

## WHAT IS AN UPPER ENDOSCOPY?

Endoscopy is a procedure performed through the mouth that enables the Doctor to see inside your upper gastrointestinal tract - your oesophagus, stomach and duodenum. Unlike X-rays, which take photographs of these areas, endoscopy lets the Doctor see the surface of these areas directly and provide far more detail and accuracy than an X-ray.

## PREPARATION FOR UPPER ENDOSCOPY

**No food for 8 hours prior to the endoscopy and only small amounts of water (1-2 cups) up until 4 hours before.** If you must take prescription medication, this can be done up until 2 hours before the endoscopy with a **sip** of water. Please tell the Doctor if you have had any allergies or bad reactions to medications. The procedure is quite safe during pregnancy and while breast-feeding although, you should inform the Doctor if this applies to you.

## WHAT HAPPENS DURING UPPER ENDOSCOPY?

You will be given medication by injection through a vein to make you sleepy and relaxed. You will probably have little memory of your procedure afterwards. The procedure may sometimes be performed without sedation if required. While in a comfortable position on your left side, the Doctor will pass the endoscope through your mouth and down the throat. The endoscope is a plastic tube about as thick as a ball point pen. The instrument will not interfere with your breathing nor cause any pain. The examination takes about 20 minutes.

If patients are taking blood thinning agents at the time of upper endoscopy, higher risk procedures may not be performed and a repeat upper endoscopy will be required.

## THERAPIES OR PROCEDURES PERFORMED DURING UPPER ENDOSCOPY

1. **Biopsy.** A biopsy may be performed to take samples of any abnormal areas within the stomach, oesophagus or duodenum. This is a very safe procedure. Very rarely, there can be bleeding.

2. **Polypectomy.** Polyps can occur in the stomach or small intestine. Most polyps are benign. Very rarely do these polyps develop into malignancy. Often polyps can be assessed and not required to be removed if they are a polyp known as a cystic fundic polyp. Other polyps, however, may require removal with a snare (a wire loop) placed around the polyp and removed with diathermy (an electric current). Rarely there can be a risk of bleeding or perforation (a hole in the wall) following the polypectomy.

3. **Dilatation.** If you have problems swallowing food, you may have a stricture or narrowing of the oesophagus. This will require a dilatation (stretching). During the endoscopy, a special dilator is passed through the narrowing to stretch this area. This will then improve your swallowing. This is a safe procedure but there can be a risk of bleeding or discomfort or rarely, perforation (approximately one in one thousand five hundred dilatations). If you do have a dilatation performed, you may require a soft diet following this procedure for 24 hours.

4. **Treatment of Bleeding** If bleeding is identified at endoscopy, this may require therapy with an injection, the use of diathermy (gold probe) or the application of metal clips to stop the bleeding

**Use of Blood Thinning Agents:** A standard diagnostic endoscopy can be performed safely whilst patients are taking blood thinning drugs such as warfarin, clopidogrel and aspirin. If polypectomy or dilatation are required, warfarin and clopidogrel may need to be ceased prior to the procedure and this should be discussed with your referring doctor at least 1 week before the procedure.

## HOW ACCURATE IS AN ENDOSCOPY?

Upper endoscopy is an excellent procedure to assess the oesophagus, stomach and top of the small bowel. Rarely lesions may be missed.

## ALTERNATIVES TO UPPER ENDOSCOPY

1. **Barium swallow and meal.** This involves a barium x-ray examination which looks at the lining of the oesophagus, stomach and duodenum. It is not as accurate as an upper endoscopy as it cannot detect Barrett's oesophagus or changes within the stomach lining, in particular, whether there is an infection. No biopsies can be performed. If the barium shows an abnormality, then often you will need to proceed to an upper endoscopy. Barium meal can be useful if you have problems with food sticking in your gullet (dysphagia) prior to endoscopy.
2. **Ultrasound.** This is normally only useful for assessing the gallbladder, liver, pancreas and spleen and does not give good visualization of the stomach or small intestine.
3. **Capsule Endoscopy.** This is a capsule camera that is swallowed. Very limited views are obtained of the oesophagus and stomach. It is predominately used for assessing the mid small intestine.
4. **CT scan.** This is useful if there are problems outside the stomach or to assess for thickening of the stomach lining, however, biopsies are not able to be performed with this technique.

