hygiene and safety. However, we rely on your cooperation with the preparation before the colonoscopy to ensure that your completely clean intestine can be assessed at the highest quality. On the following pages, you will find a preparation guide as well as further information on the investigation. In the appendix, you will also find answers to the most common questions and information about the intestine. If you continue to have questions or problems, you can contact us at any time or visit our websites:

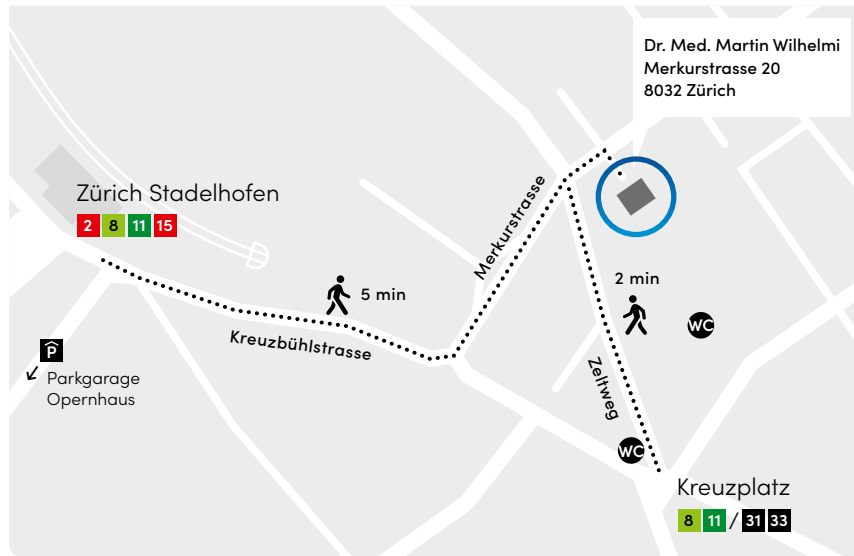
www.magendarm-spezialist.ch or www.darmkrebsvorsorge.ch.

Your appointment is planned for:

Please report to our reception about 15 minutes before the examination. If you are unable to attend, please inform us at least 24 hours in advance.

Our practice – how to find us

Our practice is located in the heart of Zurich between Stadelhofen and Kreuzplatz. We recommend that you avoid driving by car on the day of the examination and let yourself be driven or use public transport.



We are located within a 5-minute walk from Stadelhofen train station or a 2-minute walk from the Kreuzplatz tram stop. You will find us at the end of Merkurstrasse, building number 20, which is a green building located at the back and adjacent to the park (entrance next to Autohaus Kreuzgarage). Parking is only available either at the Opera House (underground parking garage) or in the local blue zones. For pick-up, parking is shortly available directly in front of the building.

Examination day – What you should bring and keep in mind

Please bring the following documents on the day of your examination:

- Signed consent form
- Health insurance card
- Allergy pass (if available)
- Medication card (if available)
- Relevant medical information (if available)

We advise you not to come by car because after the administration of the sleep medication, you should not drive any vehicle. Please come about 15 min before the appointment. If you are unable to attend your appointment, please inform us as early as possible. In the event of short-term cancellations (less than 24 hours), we reserve the right to charge a fee. A detailed description of the examination procedure can be found here below.

Preparation for the colonoscopy

The preparation and your assistance are crucial to the quality of the examination. A change of diet and the intake of a strong laxative the day before the examination are necessary to achieve complete emptying of the intestine. Since the laxative solution leads to severe diarrhoea, it is recommended to do this at home in a familiar environment. Please follow our instructions carefully and contact us at any time if you have any questions. Even after the intestines have been emptied, a small amount of yellowish fluid will remain. This is normal and can be aspirated during the examination.

Nutrition

It is crucial that the intestine is clean before the colonoscopy. Therefore, meals with grains or seeds such as muesli/cereals, grain bread or rolls, tomatoes, grapes, kiwis, or cucumbers, or even leaf salads, peppers, mushrooms, and spinach should not be eaten for a few days before the examination.

Four days before the examination:

Correct:

- Low-fibre food (examples: white bread, pasta)
- Tea, juices (without pulp)
- Chicken, veal, fish, dairy products, eggs, potatoes, rice
- Bread, jams, jellies, fruit and vegetables without grains and seeds
- Carrots, pumpkin (without seeds), zucchini (without seeds), celeriac/root vegetables

Incorrect:

- ✗ Fruits and vegetables with edible seeds (examples: grapes, strawberries, kiwis, tomatoes, figs, etc.)

