

GASTROSCOPY

BRIEF DESCRIPTION

A gastroscopy is an endoscopic examination of your stomach; this means we place a flexible, transparent tube down your throat to see inside. On the way we examine your oesophagus (gullet, food-pipe) and your stomach. We also examine beyond your stomach into the first part of the small bowel called the duodenum.

WHY IS IT DONE?

A gastroscopy is commonly used to evaluate symptoms such as pain in the upper half of your abdomen, pain or difficulty in swallowing, heartburn, anaemia or iron deficiency 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 to numb it. You are usually given some sedation via a drip in your arm. You will be awake but not aware and will not remember the procedure with this method. 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 five 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 via a drip in the vein it may become irritated causing a tender lump which may last a few days but eventually go 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 benign growth or injecting a bleeding ulcer, then there are risks associated. These can be serious and include a perforation or making a hole which will need 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 you will be given a sedative via a drip and this will make you more relaxed during the procedure. You will be awake and breathing by yourself, but you will not be aware or remember anything. Your vital signs will be monitored throughout the procedure.

Anaesthetic complications may include a temporary drop in blood pressure, or oxygen saturation and are usually easily reversed. In rare cases more serious complications 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, a coma associated with anesthesia may occur. If there is a lot of fluid in the oesophagus or stomach, there is a risk of you vomiting that fluid into your lungs which can be dangerous.

WHAT SHOULD I DO BEFORE THE GASTROCOPY?

You are usually asked to stop eating six hours before the procedure; it's usually OK to have clear fluids up to two hours before the procedure. You must inform the staff of any serious medical conditions that you may have. The nursing staff can provide you with any information and will discuss your medical conditions with the doctor. If needed.

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, and disposable underwear. Please hand over your completed documentation to the nurse and also let the nurses know of any allergies to drugs or dressings you may have. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses. If you are diabetic special precautions might be necessary with your treatment and diet. Please discuss this with the staff or your doctor beforehand.

You must inform us if you are taking any blood thinning medication such as Warfarin, Plavix or low dose Aspirin (Ecotrin).

HOW LONG DOES THE PROCEDURE TAKE?

You are in the procedure room for less than twenty minutes, and the scope itself usually takes less than five minutes, unless a procedure or biopsy is being done. You will recover from the sedation in the recovery room after the procedure.

WHAT HAPPENS WHEN I WAKE UP?

You will initially be kept on a trolley and allowed to wake up fully and then taken through to the waiting room for a cup of tea or coffee and something to eat.

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 after your procedure. Unless otherwise directed you may resume your normal diet after the gastroscopy. Wait until the day after the procedure before resuming normal activities e.g. vigorous exercise. If you are on blood thinners e.g. Warfarin or Plavix, your physician will advise when it is safe for you to restart the medication if you stopped before the procedure.

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 killer 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 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.

