GASTROSCOPY

BRIEF DESCRIPTION

A gastroscopy is an endoscopic examination of your stomach. On the way we examine your oesophagus (gullet, food-pipe) which runs from the back of the mouth, through your chest, and into your stomach. We also examine beyond your stomach into the first part of the gut called the duodenum (part of the small bowel).

WHY IS IT DONE?

A gastroscopy is commonly used to evaluate gastro-intestinal symptoms, such as, ulcer pain, dyspepsia, heartburn, difficulty swallowing, anaemia and hiatus hernia. Biopsies, or tissue samples can be taken to be sent to the pathologist for analysis.

ARE THERE ALTERNATIVE TESTS AVAILABLE?

A barium swallow is used in some patients for certain indications.

IS IT SAFE TO HAVE THIS PROCEDURE?

This procedure has a low risk of serious complications.

HOW IS IT DONE?

Some doctors spray the back of the throat with a topical anaesthetic spray. You are usually given some intravenous sedation with Dormicum or Propofol via a plastic cannula in your hand or arm. Some patients prefer not to be sedated. We slide the gastroscope down the back of your tongue into the oesophagus or gullet, and then into the stomach and duodenum. You are comfortable lying on your left side, with your knees and neck flexed, and the attending sister is helping you all the time while the examination is done. You are encouraged to breathe gently, and please remember that we are passing down your food tube not your wind pipe, so there is no obstruction to breathing. Your blood oxygen level and pulse are usually monitored via a probe on your finger. The procedure usually takes less than 5 minutes.

WHAT ARE THE GENERAL RISKS INVOLVED?

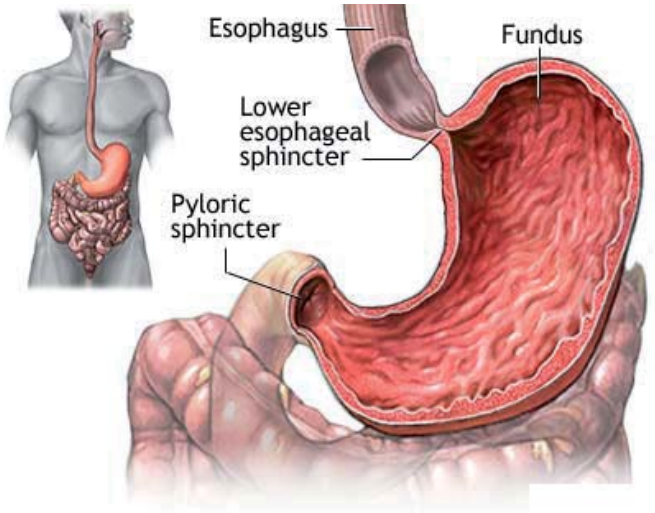
Minor gastroscopy risks may include nausea, vomiting or allergies to the sedatives that are used. If medication is given intravenously, the vein may become irritated. Most localized irritations to the vein leave a tender lump lasting a number of days but eventually going away. The incidence of these complications is less than 1%. During the procedure you may have some retching, but this is much less of a problem than patients tend to imagine.

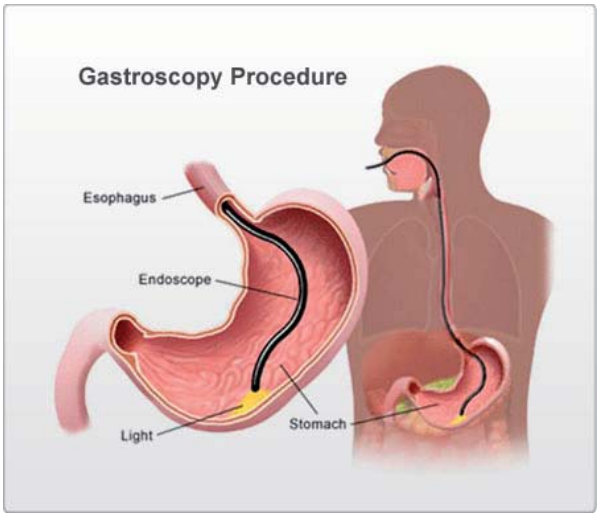
WHAT ARE THE SPECIFIC RISKS INVOLVED?