- ✗ Foods rich in dietary fibre (examples: asparagus, raw food, salad, muesli, whole grains, flaxseeds, nuts, etc.)

One day before the examination:

Last full meal:

- Lunch until 1 pm (examples: potatoes, pasta, rice, white bread, cheese, eggs, tea). After this meal, no more solid food!

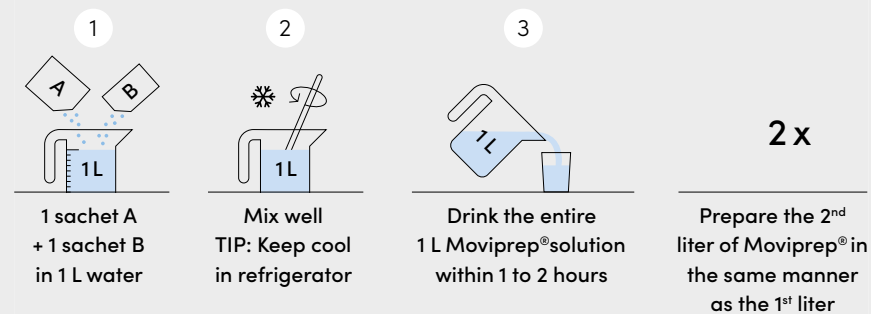
Allowed during the remainder of the day:

- Clear liquids (uncarbonated), clear bouillon, glucose, sugary hard sweets (candy/lollies).

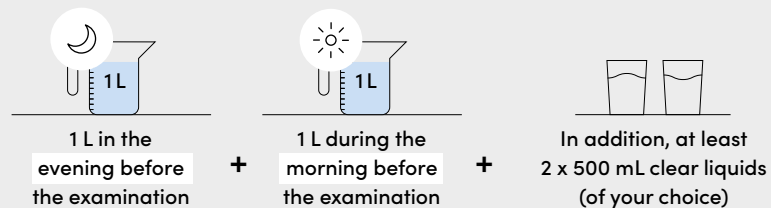
Preparation with the laxative (Moviprep®)

One day before the examination, the procedure begins with taking a strong laxative, which the specialist will explain to you in detail. On the day of the examination, eating is no longer allowed and taking medications should be discussed with the doctor beforehand, especially if you are taking blood thinning medication or have diabetes. Endocarditis prophylaxis (taking antibiotics for heart disease) is not usually recommended for the colonoscopy. If in doubt, please contact us about this. Contact lenses should be avoided (wear glasses). Women taking birth control pills may experience insufficient contraceptive protection due to the laxative.

Moviprep® preparation scheme



How to take Moviprep®



Colonoscopy procedure

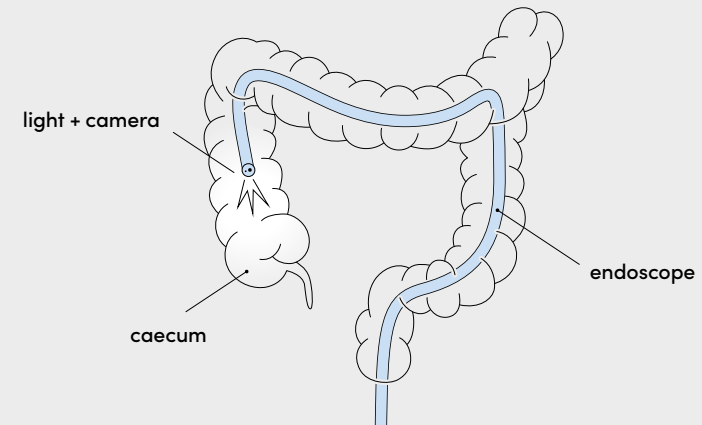
On the day of the examination, we will have a preliminary discussion with you and answer any questions you may have. To make the examination as pleasant as possible, you will receive a relaxing medication ("short-sleep sedative" = propofol) to ensure pain relief and a smooth procedure. The examination usually takes about 30 mins but may be slightly longer if polyps are removed. Therefore, plan at least 2 hours for the entire procedure and no major activities after the examination. A thin camera is used to examine the colon and the lowest part of the small intestine. Tissue samples may be taken or polyps removed. After the examination, there will be a further consultation in which the results will be discussed. A written report is always sent to your family doctor and, if you wish, a copy to you personally. After 2-3 days, the results of any tissue samples can be expected. We will contact you in the case of abnormal findings and if you do not hear anything within a week, the samples are normal.