## RISKS OF AN UPPER ENDOSCOPY

Complications are very rare (less than 1:10,000 examinations):

1. **Bleeding.** This is a rare complication following upper endoscopy and biopsy. There is a slightly higher risk of this occurring if you require oesophageal dilatation or polypectomy. The risk of bleeding is increased if oesophageal dilatation or polypectomy are performed when patients are taking blood thinning agents.
2. **Perforation (Hole in the Gut wall).** Damage to the oesophagus and stomach very rarely occurs with a routine endoscopy (1:50,000 normal upper endoscopies). There is a higher risk if there is a narrowing of the oesophagus. The risk of perforation with a tight stricture is approximately 1:500. This life threatening complication will require a prolonged hospital stay and usually an operation.
3. **Reaction to anaesthetic:** a) Pain in the arm at the injection site, b) Bruising or infection where the cannula is inserted, c) Nausea and vomiting, d) Altered heart rates, e) Dizziness or fainting, f) Allergic reaction, g) Aspiration of vomit from the stomach into the lungs, h) Heart attack, i) Stroke and death (extremely rare). **If you have any questions please ask the Anaesthetist prior to your procedure.**
4. **Damage to teeth and mouth:** Rarely the mouth or teeth may be damaged due to excessive biting on the mouthguard. Whilst we endeavour to prevent damage, there may be resultant trauma to the mouth lining, lips, teeth and fillings which may be chipped, cracked or loosened. The doctors and hospital do not accept any liability for this type of damage to the mouth and teeth.

## WHAT HAPPENS AFTER THE ENDOSCOPY?

You will normally stay in the primary recovery area for 25-30 minutes after you have recovered consciousness. You will be asked to go to the second stage recovery for 20-30 minutes where you will be seated and have light refreshments prior to being discharged. You are required to remain in the Clinical area until you are discharged. A normal diet may be resumed immediately upon returning home, unless instructed otherwise on your discharge instructions.

The gastroenterologist will speak with you briefly regarding your procedure results before discharge. This is not a full consultation. Follow-up consultation will be with your referring doctor. If deemed necessary by the gastroenterologist, a future consultation will be arranged by the reception staff prior to your discharge.

Following the procedure you may experience a sore throat.

**NOTIFY THE DOCTOR IF YOU HAVE SEVERE ABDOMINAL PAIN/VOMITING, BLEEDING FROM THE BACK PASSAGE, BLACK BOWEL MOTIONS, DIZZINESS, SHORTNESS OF BREATH, FEELING FAINT, HIGH FEVER/CHILLS, REDDENED AND SWOLLEN INJECTION SITE.**

If you have severe symptoms, you would need to contact your GP, the Gastroenterologist or present to a major Accident and Emergency Department of a hospital to be assessed.

## **AFTER THE ANAESTHETIC**

The anaesthetic you are given before the procedure is very effective in reducing any discomfort. However, it may also affect your memory for some time afterwards. Even when the sedative appears to have worn off, you may find you are unable to recall details of your discussion with the doctor. Occasionally, you may have diminished memory for 1 day following the procedure. You are advised to rest when you go home, however, avoid sitting or lying in the one position for long periods.

**Due to the anaesthetic you have had, you are legally under the influence of a mind-altering drug. You must not drive a vehicle, operate heavy machinery or sign legal documents or place yourself in any hazardous situations for at least 12 hours after the procedure.**

**You will be unable to take public transport or use a taxi to go home unless you have a responsible adult with you.**

**It is important that a responsible adult accompanies you home and is able to look after you for 12 hours after your procedure. The reasons for this are two fold: 1. the increased risk of bleeding, fainting and falling; and 2. the temporary loss of memory and judgement following the anaesthetic.**

