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GASTROSCOPY INFORMATION SHEET - Morning procedure

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 that uses an 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. The high quality picture from the endoscope is shown on a TV monitor and gives a clear detailed view. Endoscopy can be helpful in the diagnosis of various problems, including difficult or painful swallowing, pain in the stomach or abdomen, bleeding, ulcers and cancer. 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.

IF YOU ARE ALSO UNDERGOING COLONOSCOPY AT THE SAME TIME OF THIS PROCEDURE, YOU MUST NOT EAT ANY FOODS AFTER 1PM ON THE DAY PRIOR TO YOUR PROCEDURE.

If you are not undergoing colonoscopy at the same time, you may eat a normal evening meal. You MUST fast from 12 midnight prior to your procedure. This means no fluids, (including water) and no lollies or chewing gum. You may shower and brush your teeth.

During the procedure your blood pressure, pulse, and oxygen level in your blood will be carefully monitored. Most people receiving sedation have no memory of the procedure after they have recovered. A supportive mouth piece will be placed to help keep your mouth open during the procedure. The endoscope is slowly and carefully inserted into your oesophagus. Typically, gastroscopy takes around 10-15 minutes to perform. Dr Desmond will look closely for any abnormalities that may require diagnosis or treatment. In most cases, it is necessary to take samples of tissue (biopsies) for later examination under the microscope. This is painless. Endoscopy can also be used to treat problems such as active bleeding from an ulcer or to dilate a narrowed area in the oesophagus.

Possible Complications:

Everything will be done to minimise the risk of these complications. Very rarely there may be a need for hospitalisation, major surgery, intravenous feeding or blood transfusion.

- * perforation of the oesophagus, stomach, or duodenum is rare, and most often occurs as a result of dilatation treatments.
- * lung infections due to vomiting and aspiration during the procedure.
- * reaction or sensitivity to medications used for sedation.

After the Gastroscopy:

After the gastroscopy is completed you will be cared for in a recovery ward until most of the effects of the medication have worn off. Dr Desmond will inform you of the results of the procedure and provide any additional information you need to know. Due to the effects of the sedation you **MUST** not drive, operate machinery or make major decisions for the rest of the day. You will be required to have someone collect you from the hospital.