How does the colonoscopy work?

As a rule, you lie comfortably on your side. After palpation of the rectum and prostate (in men), the endoscope is advanced under visual control from the rectum to the caecum while a small amount of carbon dioxide (CO₂) gas is introduced (to expand the intestine). The endoscopy assistant may be able to support the abdominal wall by pressing gently during this process. Images of the bowel are taken by a camera, displayed in digital quality on a screen and recorded. During retraction of the endoscope, the intestine is carefully assessed and it is possible to routinely aspirate fluids or insert special instruments for diagnostic or treatment purposes

(tissue sampling, removal of polyps) through a working channel in the endoscope.

Colonoscopy



After the investigation

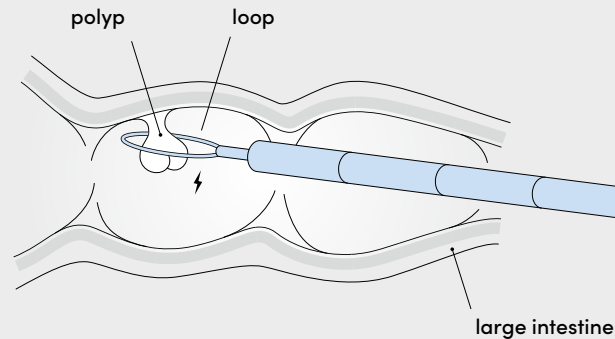
After the examination, we give you time to wake up. The effects of the sleeping medication will wear off within 6-7 minutes (half-life) and you will feel fine. Pain or severe bloating usually does not occur. We offer you a drink and a snack if you wish. Afterwards, the doctor will discuss your results with you and write a report. The results of the tissue samples or removed polyps usually arrive after 1-2 days. In the case of any abnormal findings, the doctor will contact you.

Polyps and polyp removal (polypectomy)

With the help of special instruments (small forceps or loops), tissue samples can be taken painlessly or polyps removed. As a rule, you do not feel anything during these procedures. In some cases, it is possible to avoid surgery by removing polyps or small tumours. The total duration of the examination is usually between 15 and 20 minutes with an experienced examiner. The withdrawal time and preparation quality is documented by us and considered

a mark of quality. After the examination, you may usually eat and drink again immediately.

Removal of polyps with electrical loop



Possible risks of the colonoscopy

In very rare cases and despite the greatest of care, complications can occur such as bleeding after polyp removal (rare at about 0.5%) or rupture of the bowel wall during or after colonoscopy (extremely rare at 0.3–0.5%). These complications can usually be corrected during the colonoscopy procedure (haemostasis, clips) and in extremely rare cases with surgery. A possible impairment of the cardiovascular system upon administration of the sleeping drug is very rare and avoided by continuous monitoring of the heart and circulation.



The practice – About us

The practice at Merkurstrasse 20 has a long tradition of specialist competence. While lung specialists (pneumologists, "Lungdocs") work on the upper floor, the gastroenterologists have been located on the lower floor for over 20 years now, where Dr. Peter Rohr most recently handed over his practice to Dr. Martin Wilhelmi.

The practice borders directly on the park of the "Artergut" and is thus centrally located in the city of Zurich between Stadelhofen and Kreuzplatz, yet quietly surrounded by greenery. We call the park our little "Central Park". We work with the latest generation of endoscopy equipment from Olympus and strictly adhere to all safety and hygiene guidelines. Our team will make your stay as pleasant as possible.



Dr. Martin Wilhelmi has been practising medicine for over 20 years and is an internist and specialist in gastroenterology and hepatology in the cantons of Zurich and Bern. In the last 10 years, he has worked mainly with endoscopy techniques and performed well over 20,000 examinations. In addition to standard examinations

such as the gastroscopy, colonoscopy, and ultrasound, he performs ERCP (examination of the bile ducts), endosonography ("ultrasound from the inside") and various other special examinations/techniques. He has published numerous scientific publications in professional journals as well as the popular science books, "Nie wieder Blähbauch"

(GU Verlag 2019) and "Der Po-Doc" (Trias Verlag 2019). Dr. Martin Wilhelmi speaks German, English, French, a little Spanish and is currently working on his Italian.

