

Gastroscopy: Patient Information

What is gastroscopy?

Gastroscopy or upper endoscopy involves an endoscope (a thin flexible tube with a camera at the tip) being passed through the throat into the food pipe, stomach and first part of the small bowel. It allows the doctor to inspect these areas for any abnormalities as well as perform specialised procedures such as biopsies, dilation of strictures.

Why is gastroscopy done?

Gastroscopy is usually performed to evaluate symptoms of indigestion, upper abdominal pain, nausea/vomiting, difficulty swallowing and weight loss. It is also the best test for finding the cause of bleeding from the upper gastrointestinal (GI) tract. It is invaluable in the investigation of iron deficiency anaemia.

Gastroscopy is a very accurate test for detecting inflammation, ulcers or tumours in the upper GI tract. Biopsies can be taken to determine the presence of *Helicobacter Pylori* infection, to diagnose abnormal tissue, including conditions such as coeliac disease and cancerous lesions.

Gastroscopy is also used to treat conditions of the upper GI tract. For example, your doctor is able to stretch a narrowed area(stricture) in the food pipe, remove polyps or treat bleeding.

How do I prepare for gastroscopy?

An empty stomach is essential for a safe and accurate examination.

- 6 hours before your procedure: Do not eat any solid food or consume milk or milky drinks
- Up to 3 hours before your procedure: You may drink clear fluids only which include:
 - Water
 - Clear strained soups
 - Fruit juice (apple NOT orange)
 - Lemon or lime cordial
 - Black tea/ coffee
 - Clear soft or sports drinks
- 3 hours before our procedure: Do not eat or drink anything, including water

Please inform your doctor if you are taking any blood thinning or diabetic medications. You might need to adjust your usual dose for the examination– this is particularly important if you have diabetes. Discuss any allergies to medications, and medical conditions such as heart or lung disease.

How is gastroscopy performed?

Before the procedure a light anaesthetic (sedative) is usually given. You will not receive a full general anaesthetic. You may be slightly aware of what is going on in the room, but generally you won't remember anything. The back of your throat may be sprayed with local anaesthetic to make it numb, and you may be given a small amount of liquid just before the procedure to get rid of bubbles in the stomach. A small mouthguard will be put between your teeth to stop you from biting the endoscope. A highly qualified anaesthetist and nursing staff will monitor your vital signs during the procedure and will attempt to make you as comfortable as possible.

The procedure takes about 15 to 30 minutes. Once sedated and lying in a comfortable position on your left side, the endoscope is passed through the mouth and then in turn through the oesophagus, stomach and duodenum. The tube is just less than one centimetre in diameter and does not enter your windpipe, so it won't interfere with breathing. A small camera at the end of the scope transmits a video image to a monitor, allowing the doctor to carefully examine the lining of your upper GI tract.

What happens after gastroscopy?

You will be monitored in the recovery area until most of the effects of the sedation medication have worn off. Your throat might be a little sore, and you might feel bloated because of the air introduced into your stomach during the test. You will be able to eat after you leave unless your doctor instructs you otherwise.

Your doctor will briefly inform you of your test results on the day of the procedure. A follow-up appointment may be made to discuss the test results more fully. The results of any biopsies or samples taken will take a few days.

Because of the sedation given it is very important that you do not drive a car, travel on public transport alone, operate machinery, sign legal documents or drink alcohol on the same day after the test. It is strongly advised that a friend or relative take you home and stay with you.

Are there any risks or side-effects?

Although complications can occur, they are rare when the procedure is performed by doctors who are specially trained in gastroscopy. In Australia, very few people experience serious side-effects from gastroscopy. The chance of complications depends on the exact type of procedure that is being performed and other factors including your general health.

You may have a slightly sore throat after the procedure. Air may also be trapped in your stomach causing you to feel bloated. If a biopsy has been taken or treatment performed, there may be minor bleeding. Very rarely, the stomach lining may be torn, and if this occurs you will be admitted to hospital for an operation to repair it.

Reactions to the sedative are also possible, but again are quite rare. In a few cases, if the gastroscopy is not successfully completed it may need to be repeated.

If you have any of the following symptoms in the hours or days after the gastroscopy

- Fever
- Increasing throat, chest or abdominal pain
- Blood vomit or black bowel motions
- Other symptoms that cause you concern

You should contact the hospital or your doctor's rooms immediately using the contact details as above

Important Information for Patients

Please take the time to carefully read and understand the information below.

If you have any questions or concerns, we encourage you to raise them with your doctor on the day of your procedure.

Your doctor will also provide you with an Informed Consent Form on the day of your procedure, which will include the information outlined below. You will be asked to review and sign this form before proceeding.

- My medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected and their associated risks.
- I understand the risks of the procedure as well as anaesthesia, including the risks that are specific to me which may include but not limited to major risks e.g Perforation of the bowel, bowel haemorrhage, injury to the spleen or other internal organs (<1:1000) and if they do occur, surgery may be required
- My prognosis and the risks of not having the procedure e.g. missed disease or delayed diagnosis of cancer.
- That no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options.
- My questions and concerns have been discussed and answered to my satisfaction.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.