Gastroscopy Information Sheet

Dr Scott/Flynn has recommended that you have a gastroscopy (also known as an ‘upper endoscopy’). This information sheet is to help you better understand the procedure.

**What is a gastroscopy?**
A gastroscopy is a procedure to examine your upper digestive tract. A camera on the end of a long flexible tube is passed through your mouth, down your throat, oesophagus, stomach and into the first part of your small bowel (less than 1 meter). It will not interfere with your breathing.

**Why is it performed?**
There are many reasons why you might have been recommended to have a gastroscopy and it is important you understand how it could be beneficial in your particular situation. If you have had symptoms such as pain, trouble swallowing, diarrhoea, bleeding or nausea, or if you have been found to have a low blood count the gastroscopy can be useful to diagnose the cause.

**How do I get ready for the gastroscopy?**
Complete and hand in your paperwork to the hospital and ask where and when to present on the day of the gastroscopy.

If you take insulin, diabetic medications, clopidogrel, warfarin, dabigatran (Pradaxa), rivaroxaban (Xarelto), apixaban (Eliquis) or any other blood thinners, discuss with Dr Scott/Flynn how to manage these medications around the time of your gastroscopy. You should continue to take aspirin.

**What happens on the day?**
You should have nothing to eat or drink at all (including water) from midnight (for a morning gastroscopy) or 7.30am (for an afternoon gastroscopy). If you are having a colonoscopy as well you will need to have the last dose(s) of bowel preparation liquid after midnight. You should take your morning medications (unless advised by Dr Scott) with a small sip of water.

Once you are in the hospital you will meet the Day Surgery staff. Dr Scott/Flynn will see you before the procedure.

You will be put to sleep by an Anaesthetist. The gastroscopy usually takes about 10 minutes but can be longer. During the gastroscopy biopsies may be taken (3mm in size and completely painless). If you are having a colonoscopy on the same day, the colonoscopy will be performed second and during the same anaesthetic. If previously discussed a dilatation may be performed. Sometimes the findings will need to be discussed with you before repeating the procedure on another day to perform a particular treatment.

**What happens after the gastroscopy?**
You will wake up in Recovery and may have a slightly sore throat and fell bloated. This is due to the air that was inserted into the bowel during the gastroscopy. This will usually pass over the next few hours. You will remain in the Recovery area for at least two hours and you should arrange for someone to take you home. You should not drive, catch public transport alone, operate heavy machinery, sign legal documents or drink alcohol for 24 hours after the anaesthetic.

Dr Scott will talk to you after the gastroscopy and provide you with written information. It is preferable for someone to be with you for this conversation as it can be difficult to remember.
information after an anaesthetic. A letter with the results and recommendations from the gastroscopy will be sent to your referring doctor and GP.

What are the risks of Gastroscopy?
Every medical procedure has risks and benefits. It is important that you understand these.

1. Serious bleeding (1 per 1,000)
2. Making a hole in the wall of the digestive tract (1 per 1,000)
3. Serious and unexpected complication including heart attack, breathing difficulty, stroke or death (less than 1 per 10,000)

After the procedure, if you think you may have any of these complications, or are concerned for any reason, please contact Dr Scott/Flynn or go to your local emergency department.