

# Gastroscopy Procedure Information and Instructions

## PREPARING FOR YOUR PROCEDURE

**Children less than 6 months of age:** Plan for the last breast feed to finish no later than **3 hours** before anaesthesia. Plan for a formula or cow's milk feed to finish no later than **4 hours** before anaesthesia.

**All other patients:** Do not give milk drinks, food, lollies or chewing gum for **6 hours** before anaesthesia. Offer **clear fluids only up to 1 hour before your admission time.**

**Oral Medication:** Continue regular oral medications unless otherwise requested by the anaesthetist. Medications can be taken with a sip of **clear fluid.**

**Fasting time:** Please fast for food or milk from **6 hours** prior to your admission time. You can continue **clear fluids until 1 hour before your arrival time.**

Clear fluids include:

- Water
- Strained (pulp-free) fruit juices (except orange)
- Clear soft drinks/cordials, icy poles, mineral water or sports drinks (avoid dark colours)
- Black tea or coffee (no milk)
- Strained clear soup

**IF YOU ARE DIABETIC, please make sure your doctor and anaesthetist know for further instructions.**

- Arrive early and check in at the hospital reception.
- Please wear loose comfortable clothing (pyjamas are ok) and leave valuables at home.
- You will then be admitted to the paediatric ward prior to the test.
- After the test you will return to the paediatric ward for recovery.
- You will be able to be discharged home once you are alert and able to tolerate oral intake satisfactorily.
- You will be able to discuss the procedure with your doctor before you are discharged.

## PLEASE BRING:

- Medicare card
- Private Health Fund details (if applicable)
- Current medications

## PLEASE DO NOT BRING ANY VALUABLES



**This information has been prepared to assist you in understanding what to expect when you attend for your gastroscopy.**

### **What is a gastroscopy?**

Gastroscopy is an upper endoscopy. This procedure enables your doctor to examine the lining of the upper part of your gastrointestinal tract, i.e. the oesophagus (swallowing tube), stomach and duodenum (first portion of the small intestine) for any abnormalities.

### **Why is a gastroscopy performed?**

Upper endoscopy is usually performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, or difficulty swallowing for example. It is the best test for finding numerous pathologies. During the procedure biopsies are routinely taken. Biopsies are small samples of tissue. An anatomical pathologist then examines the biopsy samples under a microscope for abnormalities.

### **What are the risks?**

The risk of perforation is one in 1000 cases, and surgery may be required to repair the perforation. Bleeding and bruising can occur. This is more common if there is an abnormality present or treatment is applied. It is reported to occur in one in 500 cases. Rarely, blood transfusion may be required. There is a very small risk of heart or breathing problems associated with the anesthetic and procedure. A number of very rare side effects can occur with any procedure. Death is an extremely remote possibility. If you wish to have full details of rare complications, ask before the procedure.

You may have some minor bloating or cramping due to the air introduced in the stomach during the procedure. This should disappear quickly. Some patients have a sore throat from where the scope slides down or sore jaw. These should disappear quickly. Please notify your anesthetist if you have any loose teeth.

### **What can be expected prior to the procedure?**

You will see your doctor and meet your anesthetist who will ask you several questions and answer any questions you may have. A parent or guardian will be able to accompany the patient into the procedure room until asleep. An anesthetic agent will then be given through a mask or a small needle into your vein. This will make you fall asleep and have no recollection of the event. While you are in a comfortable position on your left side, the endoscope is passed through the mouth and then in turn through the oesophagus, stomach and duodenum. The endoscope does not interfere with your breathing during the test.

### **What happens after a gastroscopy?**

Following your gastroscopy, you will be monitored in the recovery room until you have recovered from most of the effects of the anesthetic. Your doctor will meet with you after the procedure and review the photos from the test and discuss the findings. However, the results of any biopsies samples taken will take several days. You will have time to talk with the gastroenterologist and anesthetist before and after the procedure.

### **ANY QUESTIONS?**

Please do not hesitate to ask any questions. Your doctor is always happy to talk to you a few days before the procedure if you are at all concerned. All you need to do is contact the office.