This is a very safe investigation. If the doctor is performing a procedure through the scope, such as dilating a narrowing in the oesophagus, removing a foreign body obstruction like a piece of meat that has got stuck, removing a polyp, or injecting a bleeding ulcer, then there are risks associated. These can be serious and include a perforation of the organ and a need for corrective emergency surgery. This is very, very rare – far less than 1:1000 scopes.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

The procedure is performed under CONSCIOUS SEDATION. This means that a thin short cannula is inserted into a vein and a sedative will be administered to make you more relaxed during the procedure. Your vital signs are monitored and you may be given oxygen to maintain a normal blood oxygen concentration. You will probably





These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

be fully conscious during the procedure but you may remember very little about it afterwards. Sometimes the doctor may decide to infuse some intravenous fluid, esp if you are elderly and a bit dehydrated.
As with any procedure involving anaesthetics type drugs, other complications may include cardiopulmonary complications such as a temporary drop in blood pressure, and oxygen saturation usually the result of overmedication, and are usually easily reversed. In rare cases, more serious cardiopulmonary events such as a heart attack, stroke, or even death may occur; these are extremely rare except in critically ill patients with multiple risk factors. In very rare cases, coma associated with anesthesia may occur. If there is a lot of fluid in the oesophagus or stomach, there is a risk of your aspirating fluid into the lung. This is rare and usually only seen in critically ill patients who are haemorrhaging into the stomach.

WHAT SHOULD I DO BEFORE THE GASTROCOPY?

You are usually asked to stop eating 6 hours before the procedure, its usually OK to have a little water up to 3 hours before the procedure. You must inform the staff if you have any serious medical conditions that your own GP may have forgotten to tell us, or which we wouldn't otherwise know. The nursing staff can provide you with information and discuss your medical conditions with the doctor.

WHAT HAPPENS BEFORE THE PROCEDURE?

You will be welcomed to the rooms by the receptionists or the nurses and you will have your patient registration details checked. You may be shown to a changing cubicle and asked to change into a gown, but you will usually be scoped in your own clothes. So dress sensibly! Please hand over your consent form to the nurse and also let the nurses know of any allergies to drugs or dressings. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses. If you have an artificial heart valve antibiotics may be indicated before the procedure, but this is much less commonly indicated these days than before. If you are diabetic special precautions might be necessary with your treatment and diet. Please discuss this with the staff. You must inform us if you are taking Warfarin, Plavix or low dose Aspirin (Ecotrin).

HOW LONG DOES THE PROCEDURE TAKE?

You are in the procedure room for less than 10 minutes, and the scope itself, takes less than 5 minutes, unless a procedure or biopsy is being done. You will need to recover from the sedation for some time afterwards

WHAT HAPPENS WHEN I WAKE UP?

You will initially be kept on a trolley and allowed to recover from the sedation and then taken through to the waiting room for a cup of tea or coffee.

A RESPONSIBLE ADULT MUST DRIVE YOU HOME. AVOID DRIVING OR OPERATING MACHINERY OR TAKING ANY IMPORTANT DECISIONS FOR 12 HOURS AFTER THE PROCEDURE.

It is best to avoid alcohol intake for 12 hours. Unless otherwise directed you may resume your normal diet after the gastroscopy. Wait until the day after the procedure before resuming normal activities eg. vigorous exercise. If you are on anti-coagulants eg. Warfarin or Plavix, your Physician will advise when it is safe for you to restart the medication.
The doctor will usually see you after the procedure to explain the findings.

WILL I HAVE PAIN?

This is not expected unless you are having a specific procedure such as a dilation or stretching of a narrowing. In these cases a pain killing injection is usually given with the sedation.

HOW SOON AFTER THE PROCEDURE CAN I EAT?

You can eat normally after the procedure, unless you have some nausea or bloating. In which case eat smaller meals to start with. It will soon pass.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

Mild nausea or light headedness may occur after the procedure but this should settle within a few hours.

HOW SOON CAN I START EXERCISE?

Usually the next day or even that afternoon if you had only a light dose of sedative. Common sense applies.

HOW SOON CAN I DRIVE A CAR?

A 12 hour delay is recommended, but common sense should be applied, especially if you still feel a bit unsteady or light-headed.

HOW LONG WILL I BE OFF WORK?

You can usually return to work the following day or even that afternoon, but don't make any big decisions until you are sure you are back to normal. Common sense applies. A sick certificate can be provided.