



Gastroscopy Explained

Your doctor has recommended that you have a medical procedure called a 'gastroscopy' or 'upper GI endoscopy' (or more formally an 'oesophago-gastro-duodenoscopy') to evaluate or treat your condition. This brochure will help you understand how gastroscopy can benefit you and what you can expect before, during, and after this procedure.

What is a Gastroscopy?

The term "endoscopy" refers to a special technique for looking inside a part of the body. "Upper GI" refers to the upper portion of the gastrointestinal tract or digestive system that includes the oesophagus, the stomach and the duodenum (the beginning of the small intestine). The oesophagus carries food from the mouth for digestion in the stomach, duodenum and small intestine. Gastroscopy is a procedure performed by a gastroenterologist or gastrointestinal surgeon who uses the endoscope to diagnose and in some cases, treat problems of the upper digestive system.

The endoscope is a long, flexible tube with a tiny video camera and a light on the end. By adjusting the various controls on the endoscope, the endoscopist can safely guide the instrument to carefully examine

the inside lining of the upper digestive system. The high quality picture from the endoscope is shown on a TV monitor and gives a clear detailed view. In many cases upper GI endoscopy is a more precise examination than X-ray studies.

Upper GI endoscopy can be helpful in the diagnosis of various problems, including difficult or painful swallowing, pain in the stomach or abdomen, bleeding, ulcers, and cancers.

Gastroscopy is a very accurate test for conditions involving the lining of the upper gastrointestinal tract such as oesophagitis, gastritis, ulcers and cancers but is not foolproof – even expert endoscopists may not be able to identify some important conditions at the time of a gastroscopy. This might lead to serious future health problems.

How to prepare for a gastroscopy.

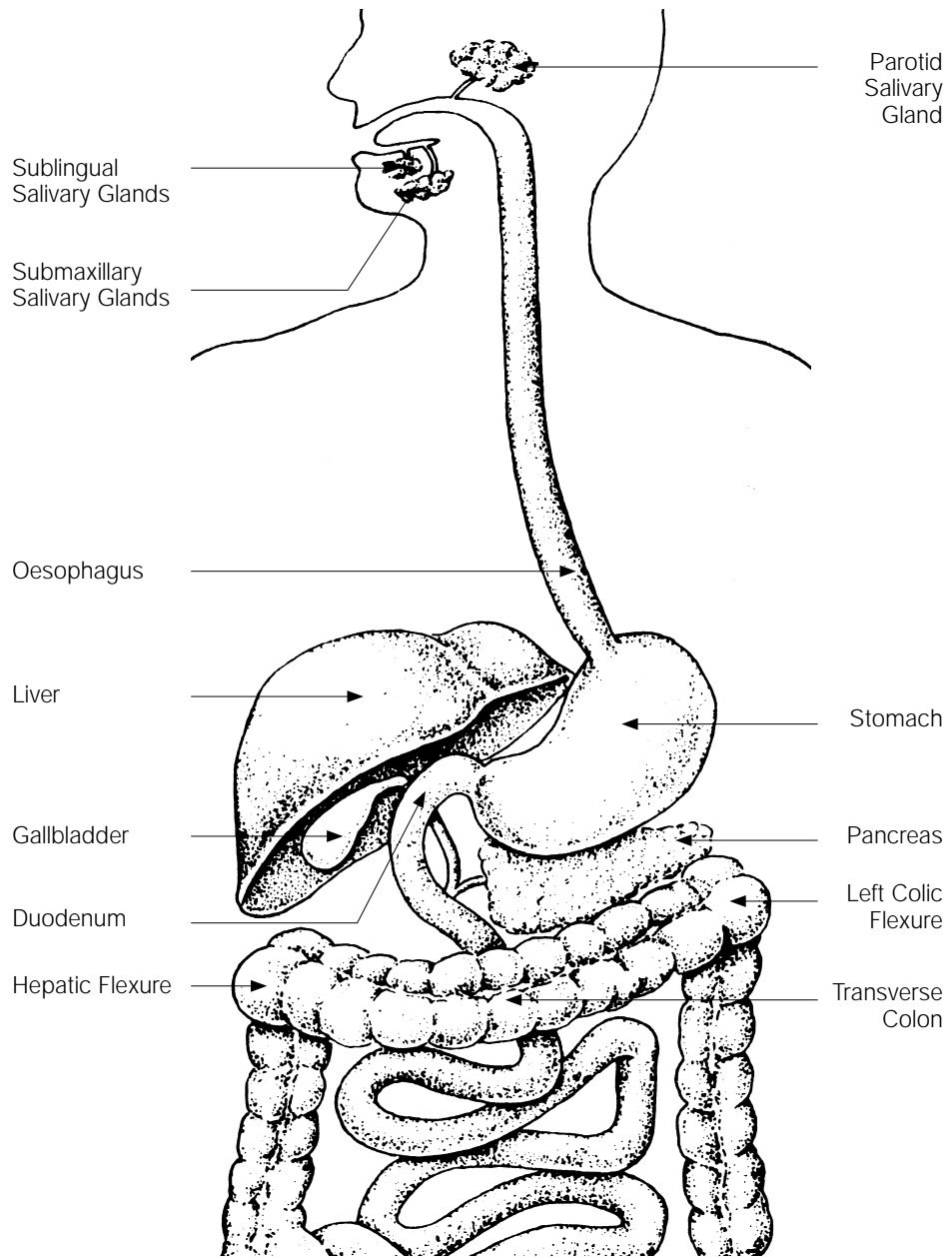
Regardless of the reason a gastroscopy has been recommended for you, there are important steps you can take to prepare for and participate in the procedure. First, be sure to give your doctor a complete list of all the medicines you are taking and any

allergies you have to drugs or other substances.

