

## **GASTROSCOPY (Upper Endoscopy) – Patient Information & Informed Consent**

### **What is a gastroscopy?**

A gastroscopy is where the doctor uses an instrument called an endoscope to look at the inside lining of your oesophagus (food pipe), stomach and duodenum (first part of the small intestine). A gastroscope is a long, thin, flexible tube with a small camera and light attached which allows the doctor to see the inside of your gut on a video screen. You will lie on your side while your doctor slowly passes the gastroscope via your mouth. Your doctor will examine the lining again as the gastroscope is taken out. The procedure is performed under sedation or anaesthetic administered by a specialist Anaesthetist. Allow 2-3 hours for waiting, the procedure and recovery. The procedure itself can take 5-15 minutes to complete.

### **Why have a gastroscopy?**

This is done to look at reasons as to why you may have swallowing problems, nausea, vomiting, reflux, bleeding, indigestion, anaemia, diarrhoea, abdominal pain or chest pain. Additionally, biopsies can be taken during the procedure and sent for further testing.

### **What are the risks?**

Complications are very rare!

Occasionally you may have some abdominal discomfort from air trapping which normally passes quite quickly.

Less than 1 in 10000 people will accidentally get a hole (perforation) to the bowel. If this was to occur, this may be repaired with small clips during the procedure or may require an operation to repair the hole.

Less than 1 in 1000 people will have significant bleeding following a biopsy and less than 1 in 100 following removal of a polyp, which can usually be stopped at the time of the procedure. Occasionally this may require repeat gastroscopy to treat the bleed, a blood transfusion, and/or rarely, a special x-ray procedure or an operation.

Uncommonly, a small polyp or cancer may be missed.

Other rare complications include reactions to the anaesthetic/sedation (the Anaesthetist will discuss this further with you on the day of the procedure), or damage to your teeth or jaw due to the presence of instruments in your mouth (a mouth guard is inserted to protect your teeth).

### **What are you responsible for?**

You are less at risk of problems if you do the following:

- Follow the preparation instructions carefully.
- Bring a list of all prescribed, over the counter and herbal medication you take.
- Bring any relevant x-rays.
- Do not drink any alcohol and/or take recreational drugs 24 hours before the procedure.
- Please ensure you make arrangements for someone to drive you home after the procedure. It is not safe to drive until the following day after having sedation or an anaesthetic.

**What happens after the gastroscopy?**

You will usually be allowed to eat straight away. Your doctor will inform you of the results prior to you leaving the recovery area. Any polyps removed or tissue samples taken will be sent to a pathologist - the results of these tests may take several days; Follow-up of these results will be made with you. Again, please ensure you make arrangements for someone to drive you home after the procedure. Do NOT drive any type of vehicle or operate machinery until the next day. Do NOT drink alcohol and/or take other recreational drugs. They may react with the sedation drugs. Do NOT make important decisions or sign a legal document for the first 24 hours. Have an adult with you on the first night after your gastroscopy.

Notify Dr Walker’s rooms on 5574 6133 during working hours or the hospital Emergency Department straight away if you have:

- severe ongoing abdominal pain.
- black tarry motions or bleeding from the back passage.
- a fever.
- sharp chest or throat pain.

**What if I don’t have the procedure?**

Your symptoms may become worse and your doctor will not be able to give you the correct treatment.

**Are there other tests I can have instead?**

There are other tests that can be done, such as:

- X-ray procedures (ultrasound, CT scans, plain x-rays, barium swallow tests), though these are unlikely to replace the need for an endoscopy.

**CONSENT FOR GASTROSCOPY**

I have read and understand the above information on gastroscopy. I have read and understand the “Patient Preparation Instructions” leaflet supplied to me. I hereby agree to undergo a gastroscopy by Dr Walker. I agree to any biopsies, removal of polyps, oesophageal dilatation or any other upper endoscopy procedures deemed to be appropriate at the time of the procedure.

To assist in my management, I additionally permit Dr Walker to access or obtain any relevant medical information from other health professionals or services.

PATIENTS SIGNATURE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 DATE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 DATE \_\_\_\_\_

Dr Griff Walker

**PLEASE BRING THIS COMPLETED CONSENT FORM WITH YOU ON THE DAY OF YOUR PROCEDURE**

*If you have any concerns or questions about the preparation, procedure or consent, please contact Dr Walker’s office on 5574 6133.*