

GASTROSCOPY INFORMATION SHEET

What is Gastroscopy?

Gastroscopy (also known as upper GI endoscopy) is a procedure that enables a Gastroenterologist to examine the lining of the upper part of your gastrointestinal tract using a thin flexible tube with a camera lens and light source. This examination includes the oesophagus, stomach and duodenum (first portion of the small intestine). This information sheet will give you a basic understanding of the procedure – how it is performed, how it may help, and what side-effects you might experience. Please ask about anything you do not understand.

Why is Gastroscopy performed?

Gastroscopy is performed to evaluate a variety of symptoms including upper abdominal pain, nausea, vomiting, or difficulty swallowing. It is the best test for finding a source of bleeding from the upper gastrointestinal tract. This includes ulcers, varices (varicose veins of the oesophagus), and tumours of the upper GI tract. Biopsies (small tissue samples) may also be taken at the time of your gastroscopy.

Many conditions of the upper GI tract can be treated at the time of Gastroscopy. Examples include dilating narrowed regions, removing polyps, retrieving swallowed objects, and treating upper gastrointestinal bleeding.

Safe and effective endoscopic control of bleeding has reduced the need for blood transfusions and surgery in most patients

What are the possible complications of Gastroscopy?

Endoscopy is generally safe and well-tolerated. Complications can occur, but are rare when the test is performed by Physicians with specialised training and experience in the procedure. Risks vary depending on why the test is performed, what is found during the procedure, what therapeutic intervention is undertaken, and whether a patient has underlying major medical problems. Complications can include bleeding, infection, pain, or perforation (a tear in the wall of the oesophagus, stomach, or duodenum). It is rare to have a major complication such as perforation (< 1 in 1,000), however if any significant symptoms develop after your procedure please inform Dr Fanning immediately.

Bleeding may occur from biopsy or polypectomy sites, but this is usually minimal and rarely requires additional therapy. Reactions to the sedatives used and complications from heart or lung diseases, including death, are extremely rare but potential risks. Aspiration of stomach contents into the lungs can rarely occur if the stomach is full. This may result in a chest infection.

What can I expect during Gastroscopy?

You should fast for at least six hours before the procedure to ensure you have an empty stomach. However you may drink water until 2 hours prior to the procedure. If you are having your procedure in the morning, you must begin fasting from midnight the night before the test. If you are having your procedure in the afternoon, you may have a light early breakfast (no later than 6am).

You should talk to Dr Fanning about any regular medications that you take, and any known drug allergies. Although an allergy does not necessarily prevent you from having a Gastroscopy, it is important to discuss it prior to the procedure. Also, be sure to mention if you have any major diseases, or take regular blood-thinning medications such as Aspirin [Cartia, Solprin], Clopidogrel [Plavix, Iscover], Warfarin [Marevan, Coumadin], Rivaroxaban [Xarelto], Dabigatran [Pradaxa], Ticagrelor [Brilinta], Apixaban [Eliquis], or Prasugrel [Effient].

Local anesthetic spray and intravenous sedation are used to make you comfortable. You will lie on your left side during the procedure. The Anaesthetist will ensure you are comfortable, with most patients sleeping through the whole procedure. Once comfortable, the gastroscope is passed through your mouth, oesophagus, stomach, and into the duodenum. The instrument does not interfere with breathing, however you might feel bloated afterwards because of the carbon dioxide gas introduced during the procedure.

What can I expect after Gastroscopy?

After your Gastroscopy you will be observed for complications until most of the effects of the medications have worn off. You might experience bloating or pass gas because of the air introduced during the examination. You should not have any significant pain.

Patients are to remain fasting for 30 minutes post procedure, and can then resume a normal diet. Those with a polyp removed or a dilatation performed are required to remain fasting for 1-2 hours post procedure, and then continue clear fluids or soft diet for the remainder of the day.

You will be provided with a copy of your Endoscopy report and images prior to discharge. To avoid delaying your return home, any minor findings will be discussed with you by an Endoscopy Nurse. You will not necessarily be seen by Dr Fanning after your procedure, unless it is necessary to discuss significant findings. If however you wish to see Dr Fanning prior to discharge, you may be required to wait several hours until the end of the procedural list.

Someone MUST accompany you home from the procedure because of the sedatives used during the examination. Even if you feel alert after the procedure, the sedatives can affect your judgment and reflexes for the rest of the day. YOU MUST NOT DRIVE OR OPERATE MACHINERY UNTIL THE NEXT DAY.

If you experience any complications after the procedure please contact Dr Fanning immediately, or proceed to the Emergency Department if this occurs after hours or on the weekend.