



Gastroscopy Preparation Instructions

Your doctor has determined that a **gastroscopy** is required to further evaluate your symptoms or treat your condition.

A gastroscopy is a procedure that enables your doctor to examine the lining of the oesophagus (food pipe/gullet), stomach, and duodenum (first part of the small intestine). Under sedation a thin flexible tube is passed through your mouth into your stomach and duodenum. During the procedure, a tissue sample (biopsy) may be taken.

Preparation for Gastroscopy

Your stomach must be empty for the procedure to be successful. Inadequate preparation may result in having to repeat the test on another day. To achieve complete stomach emptying, it is most important that you follow the instructions below.

Please read all instructions carefully:

Please keep taking your usual medications and check with your doctor if you are taking Warfarin, Aspirin or Diabetic Medication. If you are unsure, please consult your doctor for advice. Please bring all medications you are currently taking to the hospital with you on your admission.

_____ No food to be consumed after this time (6 hours prior to your admission). Only clear fluids from now.

_____ You may drink clear fluids up until now (2 hours prior to your admission)

_____ **Admission time**

Please remember you must have someone to take you home.

*Diabetics - please discuss with your doctor what to do with your tablets

If you have any questions, please call Dr Halliday's Rooms for advice on: 9428 9908



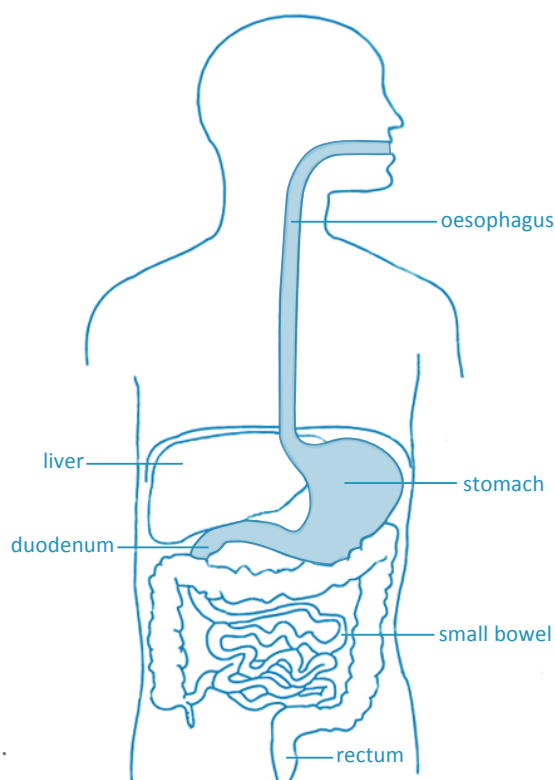
Gastroscopy Information Sheet

What is a gastroscopy?

Also described as an 'Upper GI endoscopy', a gastroscopy is a procedure performed by an expert gastroenterologist to diagnose and in some cases, treat problems of the upper digestive system using an endoscope.

An endoscope is a long thin flexible tube with a tiny video camera and a light on the end. By adjusting the various controls on the endoscope, your specialist can safely guide the instrument to carefully examine your oesophagus, stomach and duodenum, (the beginning of the small intestine).

Most procedures are for diagnostic purposes, and may include the taking of biopsies (tissue samples) from the inner lining for examination by a pathologist. Sometimes the procedure is used for dilating (stretching) a narrowed portion of the oesophagus, or for the removal of polyps (abnormal growths) found during the examination.



Is there an alternative to having a gastroscopy?

Depending on the reason your doctor has suggested a gastroscopy, there may be alternative tests available, and you can discuss these options with your doctor. Alternatives may include:

- **CT scan** – this special type of X-ray imaging produces images of the inside of your body. No tissue biopsy is taken during this procedure.
- **Ultrasound** – this is another way to produce images of the inside of your body using high-frequency sound waves. Again, no tissue biopsy is taken during this procedure.
- **Barium meal** – for this procedure, you drink a fluid that will show up on X-rays. X-rays taken will show the inside of your oesophagus, stomach and duodenum.

