

GASTROSCOPY

What is a gastroscopy?

Gastroscopy (also known as an upper GI endoscopy) is a procedure that enables a gastroenterologist 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) using a thin flexible tube that has a camera lens and light source.

Why is a gastroscopy done?

Gastroscopy is usually performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It is the best test for finding the cause of bleeding from the upper gastrointestinal tract. Gastroscopy is more accurate than x-ray films for detecting inflammation, ulcers, or tumours of the oesophagus, stomach and duodenum. Biopsies (small tissue samples) may be taken at the time of your gastroscopy.

Gastroscopy is also used to treat conditions present in the upper gastrointestinal tract. Many abnormalities can be treated directly with little or no discomfort. For example:

- stretching narrowed areas
- removing polyps
- removing swallowed objects
- treating upper gastrointestinal bleeding

Safe and effective endoscopic control of bleeding has reduced the need for transfusions and surgery in many patients.

What are the possible complications of gastroscopy?

- Endoscopy is generally safe. Complications can occur, but are rare when the test is performed by physicians with specialised training and experience in the procedure. Bleeding may occur from the biopsy site or where a polyp was removed. This is usually minimal and rarely requires blood transfusions or surgery.
- Localised irritation of the vein where medication is injected may rarely cause a tender lump lasting for several weeks that will subside eventually.
- Reactions to the sedatives used and complications from heart or lung diseases are rare, but potential risks.
- Aspiration: If a patient's stomach is not completely empty at the time of the procedure, vomiting can be induced. If any of this vomit goes into the lungs there can be further problems with infection.
- Major complications, for example perforation (a tear in the wall of the stomach) are very uncommon. It is important for you to recognise early signs of any possible complications. If you develop a fever after the test, have trouble swallowing, have increasing chest



or abdominal pain, pass any black bowel motions, or have any other symptoms that concern you, please contact your doctor.

What is the preparation required for a gastroscopy?

If you have a morning procedure:

You must begin fasting from midnight the night before the test.

If you have an afternoon procedure:

Have an early and light breakfast (eg cup of tea and toast) prior to 7am.

You may have your throat sprayed with a local anaesthetic before the test begins and will be given a sedating anaesthetic medication through a vein to make you asleep prior to beginning the test. The endoscope does not interfere with your breathing during the test. Most patients sleep through the whole procedure.

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