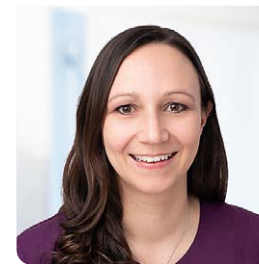
Our team includes very experienced medical practice assistants (MPAs) who will do their utmost to make your stay in our practice and the examination as pleasant as possible.



Nicole Burri



Ladina Albonico



Nadine Aebli



Petra Blum

Frequently asked questions (FAQs) about the colonoscopy

1. Questions about intestinal emptying and preparation
2. Questions about the examination
3. Questions at the time of the examination
4. Questions about pre-existing conditions and medication intake

1. Questions about intestinal emptying and preparation

- **How important is the dietary change?**

The recommended change of diet helps to improve the result of the laxative process and prevents fibres or grains from interfering with the examination. Nevertheless, the most important measure is to fully complete drinking all the laxative solution.

- **When do I have to begin the intestinal emptying process?**

Depending on the examination date, the times of the laxative process are predetermined (see above). If you suffer from constipation, it may be beneficial to start with the Moviprep laxative preparation earlier or to take alternative laxatives (examples: fig syrup, Laxoberon, etc.) three days before the examination.

- **How fast does the laxative preparation work?**

In most cases, the effect begins within 1-3 hours. However, there are cases where it works faster or even only after several hours. This is normal. If the effect does not begin immediately, simply wait.

- **What does the faecal stool look like, can I stop if only liquid is coming out?**

It is extremely important to drink the entire laxative preparation

even if the stool is already liquid. Faeces always retains a yellowish colour (due to the gallbladder fluid), so the stool never becomes completely clear.

- **Can I work during the intestinal emptying process?**

It is certainly possible to do some work, but we recommend staying at home in your usual environment and close to a toilet.

- **I cannot drink everything, what can I do?**

It can help to cool the liquid. Depending on the taste, you can either sweeten with syrup or salt with bouillon. It may also help to drink the solution from a plastic bottle (less smell) and keep your nose blocked while drinking. Drinking the preparation through a straw is another useful alternative.

- **I feel sick and need to vomit**

This may occur. In case of severe nausea, you can take a "Motilium" tablet, which you can obtain in advance either directly from us or the pharmacy. In case of vomiting, it can be helpful to drink warm tea. The laxative effect usually remains despite the vomiting.

- **Will I lose faecal stool/liquid on the way to the practice?**

No more liquid should be drunk one hour before leaving the house. As a rule, travelling to the practice should then occur without any problems. To be on the safe side, please take a spare pair of underwear with you.

- **I am menstruating. What do I have to consider?**

The examination can proceed normally also during menstruation, and there are no additional aspects to consider.

- **I could be pregnant, what do I have to consider?**

Pregnancy should be ruled out, although no consequences are likely to result from the examination. Nevertheless – especially since sleeping medication is administered – pregnancy should be excluded. Please discuss this with us.

- **I am currently breastfeeding my child, what do I have to consider?**

After administration of the sleeping medication "propofol", it is recommended to pump out and discard a portion of breast milk

after the examination. To be on the safe side, we recommend doing this, even though recent research shows that it is unlikely the drug has any direct effects on breastfed babies.

2. Questions about the examination

- **Is the colonoscopy dangerous?**

No. It is a routine examination with minimal risk of injury or complications.

- **Is the examination painful or unpleasant?**

No. We use the sleeping medication "propofol". With propofol, you feel neither pain nor unpleasant during the examination. In many cases, you may even experience a pleasant feeling.

- **Is this an anaesthetic?**

No. Propofol is a sleeping medication (acting to provide "short sleep"). Breathing and circulation are not impaired (as with an anaesthesia). However, we monitor breathing and circulation constantly during the examination. The drug works for a very short time only and as soon as we stop the administration, you wake up.

- **Can I do the examination without the sleeping medication?**

In principle, yes. Nevertheless, we do not recommend it. A colonoscopy in an awake state can be unpleasant. In addition, research shows that your safety and the quality of the examination increase with the use of sleeping medication.