How do I prepare for the procedure?

Please refer to the instruction sheet



What do I do with my usual medications prior to the procedure?

- If you take Warfarin, Plavix, Iscover, Pradaxa, or Insulin please contact Dr Halliday's rooms at least 7 days prior to the gastroscopy.
- Other medications are usually continued unless your doctor tells you not to.
On the day of your procedure, you can take your regular medications with a sip of water

What do I need to bring on the day of my procedure?

Please bring your doctor's referral letter if available, health fund details and Medicare card. Please wear loose fitting clothing that can be easily removed - you may need to change into a patient gown. Any jewellery and valuables should be left at home.

What happens when I arrive at hospital?

You will be asked some basic questions about your health and medications. It is important to inform the staff if you have any dental crowns, bridges or loose teeth. If you have not already done so, you will be asked to sign a form to verify your consent for the procedure and understanding of what is involved.

What will happen during the procedure?

During the procedure, every effort will be made to ensure you are as comfortable as possible. If you have dentures you will be asked to remove them. You will also be asked to remove glasses, jewellery and any contact lenses. These will all be kept safe for you.

The anaesthetic doctor may spray the back of your throat with local anaesthetic to make the area go numb. A cannula (small needle) will be placed into the back of your hand through which sedative medication will be given. An oxygen mask will be put on and a blood pressure cuff placed on your arm. You will be asked to lie on your side on the hospital bed and a mouth guard placed over your teeth before the anaesthetic doctor gives you sedation. The sedative medication will put you into a deep sleep so that you will be comfortable during the procedure.

The endoscope will then be guided carefully through your mouth, into your stomach and duodenum (small bowel). Air is pumped through the endoscope to make the stomach expand so that it is easier to visualise. If necessary, biopsies and/or polyps will be taken/removed – this does not cause any pain. You will be in the treatment room for about 15-20 minutes.

What will happen after the gastroscopy?

Dr Halliday will speak with you before you go home. If any biopsies are taken, the results for these will take several days to be processed and an arrangement for follow-up of these results will be made with you.

You cannot drive, drink alcohol, sign legal documents or operate machinery for the first 24 hours after your procedure. This is due to the sedative medication which may affect your concentration or co-ordination.

When will I be able to go home?

You will be ready to go home approximately 2 hours after the procedure. You will need someone to drive you home. It is best for someone to stay with you for the first 24 hours.

Most patients do not have any problems after the procedure but if you develop severe abdominal pain, fevers or chills, vomit blood, have difficulty breathing or any other symptoms that you are concerned about, you should contact your doctor (or the closest emergency department).

What are the risks of having a gastroscopy?

Gastroscopy is a common procedure that is generally safe and very well tolerated.

Common temporary side-effects include:

- Mild bloating – due to the air that was introduced to examine the stomach.
- Feeling sleepy or nauseated – due to the sedating medication
- A sore throat – due to the passage of the endoscope (lasting a few hours).
Gargling salt water or sucking throat lozenges will help ease this discomfort.

Complications are very rare, but may include:

- Perforation (a hole in the stomach or bowel wall) that may require surgery.
- Aspiration – If your stomach is not empty, occasionally you can vomit and aspirate stomach contents into your lungs. This can cause pneumonia and require hospitalisation, oxygen and antibiotics.
- Bleeding – if biopsies are taken bleeding may occur causing you to vomit blood or pass black stools. Very rarely, this may be severe enough to require hospitalisation, blood transfusions, a repeat gastroscopy or even open surgery.
- Tooth damage/cut lip – a protective mouthguard is used to reduce your risk.
- Death is extremely rare, although this is a possible consequence of any medical procedure.
- Failed procedure - occasionally a gastroscopy may not be successfully completed and need to be repeated at a later date.

If you wish to discuss the details of all possible rare complications, you should inform your doctor and/or anaesthetist **prior** to the procedure. Exact risks will differ for every person – so ask your doctor how these risks apply to you.