

# Fraser Gastroenterology

## Gastroscopy – Pre-Procedure Patient Information

A gastroscopy is a procedure used to examine the lining of your esophagus, stomach, and the first part of your small bowel (duodenum). A thin, flexible tube with a miniature camera at the tip (gastroscope) is passed through your mouth and down the back of your throat into your upper digestive tract.

Gastroscopy is commonly done to investigate symptoms such as abdominal pain, difficulty swallowing, bleeding, or significant heartburn. During the procedure, tissue samples (biopsies) may be taken and abnormal growths may be removed. This is typically not painful because the inside of the stomach and bowel do not have the same pain receptors as the skin.

Your throat may be sprayed with a local anesthetic before the scope is inserted. You will receive sedation through an intravenous (IV) line to help you feel relaxed and drowsy. This is not a general anesthetic, and you will breathe on your own throughout the test.

### ***Who Will Perform the Procedure?***

A gastroenterologist, family physician endoscopist, or general surgeon will explain the procedure to you and perform the gastroscopy. A nurse will assist the doctor and support you before, during, and after the procedure. The procedure itself usually takes about 5–15 minutes, though your total time in the unit will be longer to allow for preparation and recovery.

### ***How Do I Get Ready?***

- You must stop eating and drinking at midnight (or as instructed) before your procedure. Your stomach must be empty so the doctor can see clearly and to reduce the risk of stomach contents entering your lungs.
- Wear comfortable clothing that is easy to put on and take off.
- Avoid wearing jewelry and scented products such as perfume, cologne, or aftershave.
- If you require assistance with dressing or mobility, please arrange for your caregiver to accompany you to the hospital or endoscopy unit.
- If you require an interpreter, please bring them with you.
- Expect to be at the hospital or endoscopy unit for approximately 1–2 hours.
- Bring a list of your medications and allergies.
- If you wear hearing aids, bring the case with you so they can be stored safely during the procedure.
- Do not bring valuables; the unit cannot be responsible for items that go missing.

### ***Stopping or Adjusting Medications***

If you take blood thinners (such as warfarin, apixaban, rivaroxaban, dabigatran, clopidogrel, prasugrel, ticagrelor) or diabetes medications (pills or insulin), contact your primary care provider or endoscopist for instructions about if and when to stop or adjust these medications. This should be done at least 2 weeks before your procedure whenever possible.

If you have a pre-surgical or pre-anesthetic screening appointment booked, your medications will be reviewed at that time as well.

On the morning of your gastroscopy, you may usually take essential medications (such as heart and blood pressure pills) with a small sip of water, unless you have been told otherwise.

### ***Care After the Procedure***

- You must arrange for a responsible adult to take you home after your procedure and to stay with you for 24 hours. Because of the sedation, you are considered legally impaired for the rest of the day.
- Do not drive, operate machinery, drink alcohol, or sign important legal documents for 24 hours after your procedure.
- Take your usual medications as scheduled unless you are given different instructions by your doctor.
- Start with a light meal and slowly return to your regular diet as tolerated.

It is normal to experience:

- Mild cramping, gas, or pressure in your abdomen. Walking and passing gas can help ease this.
- A mild sore throat from the scope.
- Mild nausea.
- Some people do not remember parts or all of the procedure due to the sedation; this is expected.

### ***What Are the Risks?***

All medical procedures carry some risk. Serious complications from gastroscopy are uncommon, but may include:

- Reactions to the medications used for sedation.
- Heart or lung problems, including breathing difficulties.
- Infection.
- Bleeding, particularly if biopsies are taken or a polyp is removed.
- Aspiration of stomach contents into the lungs (which can cause pneumonia).
- Perforation – a rare complication where a hole is made in the esophagus, stomach, or duodenum. This may require surgery or other interventions.

If a complication occurs, treatment may include observation, intravenous fluids, antibiotics, blood transfusion, hospitalization, repeat gastroscopy, or surgery, depending on the issue.

For some patients, a barium x-ray is an alternative to gastroscopy. However, barium x-rays are generally less accurate and do not allow biopsies or treatment at the same time as diagnosis.

***When to Seek Emergency Care***

Go to the nearest Emergency Department or call emergency services if you experience any of the following after your gastroscopy:

- Extreme or worsening sleepiness that is out of proportion to the sedation you received.
- Difficulty breathing or shortness of breath.
- Skin that appears unusually pale, or a bluish colour to your lips, fingers, or toes.
- Severe or worsening chest or abdominal pain that is not relieved by prescribed medication.
- Persistent nausea and vomiting lasting more than 16 hours after the procedure.
- Fever of 38.5°C (101.3°F) or higher.
- Vomit that contains blood or looks like coffee grounds.