- **Is it possible to have the gastroscopy and colonoscopy during the same examination?**

Yes, these procedures can be combined. This has the advantage that only one examination is required and only one administration of sleeping medication is necessary.

- **What happens when polyps are found?**

The aim of a colonoscopy is to find and remove any polyps. For this purpose, microtools such as forceps and loops can be used and the low-risk, painless, and complete removal of the polyps can usually be guaranteed.

- **How much time do I have to plan for the examination?**

A total of approximately 1.5 hours should be planned for the colonoscopy and approximately 1 hour for the gastroscopy including final consultation. Depending on the wake-up phase and program, it can be a little longer. Therefore, do not plan any major activities after the examination.

- **Is the cost of the colonoscopy covered by the health insurance company?**

In the case of existing intestinal complaints or as a preventive examination (between the ages of 50 and 69), the costs are covered (not exempt from your personal franchise limit).

3. Questions at the time of the examination

- **Do I have pain or bloating after the examination?**

No. Carbon dioxide (CO₂) is used for the examination to dilate the intestine. This gas is broken down again immediately, and no bloating occurs. Pain also does not occur.

- **Can I eat again normally after the examination?**

Yes. There are usually no restrictions.

- **Can I fast after the examination?**

Some patients take advantage of a completely emptied intestine for a fasting cure. This is possible if there is no medical reason against continuing with a period of fasting.

- **Do I need to rebuild my intestinal flora?**

No. Studies show that after 4 weeks at the latest, the intestinal flora (microbiome) is reassembled as it was before the examination, once a normal diet is resumed. Probiotics or fermented foods (natural yoghurt, etc.) can help.

- **Do I still have diarrhoea after the examination?**

No. Diarrhoea usually stops once the laxative procedure is completed. In addition, other fluids are aspirated during the colonoscopy.

- **Do I find out my examination findings?**

After the examination (and a coffee), we discuss the findings directly. Any tissue samples or polyp tissue will be sent for assessment, and we will receive these results 2-3 days later. A written report is always sent to your GP.

- **How do I get home after the examination? Can I drive?**

You should not participate in road traffic (car, bike) 12 hours after the investigation. You can use public transport or be picked up. For older patients, it is helpful to have an accompanying person present.

- **What can happen after the examination?**

If you experience high fever, abdominal pain, or a lot of blood in the stool (especially after polyp removal), please contact us immediately. If we are not readily available, please attend an emergency clinic and explain that you have recently undergone a colonoscopy. However, this situation is extremely rare and we take every measure to ensure that you are well after the examination is complete.

- **Can I return to work or exercise after the colonoscopy?**

Patients with occupations that require driving vehicles or operating heavy machinery should not work on the day of the examination. Other work is possible if you feel good enough. You may also obtain a medical certificate from us, as required. Sport is possible after the examination, but we do not recommend sports such as swimming or high-risk sports (climbing, etc.).

4.

Questions about pre-existing conditions and medication intake

- **Should I take my normal medication as usual?**

On the day of the examination, the medication should only be taken after the examination, as it may otherwise lose its effect due to the laxative procedure. If in doubt, please contact us or your GP.

- **I take blood thinners, what do I have to consider?**

In the case that tissue samples are taken or polyps are removed,

good blood clotting must be ensured. Either Aspirin or Plavix (clopidogrel) as a single medication are not a problem and can still be taken. However, if both medications are combined, one of them should be paused beforehand, if possible. Other medications that thin the blood such as Marcoumar should be paused and this needs to be discussed with your GP. For the medications such as Xarelto, Eliquis etc., these should be paused after consultation either with us or your GP at least 24 hours before the examination, if possible.

- **What do I have to consider as a diabetic?**

If you need insulin to control your condition, you should aim for a high sugar level (up to 8 mmol/L) and, if possible, choose an examination date in the morning. No diabetes medications should be taken on the day of the examination. If basal insulin is injected, the dose should be reduced by one third the day before. If you are completely fasting, no insulin should be injected on the day of the examination. It is recommended to measure your blood sugar again before the examination. In case of a very low value, glucose can be taken.

- **Does the contraceptive pill work?**

A loss of effect of the oral contraceptive pill may occur. In case of any doubt, additional contraceptive measures should be used.