**IF YOU DO NOT HAVE A RESPONSIBLE ADULT TO ACCOMPANY YOU HOME AND STAY WITH YOU FOR 12 HOURS AFTER YOUR PROCEDURE, YOUR APPOINTMENT MAY BE CANCELLED.**

## **EEC CHARTER OF PATIENT RIGHTS AND RESPONSIBILITIES**

### **PATIENT RIGHTS**

**Access:** A right to health care.

**Safety:** A right to safe and high quality care.

**Respect:** A right to be shown respect, dignity and consideration.

**Communication:** To be informed about services, options and costs in a clear and open way.

**Participation:** A right to be included in decisions and choices about care.

**Privacy:** A right to privacy and confidentiality of provided information.

**Comment:** A right to comment on care and having concerns addressed.

### **PATIENT RESPONSIBILITIES**

**Respect:** A responsibility to respect the dignity of other patients, visitors and surgery staff, and their right to a safe environment; and to respect hospital property, policies and regulations.

**Co-operate:** A responsibility to co-operate with staff in the provision and planning of care, and provide them with honest, relevant details associated with your health status on the pre-admission questionnaire.

A responsibility to arrange a responsible adult to drive you home and remain with you for 12 hours after the sedation.

A responsibility to contact the hospital should you wish to cancel or postpone your admission, or are unable to arrive at your scheduled time.

**Accept:** To accept the consequences of your own decision on health matters.

To accept responsibility to finalise all accounts pertaining to your hospitalisation.

# UPPER ENDOSCOPY CONSENT FORM

**After reading this information, you will need to tick the box below to acknowledge that you have and read and understand the procedure.**

**On the day of your procedure you will be asked to sign the consent form after you have talked to the Gastroenterologist.**

**Prior to this, you must have read this booklet and completed the following item check list:**

	Yes	No
Are you satisfied with the reason you are having an upper endoscopy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the preparation for upper endoscopy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand what will happen during and after the endoscopy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the alternatives to an upper endoscopy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the risks of an upper endoscopy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the possible reaction to the anaesthetic?	<input type="checkbox"/>	<input type="checkbox"/>
Have you arranged a responsible adult to drive you home and stay with you for 12 hours after the procedure?	<input type="checkbox"/>	<input type="checkbox"/>

**If you have answered NO to any of these questions, you will require further information from your referring Doctor or a consultation with one of our Gastroenterologists prior to your procedure and you may need to reschedule your appointment.**

**I have read and acknowledge that I have been given information and understand the information and consent for my upper endoscopy.**

I ACKNOWLEDGE THE NATURE OF THIS PROCEDURE HAS BEEN FULLY EXPLAINED AND I REQUEST THAT THE UPPER ENDOSCOPY AND POSSIBLE POLYPECTOMY BE CARRIED OUT AND SEDATION BE ADMINISTERED. I ALSO AGREE TO ANY FURTHER THERAPIES THAT NEED TO BE PERFORMED DURING THE UPPER ENDOSCOPY, AS OUTLINED IN THIS UPPER ENDOSCOPY BOOKLET. I UNDERSTAND THE COSTS INVOLVED IN HAVING THE PROCEDURE PERFORMED AND AGREE TO BE RESPONSIBLE FOR THE COSTS.

**I agree to recover in the surgery following my procedure until I am fit for discharge. I understand a responsible adult must accompany me home and remain with me for 12 hours after the procedure. I understand that I cannot use public transport or a taxi to get home without an adult companion. I understand I cannot drive a vehicle, operate machinery or place myself in any situation where sedation could be hazardous for the next 12 hours.**

..... Date:.....  
Patient's Signature

..... DR:.....  
**Gastroenterologist's Signature Gastroenterologist's Name**

# OESOPHAGEAL DILATATION CONSENT FORM

I have read the information on upper endoscopy and oesophageal dilatation. I request that at the same time of the upper endoscopy if a narrowing is found, than an oesophageal dilatation is performed. I understand what is involved in this procedure and the risks involved with an oesophageal dilatation, which are bleeding and perforation.

..... Date:.....  
Patient's Signature

..... DR:.....  
**Gastroenterologist's Signature Gastroenterologist's Name**