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PATIENT INFORMATION FORM

UPPER ENDOSCOPY (GASTROSCOPY)

What is “Upper Gastrointestinal Endoscopy”?

Endoscopy involves the use of a flexible tube with a camera to examine the upper intestinal tract consisting of the oesophagus, stomach and duodenum. The procedure is commonly undertaken if your doctor suspects that you have an ulcer, inflammation or other abnormalities of the oesophagus (the tube which connects the throat to the stomach), the stomach or the duodenum.

How are you prepared?

You need to have nothing to eat for at least 6 hours before the procedure to ensure that your stomach is empty so we can obtain clear vision (we suggest that you have nothing to eat after midnight). You must have nothing to drink for 2 hours prior to your procedure. Do not take any medications on the morning of your procedure unless they are life threatening (if not life threatening, bring them with you and you can take them after your procedure.) If you are diabetic, please contact your doctor to discuss this.

Special Considerations?

If you have serious heart or chest problems, special precautions need to be taken to reduce any possible risk. You should therefore inform your doctor of any serious illness of this nature. The precautions taken will usually include – providing oxygen during the procedure and/or monitoring the heart and oxygen levels during the procedure.

At the beginning of the procedure, your throat may be sprayed with a local anaesthetic and you will be given sedation by injection into a vein to make you more comfortable. The procedure will take between 5 and 15 minutes and you will be sleepy for about half an hour afterwards.

What do we do?

An endoscope is a flexible tube about 9mm in diameter. It allows full colour inspection of the oesophagus, stomach and duodenum. It also allows tiny samples to be taken from these areas.

Safety and risks.

Gastrointestinal endoscopy is usually simple and safe. It is unlikely to cause problems for patients unless they have a serious heart or chest problem. Individual patients may have a reaction to the sedation or damage to the oesophagus at the time of examination.

Such complications are extremely rare, however if you wish to have full details all possible rare complications discussed before the procedure, you should inform your doctor.

The major risk is the oesophageal perforation. This complication can usually be treated by the placement of a tube into the oesophagus and antibiotics. Occasionally, immediate surgery will be required.

Less common complications include reaction to sedation. These are uncommon and are usually avoided by administering oxygen during the procedure and/or monitoring oxygen levels in the blood. Rarely however, particularly in patients with severe cardiac or chest disease, sedation reactions can be serious.

Afterwards.

You must have a relative or friend drive you home and have someone stay with you overnight.

You are not permitted to drive a motor vehicle, use machinery or sign legal documents for a period of 24 hours after the examination.

If you have severe pain or feel unwell, you should contact Dr Fisher's rooms on 5434 3393 or the hospital where the procedure was performed.

5444 3533 – Bendigo Day Surgery

5434 3434 – St John of God Hospital – Bendigo

5454 6000 – Bendigo Health

Consent: I have read and fully understand the above information and consent to have the above procedure performed.

Signed: (Patient)..... Date:/...../.....

Witness:

Once you have read this form and are happy to go ahead with the procedure, please sign this form and bring it to the hospital on the day of your procedure.