- **Is endocarditis prophylaxis necessary (antibiotic administration for heart disease) necessary?**

No. This is currently not recommended for colonoscopy and gastroscopy. If in doubt, please contact us.

General information on colorectal cancer and its prevention

Colorectal cancer is a malignant neoplasm occurring in the large intestine (colon) or rectum and is collectively referred to as colorectal carcinoma (CRC). In Switzerland, this is the second most common malignant neoplasm in women and the third most common among men. Every year, more than 4,000 people develop CRC. The rate of new cases increases significantly from the age of 50. Therefore, initial screening at age 50 is currently recommended if there are no risk factors or medical conditions. If one or more relatives have been diagnosed with CRC, screening may be recommended earlier. Therefore, it must be discussed with your doctor on a case-by-case basis whether CRC screening should be carried out earlier.

Prevention of colorectal cancer – colonoscopy

In addition to faecal stool tests, the colonoscopy is currently the most effective screening technique and covered by health insurance (excluding your personal franchise limit) from the age of 50. In special cases – colorectal cancer in the family, chronic inflammatory bowel disease or hereditary diseases of the intestine with many polyps (polyposis syndrome) – the examination is recommended earlier. Patients with first-degree relatives (parents, siblings, children) with colorectal cancer have a doubled risk, and if there are two first-degree relatives or if a case of colorectal cancer occurred before the age of 50, the risk triples. If colorectal cancer is detected early, it is usually curable.

Intestinal polyps

Almost all intestinal tumours arise from "polyps", i.e. benign tumours of the intestinal mucosa. Intestinal polyps are the most common precursor to colorectal cancer; it has been known for about 20 years that intestinal polyps can lead to colorectal cancer ("adenoma-carcinoma sequence"). In most cases, this process takes 5-10 years. Intestinal polyps can occur individually or in larger numbers, whereby their shape and size can vary greatly. There are flat spread, raised, sitting on a stalk (mushroom-like), or branched polyps. The larger the polyp, the greater the risk of cancer. Colonoscopy is the only examination method that allows polyps to be visualised and removed at the same time, making it the method of choice for colorectal cancer screening. The removal of polyps prevents the occurrence of colorectal cancer.

Risk factors and symptoms for colorectal cancer

The cause of intestinal polyps and colorectal cancer is unclear. In addition to dietary factors (lots of red meat), obesity and nicotine consumption, a hereditary predisposition is the main risk factor. Most colorectal cancer cases occur "sporadically", i.e. without a known genetic predisposition. As a rule, intestinal polyps do not cause any symptoms. With very large polyps, blood loss can occur and anaemia may develop. The blood can be visible in the faecal stool or invisible (occult). It is rare that changes in stool habits present as a symptom. However, even if colorectal cancer is already present, there may be complete absence of symptoms for a very long time. Therefore, screening is recommended even in healthy people without symptoms. Fast clarification should always be carried out when so-called "alarm symptoms" appear such as anaemia, unwanted weight loss, night sweats, blood in the stool, or changes in bowel habits in people over 50 years of age.

Prevention of colorectal cancer – What can I do myself?

Assess your risk for colorectal cancer with the Colorectal Cancer Risk

Questionnaire at the end of this brochure. If you have an increased risk, please contact us.

Optimize your risk factors. You cannot influence your predisposition (genetics), but you can influence your lifestyle. A recent study showed that about a quarter of colorectal cancer cases could be prevented by avoiding obesity and nicotine consumption, low alcohol consumption, daily exercise, and a high intake of fruits and vegetables. Thus, in addition to screening (primarily by colonoscopy), lifestyle can reduce the likelihood of colorectal cancer with the following:

1. Quit smoking
2. Exercise: at least 30–60 minutes/day
3. Amount of alcohol: no more than 7 alcoholic beverages per week for women and no more than 14 for men (i.e. women < 20 g/day and men < 30 g/day)
4. Waist circumference: less than 88 cm in woman and less than 102 cm in men, BMI < 26
5. Diet: daily consumption of at least 600 g of vegetables or fruit, less than 500g of red meat per week; less than 30% fat. Processed meat should be especially avoided. Meat and meat products should be consumed no more than 1–2x/week at most.

