

During the gastroscopy a painless probe placed on your finger will monitor your pulse and oxygen levels. You will receive oxygen through a mask or short prongs placed in your nostrils.

Several small samples of tissue called 'biopsies' are taken during gastroscopy. This is done using a special flexible wire passed down through the gastroscope. These are tested in the laboratory to assist the doctor in making a complete diagnosis.

A video recording and/or photographs may be taken for your records

The gastroscopy takes around 10 minutes.

DOES IT HURT?

Gastroscopy is not painful.

The sedation is very effective for most people. It is given minutes before the procedure begins through the needle in your arm. The sedation works very quickly and helps to make you sleepy and relaxed. It does not make you unconscious. The sedation makes it unlikely that you will remember the procedure.

If you do not have sedation you might experience some discomfort as the gastroscope passes your throat. You may wish to have a local anaesthetic spray to the back of your throat. This numbs the throat. The spray is bitter to taste but can make the gastroscope pass more comfortably

The taking of biopsies is not painful but you may feel a light 'tugging' if you do not have sedation.

Some people experience a slight sore throat in the 24hours after a gastroscopy. Throat lozenges will help relieve any discomfort.

YOU MUST CONTACT THE NURSE at least 1 week in advance of your procedure if any of the following applies to you:

- You are diabetic.
- You take medication to thin your blood (aspirin, warfarin or plavix).
- You had this procedure previously and it could not be completed for some reason.
- You have any chronic medical condition that may affect your ability to fast or to have sedation for this procedure.

DO NOT STOP TAKING MEDICATION UNLESS TOLD TO DO SO BY THE DOCTOR OR NURSE.

WHEN WILL I KNOW THE RESULTS?

The results of the biopsies may not be available for several weeks. A follow up appointment will be arranged for you prior to your discharge.

Patient Information Leaflet

**TALLAGHT
HOSPITAL.**



THE ENDOSCOPY DAY UNIT GASTROSCOPY

(O.G.D.)

**PLEASE READ THIS
INFORMATION CAREFULLY.**

**FURTHER INFORMATION OR
ENQUIRES.**

A nurse is available to speak to you if you have any questions about the procedure:

Tel: 4144183 MON-WED 8:30-4pm.

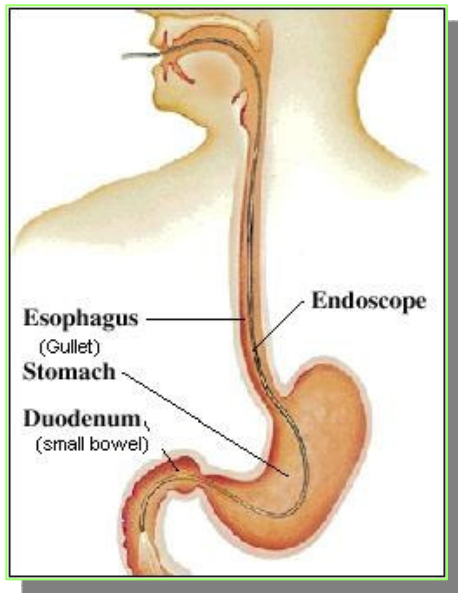
If the telephone is unattended leave your name & contact details & your call will be returned.

Confirmation/Cancellation of appointment or other clerical queries:

Tel: 4144143

WHAT IS A GASTROSCOPY?

A gastroscopy allows the doctor to look directly inside the upper gastrointestinal tract. The upper gastrointestinal tract refers to the oesophagus (gullet), the stomach and the duodenum (part of the small bowel connected to the stomach).



The doctor guides a slim, flexible tube (gastroscope) over the tongue and down the oesophagus into the stomach and duodenum. A tiny camera at the tip of the gastroscope relays pictures back onto a television screen.

[Gastroscopy may be safely performed without sedation but intravenous sedation can be given if you prefer.](#) It does not require a general anaesthetic.

If you do not have sedation you can be discharged after the procedure and continue your daily activities. If you have sedation you stay in the Endoscopy Unit until you are fully awake and ready to be collected.

ALL PATIENTS RECEIVING SEDATION MUST HAVE SOMEONE TO DRIVE THEM HOME FROM THE HOSPITAL. SOMEONE SHOULD STAY WITH THEM OVERNIGHT.

WHY DO I NEED A GASTROSCOPY?

A gastroscopy is a way of looking directly for causes of stomach or gullet problems including indigestion, heartburn, vomiting, melena (passing black motions) or difficulty swallowing. It can also help your doctor make a diagnosis when someone has lost a lot of weight quickly or has a low blood count (anaemia) with no obvious cause.

WHAT ARE THE RISKS?

All medical procedures carry a risk of complications.

There is a small risk of damage to teeth or bridgework. Serious risks are, severe bleeding (although bleeding from biopsy sites is usually minimal and stops quickly) and a perforation (tear) in the stomach or gullet. Serious complications would require a hospital admission and perhaps surgery. Sedation can affect breathing, heart rate and blood pressure but close monitoring allows

problems to be seen and treated quickly. Drugs are available to reverse the effects of the sedative.

[Serious complications are very rare.](#)

We make you aware of them so that you have all the information you need when deciding if you wish to have a gastroscopy done or not.

HOW DO I PREPARE FOR GASTROSCOPY?

You must fast from food and fluids from midnight on the day before your procedure.

WHAT HAPPENS ON THE DAY OF MY GASTROSCOPY?

A doctor will talk with you about the procedure and the risks. He/she will ask you to sign a consent form. Your consent confirms that you understand the procedure and risks.

If you require sedation the doctor will insert a small needle into a vein in your arm through which the sedation will be given.

You will be asked to lie on a trolley bed, on your left side with your knees drawn up towards your chest. A nurse will ask you to hold a small doughnut shaped plastic 'mouthguard' in your mouth. This protects your teeth and gums and allows the doctor to pass the gastroscope easily.