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GASTROSCOPY/UPPER ENDOSCOPY

DATE: _________________________  TIME: ___________________  ARRIVE: ____________

You may not drive yourself home after the test

WHAT IS A GASTROSCOPY/UPPER ENDOSCOPY?
A gastroscopy of an upper endoscopy is a procedure that allows the physician to directly visualize and examine the lining of the upper gastrointestinal tract, which includes the esophagus (food pipe), stomach and duodenum (first portion of the small bowel), and to identify any abnormalities.

REASON FOR EXAMINATION
Gastroscopy is performed to evaluate such problems as:
- Significant heartburn
- Chest or abdominal pain
- Difficulty swallowing
- Nausea and vomiting food
- Vomiting of blood or passing black stools from the rectum

Gastroscopy can treat problems in this area:
- Stretch a narrowing in the food pipe or stomach
- Remove small growths (polyps)
- Remove a foreign body that is stuck
- Control bleeding

ALTERNATIVES TO GASTROSCOPY
A barium x-ray is a reasonable alternative for patients who do not want to proceed with a gastroscopy. A barium x-ray is a procedure done in diagnostic imaging: one swallows liquid barium and a series of pictures are taken. Barium x-rays have a slightly lower complication rate but are also less accurate than gastroscopy.

BENEFITS OF GASTROSCOPY
- Gastroscopy is more accurate than x-rays and blood test in detecting problems of the upper gastrointestinal tract. Occasionally an abnormality may be missed because of its location, or it is hidden by overlying fluid.
- Biopsies or tissue samples can be obtained through the scope. Biopsies cannot be obtained by x-ray.
- Treatments, as described above, can be performed. Many treatments cannot be performed by x-ray.

POTENTIAL COMPLICATIONS OF GASTROSCOPY
- Gastroscopy is a safe procedure. Complications are more likely to occur when a procedure is performed through the scope, and rarely require urgent treatment and surgery.
• Irritation of the vein with a tender lump may occur at the spot where the medication was injected. Apply heat packs or hot moist towels to relieve the discomfort.
• Damage can occur to the teeth, gums or back of the throat, from introduction of the scope.
• A sore throat is a common side effect and may last for one to two days. Throat lozenges may be helpful.
• Bleeding may occur that rarely requires a blood transfusion or surgery.
• Allergic reactions to the drugs may occur, usually as a rash and fever.
• Fluid can get into the lungs, and can cause pneumonia.
• Perforation or a hole could be made, requiring surgery.
• Death is extremely rare, but remains a remote possibility.
• Heart attack, an irregular heartbeat, or a stroke is more likely to occur in a patient with underlying medical problems.
• Infection may occur.
• Major complication can occur in 1 in 1000 procedures.

**PREPARATION FOR THE TEST**

It is important that you should have **nothing to eat or drink from midnight** before the test, to prevent vomiting food or fluid, which may enter your lungs.

- Your doctor should be aware of all the medications you are taking, all allergies you have, or if you require antibiotics before procedures.

**PROCEDURE**

- Gastroscopy is usually performed as an outpatient procedure at the hospital, which means that you will be admitted to and discharged from the GI unit on the same day.
- When you are admitted to the GI unit, you will be asked to change into a patient gown and lie down on a stretcher. The nurse will check your blood pressure, pulse, ask you if you have any allergies, and if you are presently taking any medications. Dentures must be removed. You will then be taken into the procedure room, on the stretcher.
- Before the procedure starts, you will be asked to sign a consent form, to give the doctor permission to do the procedure.
- Practices may vary among doctors, but as rule, a small intravenous will be started prior to the test, through which medications are administered that will make you drowsy and lessen any discomfort. Many patients fall asleep during the procedure and may not remember anything about the test. This is called conscious sedation, meaning that your are able to breathe without the assistance of any machines.
- The back of your throat may be sprayed with a local anesthetic before the procedure, to prevent any gagging.
- While you are lying on your left side, the gastroscope, which is a flexible tube, is inserted into your mouth and down the throat, into the esophagus, stomach and duodenum. If there is fluid in your mouth during the procedure, the nurse will suction this out.
- As the gastroscope does not go down the breathing tube, the procedure will not interfere with your breathing.
- Air is introduced through this scope, to expand the stomach that is normally collapsed, so the doctor may better examine it. Your may feel the air as a pressure discomfort, or bloating, in your abdomen and you may need to burp. Tissue biopsies and cultures for analysis may be taken during the gastroscopy.
- The test usually takes 5 to 10 minutes.
**WHAT HAPPENS AFTER THE TEST**

- After the test, you will be returned to the Recovery Room to be monitored by the nurses, until the effects of the medication have worn off. Your throat may be sore for a while and you may feel bloated for several hours, because of the air that was introduced into your stomach.

- Before discharge, the doctor will inform you of the general results of the gastroscopy. A follow-up appointment will be booked with the doctor, to discuss the test results, which are usually available several days later.

- If you subsequently develop severe abdominal pain, fever and chills, significant vomiting or the passage of red blood or black stool from your rectum, you should contact your physician or proceed to the nearest Emergency Room immediately.

- Your will be able to resume your diet after you leave the recovery room, and to resume your normal activities the following day.

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*Due to the sedation, you cannot drive your car for the next 12 hours, as legally, you are considered impaired. For your safety, please arrange to have someone drive you home.*