Prevention of bowel cancer – diet

A high-fibre diet, rich in fruits and vegetables with only a small amount of meat (1–2x/week), is proven to be a protective factor against colorectal cancer. However, it is very likely that other dietary factors also play a role. Fish and milk consumption also show protective effects in some studies. Foods such as the blue-violet potato (Vitelotte) are likely to have a protective effect against colorectal cancer because of the naturally occurring dyes (anthocyanins) present. This type of potato has now been bred in Switzerland and is available under the name "Blaue St. Galler". The spices turmeric and garlic are also repeatedly discussed as having a protective effect against colorectal cancer. Nuts, seeds, whole grains, and beans also show positive effects due to their phytate content. Increasing evidence on the protective effects of berries have also been highlighted. Aronia berries, strawberries, blueberries, but also raspberries and other types of berries have strong antioxidant effects and even effects against the growth of intestinal polyps and inflammation in the intestine.



Blue-violet potato
(Vitelotte) or
"Blue St. Galler"



Berries



Turmeric

Treatment of colorectal cancer

If the diagnosis of colorectal cancer is made by colonoscopy, the stage must usually be defined by further imaging procedures such as CT, MRI, endosonography or PET examinations, and it must be determined whether the tumour has spread beyond the intestine or has already formed metastases (secondary growth) in other regions of the body. Very small tumours (T1 carcinomas) can in some cases be completely removed with the endoscope during the colonoscopy. More often, however, part of the colon must be surgically removed. Additional chemotherapy and/or radiation therapy may also be necessary. The chances of cure depend greatly on the stage of the colon cancer. A colonoscopy can prevent this tumour.

Questionnaire – Risk of familial colorectal cancer

1. Has a first-degree relative of yours (parents, siblings, children) been diagnosed with colorectal cancer?
☐ No ☐ Yes
2. Have you or a relative been diagnosed with colorectal cancer before the age of 50?
☐ No ☐ Yes
3. Was a polyp (adenoma) found in the large intestine of a family member before the age of 40?
☐ No ☐ Yes
4. Has a family member been found with numerous polyps (adenomas) in the large intestine or been diagnosed with polyposis?
☐ No ☐ Yes
5. Have you or a relative been diagnosed with two cancers in one of the organs listed below* at the same time or one after the other?
☐ No ☐ Yes

*Organs: large intestine, small intestine, stomach, uterus (not cervix), ovaries, pancreas, bile ducts, urinary tract, brain, or sebaceous glands



6. Is there a person in your family who has colorectal cancer and at least one other first-degree relative (parents, siblings, or children) who has been diagnosed with cancer in one of the organs listed below* before the age of 50?

☐ No ☐ Yes

7. Are there three or more people in your family who have been diagnosed with cancer in one of the organs listed below*?

☐ No ☐ Yes

*Organs: large intestine, small intestine, stomach, uterus (not cervix), ovaries, pancreas, bile ducts, urinary tract, brain, or sebaceous glands

Evaluation:

If you have answered **"yes" to only one question**, you have a familial risk of colorectal cancer. In this case, you should contact a doctor for recommendations regarding the start and interval of screening. These recommendations often differ from the general recommendation to have a colonoscopy every 10 years after the age of 50.

If you have answered **"yes" at least once to questions 2 to 7**, you may also be at risk of having a hereditary form of colorectal cancer in your family. In this case, please also contact your doctor.

In general, it is recommended to perform a colonoscopy at the age of 50. If you have noticed blood in your stool or experience discomfort with the gastrointestinal system or if there is a family history, earlier clarification is usually necessary.

Further information

For further information about the gastrointestinal tract, please refer to: www.meindarm.ch – forum for patients and interested parties.



Book tip: "Nie wieder Blähbauch"
[Never again a bloated belly]
(GU Verlag, 2019)



Book tip: "Der Po-Doc"
[The "butt" doc]
(Trias Verlag, 2019)



Scientific sources

- Wilhelmi M, Burkhart A, Netzer P. [Colorectal carcinoma – How can we improve prevention?] Therapeutische Umschau 2021;78(2):61-72. German.
- Scientific database for gastroenterology: <https://essentialsingastro.com>
- S3 guideline colon cancer, Online, https://www.awmf.org/uploads/tx_szleitlinien/021-007OLI_S3_Kolorektales-Karzinom-KRK_2019-01.pdf

