

Information about...

UPPER ENDOSCOPY (GASTROSCOPY)

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What is upper endoscopy?

This is a procedure in which a flexible tube with a “video camera” at the tip is passed through the oesophagus, stomach and first part of the small bowel. It permits these areas to be inspected as well as specialised procedures such as biopsies to be performed.

Why is upper endoscopy done?

This test is performed to investigate symptoms such as bleeding, pain, nausea and difficulty swallowing. Other specialised techniques may be performed during the procedure. Biopsies are samples of tissue which may be performed for many reasons including looking for infection, testing that the small bowel is functioning well and diagnosing tissues which don't look normal, including conditions such as coeliac disease and pre-cancerous and cancerous lesions.

YOU NEED TO FAST

Have nothing to eat or drink for six hours before the procedure is done.



Upper endoscopy is also used to treat conditions of the upper gastrointestinal tract. Your doctor can pass instruments through the endoscope to directly treat many abnormalities with little or no discomfort. For example, your doctor might stretch a narrowed area, remove polyps (usually benign growths) or treat bleeding.

Preparation for the procedure

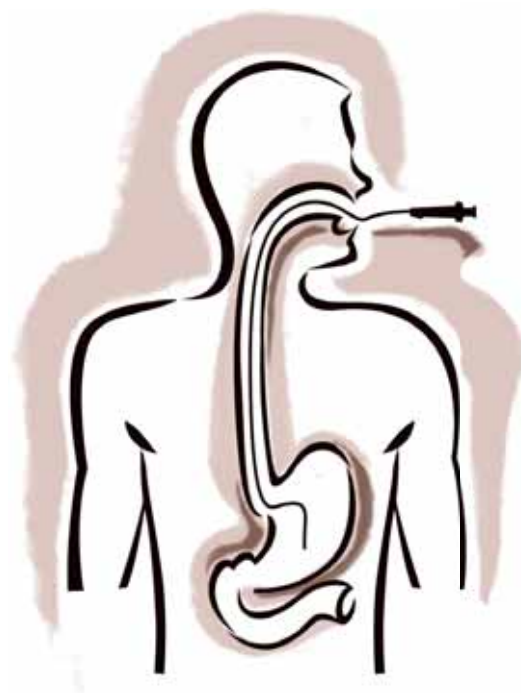
An empty stomach is essential for a safe examination, so you should have nothing to eat or drink, including water, for approximately six hours before the examination. Your doctor will tell you when to start fasting.

Tell your doctor in advance about any medications you take; you might need to adjust your usual dose for the examination, this is particularly important if you are diabetic. Discuss any allergies to medications as well as medical conditions, such as heart or lung disease.

Also, alert your doctor if you require antibiotics prior to undergoing dental procedures, because you might need antibiotics prior to upper endoscopy as well.

During the procedure

Your doctor might start by spraying your throat with a local anaesthetic. Most patients receive some sedative although upper endoscopy can safely be done without sedation if you prefer. You'll then lie on your left side for the procedure. The endoscope



doesn't interfere with your breathing. You may not remember anything of the procedure.

After the procedure

You will be monitored until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel bloated because of the air introduced into your stomach during the test. You will be able to eat after you leave unless your doctor instructs you otherwise. You must arrange for someone to accompany you home if you have sedation because the sedatives may affect your judgment and reflexes for the rest of the day. **If you have sedation you must not drive until the next day.**

Possible complications of upper endoscopy

Although complications can occur, they are rare when doctors, who are specially trained and experienced in this procedure, perform the test. Bleeding can occur at a biopsy site or where a polyp was removed, but it's usually minimal and rarely requires follow-up. Other potential risks include a reaction to the sedative used, complications from heart or lung diseases, and perforation (a tear in the gastrointestinal tract lining). If you have a fever after the test, trouble swallowing or increasing throat, chest or abdominal pain, tell your doctor immediately.

If you have any questions or concerns about the procedure or don't fully understand the contents of this document, you should discuss this with your doctor prior to undergoing the procedure.



This information booklet has been designed by the Digestive Health Foundation as an aid to people who will under go Upper Endoscopy (Gastroscopy) or for those who wish to know more about it. This is not meant to replace personal advice from your medical practitioner.

The Digestive Health Foundation (DHF) is an educational body committed to promoting better health for all Australians by promoting education and community health programs related to the digestive system.

The DHF is the educational arm of the Gastroenterological Society of Australia, the professional body representing the Specialty of gastrointestinal and liver disease in Australia. Members of the Society are drawn from physicians, surgeons, scientists and other medical specialties with an interest in GI disorders.

Since its establishment in 1990 the DHF has been involved in the development of programs to improve community awareness and the understanding of digestive diseases.

Research and education into gastrointestinal disease are essential to contain the effects of these disorders on all Australians.

Further information on a wide variety of gastrointestinal conditions is available on our website.