

Procedure details

Location:

Date:

Time:

Notes:

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What happens on the day?

On the day of the procedure you will be admitted by nursing staff and taken to a waiting area. There can be delays in starting the procedure so please bring a book or some other reading or entertainment to keep you occupied. The anaesthetist will give you a sedating medication into a drip to get you asleep and may also spray anaesthetic into the back of your throat to numb it. While you are sleeping a flexible camera will be guided into the stomach and duodenum. Tiny biopsy samples may be taken through the endoscope. The sedation is not a full general anaesthetic and is therefore safer. You may wake up quickly after the procedure, but we will not come to talk to you about the findings immediately as the medications can affect your ability to recall what has been said to you. You may eat and drink when the nursing staff tell you that you can do so. When you have fully recovered (this can take a few hours) you will be allowed to travel home with a responsible adult.

After my procedure

The sedation medication given to you before and during the procedure can stay in your system for up to 24 hours. It is very important for your own safety and that of others, that you:

- Do NOT drive any type of vehicle. A responsible adult should take you home
- Do NOT operate any machinery
- Do NOT make any important decisions or sign any legal documents
- Do NOT drink alcohol or take any other drugs that may interact with the sedation medication
- Stay with a responsible adult on the first night following the procedure

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Upper Gastrointestinal Endoscopy (Gastroscopy)

Patient information pamphlet



Gastroscopy

Introduction

Upper gastrointestinal endoscopy or *Gastroscopy* as it is often called, is a procedure that allows your doctor to examine the lining of the oesophagus, stomach and the first part of the small intestine (duodenum). This is done using a special flexible instrument called an endoscope that allows visualisation of the mucosal lining with a powerful digital camera. We can also take biopsy samples, remove small polyps and treat many other conditions through the endoscope. To insure your comfort, the procedure is done while you are asleep. An anaesthetist will give you medication before the procedure in order to get you to sleep and will keep you comfortable and safe throughout the procedure. The procedure takes between 15-20 minutes but you will need to spend a few hours at the endoscopy unit.

Why do I need this procedure?

A number of conditions can affect the oesophagus, stomach and duodenum. In order to confirm the diagnosis, direct examination of the lining wall (mucosa) is often required. Once we have confirmed the diagnosis and graded the severity we can then suggest appropriate therapy.



Preparation before Upper Gastrointestinal Endoscopy

What you need to bring with you on the day

- Reading material, entertainment
- A list of all your current medicines
- Your Medicare card and private health insurance details
- Details of an adult who will take you home

Eating and drinking

In order to examine the stomach safely it must be empty. You are therefore required to have nothing to eat for 6 hours prior to the procedure. You may have sips of water up to 2 hours before the procedure. In some circumstances you will be asked to extend this period, especially if you are suspected of having problems with the motility of your upper intestinal tract (e.g. gastroparesis or intestinal dysmotility).

Normal medications

- Bring a current list of all the medications you take including over the counter medications and herbal remedies.
- Tell your doctor of any allergies or side effects that you have.
- Do not drink alcohol or take recreational drugs in the 24 hours preceding the procedure. These may interact

with the sedation medication you will receive.

Anticoagulant and Antiplatelet medicines

If you are taking *blood thinners* you must inform the Anaesthetist and Endoscopist. Anticoagulants such as warfarin, dabigatran (*Pradaxa*), rivaroxiban (*Xarelto*), apixaban (*Eliquis*) delay clotting and may need to be stopped prior to endoscopy depending on the procedure likely to be required (e.g. polyp removal or dilatation). Antiplatelet agents such as aspirin (*Cartia*, *Astrix*), clopidogrel (*Plavix*, *Iscover Plidogrel*), ticagrelor (*Brilinta*) prevent clot formation and may also increase the risk of bleeding. Please discuss this with our staff at least one week before the endoscopy is planned.

Patients with diabetes

If you have diabetes we will try to book your procedure for the morning. Some diabetic medications need to be stopped when bowel prep is taken (if you are having colonoscopy with gastroscopy). Please ask your doctor whether your medication should be taken normally on the morning of the procedure and whether adjustments to timing and/or dosage are required.