Imprint

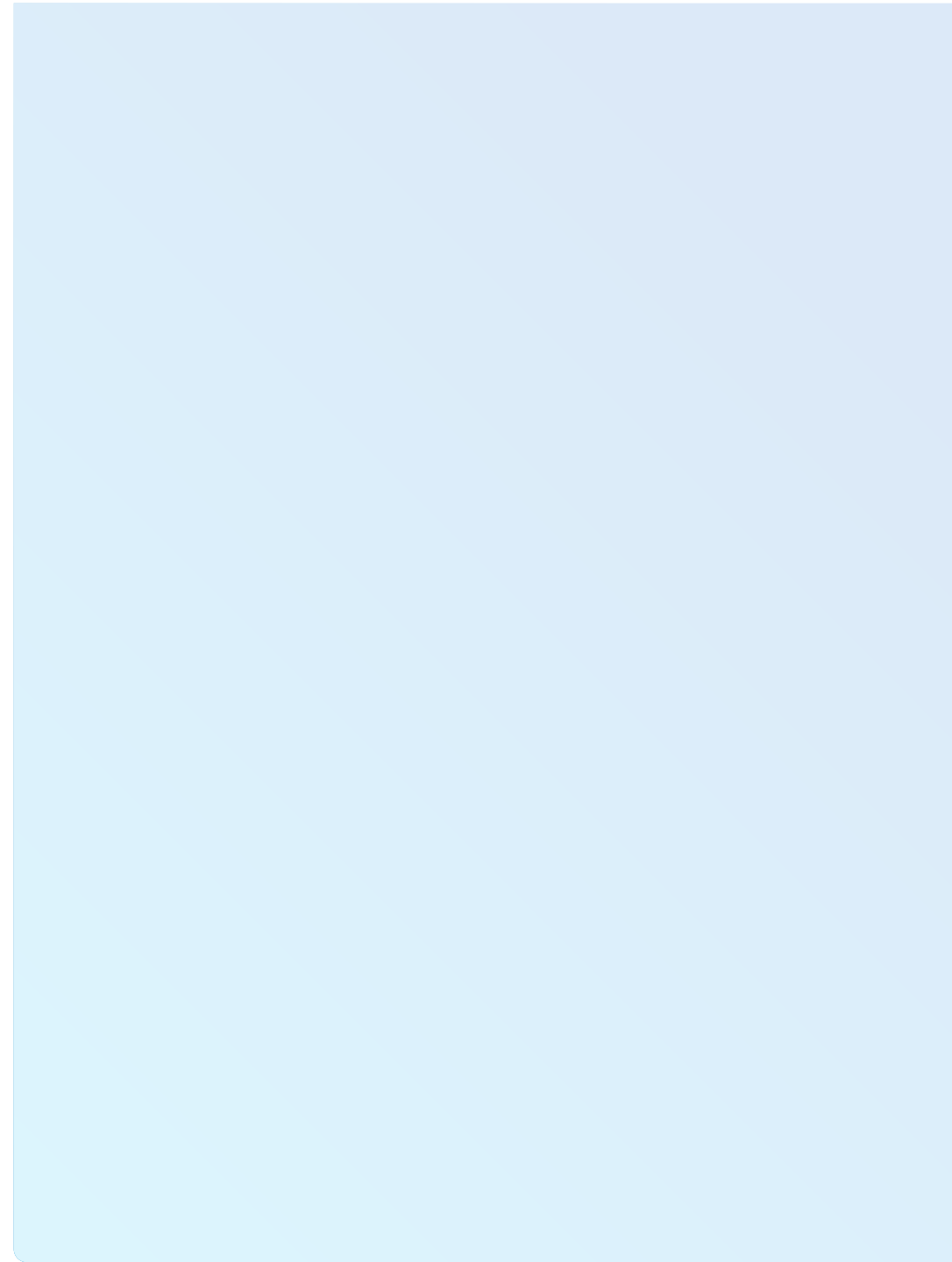
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Opening hours

Monday to Thursday:

8.00 am - 12.15 pm / 1.00 pm - 5.15 pm

Fridays (on every even calendar week)

8.00 am - 12.15 pm

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Statue «Jüngling» Hermann Haller 1924 im Arterpark an unsere Praxis grenzend



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FMH INNERE MEDIZIN