

# Gastroscopy

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A Gastroscopy is a procedure that allows your specialist to examine the lining of the upper part of your gastrointestinal tract, which includes the oesophagus, stomach and duodenum. This is performed using a narrow, flexible tube called a gastroscope which has a camera in the tip that captures images of your upper gastrointestinal tract. These images are transmitted to a TV monitor which your specialist looks at during the examination. The gastroscope is placed in your mouth and is slowly advanced down your oesophagus into your stomach and duodenum. This is also referred to as upper GI endoscopy.

## Why is a Gastroscopy performed?

- To evaluate upper abdominal pain, nausea, vomiting or difficulty swallowing
- To detect inflammation, ulcers and tumours of the oesophagus, stomach and duodenum.
- To find and treat the cause of bleeding from the upper gastrointestinal tract
- To obtain tissue specimen for biopsy commonly to test for helicobacter pylori or Coeliac disease
- To treat conditions of the upper gastrointestinal tract. For example, your doctor might stretch a narrowed area, remove polyps (usually benign growths) or stop bleeding.
- To evaluate unexplained anaemia

## What is the preparation for a Gastroscopy?

The best and safest way to do the test is on an empty stomach.



**You should have nothing to eat or drink, including water, for six hours before your gastroscopy.**

If you are having a colonoscopy as well, then you only need to stop drinking two hours before your procedures.

It is very important you tell your specialist up to five days in advance about any medications you take. If you are on essential medications you may be able to take them with small sips of water. You may need to adjust your usual dose for the examination or stop certain medications like iron tablets. If you take any blood thinning medication or have any allergies to medications please call the MacMurray Centre on **09 550 1080**.

## How is a Gastroscopy performed?

A gastroscopy is performed in a fully equipped examination room. Your throat will be sprayed with local anaesthetic spray and you will be offered an intravenous sedative. Your specialist will pass the gastroscope through your mouth and into the oesophagus, stomach and duodenum. The gastroscope does not interfere with your breathing. Most patients consider the test only slightly uncomfortable and many patients fall asleep during the procedure. The procedure generally takes about 10 minutes but could be longer particularly if you require any endoscopic treatment during the test.

## What happens after a Gastroscopy?

After your gastroscopy you will be wheeled into the recovery room where you will rest to allow the sedation to wear off. You will be in the department for at least one hour after the procedure if you have received intravenous sedation.

When you are awake your specialist will discuss your examination results with you and a written summary will be given to you for your reference. A copy of your report will also be sent to your GP.

A light snack will be served before you leave MacMurray. You are able to return to your normal diet following discharge.

If you have received sedation you must have someone to take you home after the test and stay with you, as you will be drowsy and unable to drive. The sedative may also affect your ability to recollect details about your procedure. Sedation should wear off in a few hours. You should stay off work the day of your procedure but can resume normal activities the following day.

## Results

If the doctor finds an area in the upper gastrointestinal tract that needs further evaluation, a biopsy (small sample of tissue) can be obtained and sent to the pathology department for examination under a microscope. If a polyp is found, the specialist may remove the polyp at the same time. Polyps are small growths on the inner lining of the stomach. Most polyps are benign (not cancerous), but some polyps are precancerous. You may be asked to make a follow up appointment with your specialist to discuss biopsy results. Biopsy results will also be sent to your GP (may take up to 5 working days).

Gastroscopy findings may include the following:

- Upper gastrointestinal (GI) bleeding
- Ulcers
- Inflammation
- Polyps (which can be removed through the gastroscope during the exam)
- Tumour
- Coeliac disease
- Strictures

## Safety and Risks

A gastroscopy is generally a very safe and simple test. Complications are rare but may include:

- Upper gastrointestinal perforation (a hole or tear in the wall of the upper GI tract), requiring a repair operation (fewer than 1 out of 1,000 tests)
- Heavy bleeding from biopsy or polyp-removal sites (1 out of 1,000 tests)
- Adverse reaction to sedative medication, causing breathing problems or low blood pressure (4 out of 10,000 tests)
- Infection requiring antibiotic therapy (very rare)
- Nausea, vomiting, bloating or sore throat

If you have any queries or concerns please do not hesitate to contact the MacMurray Centre on **09 550 1080**.