Gastroscopy (also called endoscopy or OGD) is an examination of the inner lining of the oesophagus (gullet), stomach and duodenum using a thin flexible telescope (called an endoscope). A computer chip in the end of the endoscope sends the images to a monitor (TV screen). Air is blown into the stomach to allow the endoscope to be steered through the stomach and into the duodenum (the beginning of the small intestine). It is possible to take biopsies (samples) as well as remove polyps (small benign growths). During the procedure, you will lie on your left side, and you will be kept very relaxed and sleepy with medications given through an intravenous needle. A mask will supply extra oxygen. The procedure takes approximately 10 or 15 minutes, after which you will spend some time being monitored in the recovery room.

When is a gastroscopy useful?

This investigation is generally used to investigate such symptoms as indigestion, upper abdominal pain, persistent vomiting or bleeding, diarrhoea, and to make or confirm a diagnosis (such as coeliac disease). It is also possible to take biopsies and remove polyps (these are much less common in the stomach compared with the large bowel). Problems with swallowing due to narrowing of the oesophagus can also be assessed and treated. Other investigations may be useful, and include barium x-rays, abdominal CT scan or ultrasound scan.

Each test (including gastroscopy) has its own strengths and limitations, but gastroscopy is the only option allowing direct examination and tissue sampling.

What do I do about my usual medications?

You should be able to continue to take your usual medications (e.g. blood pressure and heart medication), but there are some which may need to be stopped. Please discuss the following with your doctor:

- Aspirin (including Solprin, Astrix, Cartia)
- Arthritis medications
- Blood thinners/anticoagulants, including Clopidogrel (Iscover, Plavix), rivaroxaban (Xarelto) and Warfarin (Coumadin, Marevan)
- Diabetes medications (tablets and insulin)
• Herbal remedies

NOTE: PLEASE DO NOT STOP ASPIRIN/BLOOD THINNERS UNLESS ADVISED TO DO SO

Please inform the doctor about the following health problems:

Drug allergies, heart valve replacement or pacemaker, and artificial joints

Preparation for gastroscopy

You will be asked not to eat or drink anything for 6 hours before the test, to make sure that the stomach is empty. You may be able to drink small amounts of water up to two hours before your test. Before your gastroscopy, the surgeon will discuss the test with you and answer any questions, and you will be asked to sign a consent form to indicate you are willing to have the test.

Sedation

You will have a small needle placed in a vein in one of your arms, and the anaesthetist will give a short-acting light anaesthetic (sedating drug). You will continue to breathe for yourself, with additional oxygen through a mask, and the blood oxygen level will be continually monitored with a small electronic device attached to your finger. You may not remember much about what happens during the procedure.

What happens during this procedure?

You will need to lie comfortably on your left side. The anaesthetist will inject a sedating drug into a drip placed in your hand or arm. The sedative will make you feel very relaxed, and probably put you into a light sleep. You are likely to have no memory of the procedure. A small mouth-guard will be put between your teeth to allow passage of the endoscope. If you have false teeth (dentures) they will be removed immediately before the procedure. There will be a mask over your nose for additional oxygen, and the blood oxygen level will be continually monitored with a small electronic device attached to your finger.

The endoscope will be placed into your mouth and directed into the oesophagus and stomach. The endoscope is less than a centimetre in diameter and there is plenty of space to breathe around it. The stomach is inflated with air to allow the entire lining to be seen. Small samples of tissue can be removed (biopsies) with a special instrument during this examination - this does not cause any pain. The procedure takes about 10 to 15 minutes.
Are there any dangers or risks involved with gastroscopy?

Serious side effects are very rare after gastroscopy, particularly when carried out by trained and experienced personnel in a properly equipped facility. You may have some throat discomfort after the procedure. Air may be trapped in your stomach, making you feel slightly bloated. If a biopsy has been taken, there may be minor bleeding. The effects of the sedating drug can be unpredictable, and breathing may be temporarily affected. For this reason, the procedure is carried out with an anaesthetist in a fully equipped procedure room. More serious reactions to the sedative drug are rare.

The more common and important risks include the following:

- Dental injury from biting on mouth-guard – please inform the anaesthetist about caps, crowns and dental plates
- Lip injury (bruise or laceration) due to trapping of the lip with the guard
- Regurgitation/vomiting causing aspiration (acid entering the airways) if the stomach is not fully empty
- Technical problems preventing completion
- The risk of a perforation (a puncture or tear in wall of the oesophagus or stomach), which may require admission to hospital and sometimes surgery (very rare)
- Heart or lung problems as a result of the sedation drugs (e.g. heart irregularity, respiratory depression)
- Other medication effects: allergic reaction, injection site reactions, nausea, vomiting, hypotension (low blood pressure)

What to expect afterwards

You will be transferred to the recovery area and a nurse will observe you until you are fully awake. You can usually go home after about 2 hours. You must have someone to take you home after the gastroscopy, as you will still be affected by the sedating drugs. You should not drive and should plan to rest for the remainder of the day.

You will be given a brief printed report of the findings of the gastroscopy. If required, a follow-up appointment will be made to discuss the test results more fully. A separate full report of the gastroscopy will be sent directly to your referring doctor within several days. Biopsy results may take a few days and copies are sent to the referring doctor.
There may be some initial drowsiness or problems with memory within the first 24 hours following the procedure. DO NOT DRIVE or make any important decisions during this time. Make sure that there is an adult person who can accompany you when you leave the day surgery unit and go home. There may be a small tender lump or bruising where the needle was placed in the vein for the sedation. This should settle within a few days, but may last several weeks.

**Do I need any further tests?**

As indicated above, you will have written advice about the need for an appointment with the surgeon. Your general practitioner may wish to see you again after the gastroscopy, especially if there are ongoing symptoms or other problems to be dealt with. Please check with your doctor regarding this.

**What happens when I check in at the Hospital?**

Please go to the front counter, from where you will be directed to your room. A nurse will see you to complete paperwork and check your blood pressure, temperature, etc. You will then be assessed by the anaesthetist who will confirm that you are medically fit for the gastroscopy to proceed as planned.

**Are there any costs involved in having a gastroscopy?**

For patients with private health cover, the cost is generally not fully covered by health funds, with a “gap” depending on the level of cover. (Please check this with your health fund. There will be separate accounts from the surgeon and the anaesthetist).

**Further information**

This written information about gastroscopy is meant to help your preparation for the procedure, and does not take the place of advice from the referring doctor or the surgeon. Please discuss any questions or concerns you have with your general practitioner. You will also have the opportunity of asking the surgeon to answer your concerns before the procedure is performed.