Special precautions may need to be taken for the following conditions. Please advise your doctor **in advance** if you suspect or know any of these apply to you:

- have severe heart, lung, or kidney disease
- have lymphoma, leukaemia, or you are receiving chemotherapy
- have had heart valve disease, a pacemaker, aortic graft or other blood vessel graft
- if you have diabetes you may need to adjust your insulin or tablets
- bleed very easily or if you take blood thinning tablets (warfarin) or injections (heparin)
- are allergic to, or do not tolerate, any medication
- you suspect or know you are pregnant or if you are breastfeeding
- if you find the prospect of having an intimate procedure threatening

You will be given instructions in advance that will outline what you should and should not do in preparation for the upper GI



endoscopy. Be sure to read and follow these instructions. One very important step in preparing for upper GI endoscopy is that **you should not eat or drink within the six hours before your procedure**. Food in the stomach will block the view through the endoscope, and it could cause vomiting. If you have not fasted the procedure can be hazardous.

The gastroscopy will be performed in a hospital - usually patients need to spend only about two and a half hours in the hospital. After your admission you will be asked to sign a form that verifies that you consent to having the procedure and that you understand what is involved. If there is anything you do not understand, ask for more information!

What can you expect during a gastroscopy?

During the procedure, everything will be done to help you be as comfortable as possible. Your blood pressure, pulse, and the oxygen level in your blood will be carefully monitored. You will be given a sedative medication by injection into a vein in your arm to make you relaxed and drowsy, but you will remain awake

enough to cooperate. Most people receiving sedation have no memory of the procedure after they have recovered.

You may also have your throat sprayed with a local anaesthetic to help keep you comfortable as the endoscope is passed. A supportive mouthpiece will be placed to help you keep your mouth open during the endoscopy. Once you are fully prepared, your doctor will gently manoeuvre the endoscope into position. As the endoscope is slowly and carefully inserted, air will be introduced to help your doctor see. During the procedure, you should feel no pain and the endoscope will not interfere with your breathing. Typically gastroscopy takes only 15-20 minutes to perform.

Your doctor will look closely for any abnormalities that may require diagnosis or treatment. In most cases, it will be necessary to take samples of tissue (called biopsies) for later examination under the microscope. This too is painless. Endoscopy can be used to treat problems such as active bleeding from an ulcer or to dilate a narrowed area in the oesophagus.

What are the possible complications of gastroscopy?

Years of experience have proved that upper GI endoscopy is a safe procedure and complications are rare.

Some complications of gastroscopy and related procedures include:

- Reaction or sensitivity to medication used for sedation (this may affect your breathing briefly)
- Perforation (puncture) of the oesophagus, stomach, or duodenum is rare and most often occur as a result of dilatation treatments.
- Bleeding (which may be delayed for up to 2 weeks) may follow polypectomy or other treatments
- Lung infections due to vomiting and aspiration during the procedure
- Very uncommonly patients may suffer a heart attack, cardiac arrest, breathing problems, or stroke immediately before, during or after the recovery period of a gastroscopy.
- There are other rare complications - please advise if you wish to be given more details.

Everything will be done to minimise the risk of these complications. There are ways of detecting these complications early and specific treatments are available if they do arise. Very rarely there may be a need for hospitalisation, major surgery, intravenous feeding, or blood transfusion. Although death can result from complications of gastroscopy and oesophageal dilatation, this is very rare. Be sure to discuss any specific concerns you may have with your doctor. Since complications can occur some days or even weeks after a gastroscopy, please report anything unusual.

What can you expect after your gastroscopy?

When your endoscopy is completed you will be cared for in a recovery area until most of the effects of the medication have worn off. You will receive a drink and some food. Your doctor will inform you of the results of the procedure and provide any additional information you need to know. You will be given instructions regarding how soon you can eat and drink, plus other guidelines for resuming your normal activity.

By the time you are ready to go home you will feel stronger and more alert. Nevertheless, you should plan on resting for the remainder of the day. Because of the effects of the sedation, you will not be able to drive or operate machinery until the following day, so you will need to have a family member or friend take you home. A day or so after you are home you may be contacted by a member of the gastroscopy team. Occasionally minor problems may persist, such as mild sore throat, bloating or cramping but these should disappear in 24 hours or less. Please contact us if you have any questions.

In about a week the results of any biopsies which have been taken should be available.

Other information you need to have

- You will receive a Procedure Preparation Sheet which details your appointment time and other information specifically required for your gastroscopy.
- You will receive a brochure explaining the financial and account process for your hospital admission and the doctors involved in your gastroscopy.
- This information is also available on our website www.gastrotract.com.au



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