



Gastroscopy



DIAGNOSTIC CENTRE BLEĐ

DEAR PATIENT,

This booklet has been prepared to provide information about the oesophago-gastro-duodenoscopy (shortened gastroscopy) and related relevant questions and answers.

Please, follow the instructions.

** The gastroscopy procedure requires prior to the examination or procedure for you and your doctor to sign a statement "Consent to medical care after explanation", which is a legally required form.*

WHAT IS A GASTROSCOPY?

A gastroscopy is a procedure which enables us to look into the upper gastrointestinal tract and identify any abnormalities in oesophagus, stomach and duodenum.

During gastroscopy a flexible tube (gastroscope) is inserted into the mouth. A tiny video camera at the tip of the tube allows the doctor to examine the inside of your upper digestive tract.

REASONS FOR A GASTROSCOPY

- Establishing the cause of your digestive disorders, signs and symptoms, such as abdominal pain, persistent heartburn, nausea and vomiting persistence, difficulty swallowing, upper gastrointestinal haemorrhage, chest pain that is not linked to cardiovascular diseases, unexplained weight loss, chronic diarrhoea, anaemia ...
- Samples of mucous membrane taken and histological confirmation of abnormalities
- Regular gastroscopy checks and screening for upper gastrointestinal tract malignancies
- Treatment of certain changes and digestive problems. With special tools, which can be introduced through the gastroscopy working channel, foreign bodies can be removed, bleeding can be stopped, constrictions, which cause problems in the transition of food, dilated, or polypoid and non-polypoid precancerous changes removed.

Gastroscopy is used to identify the causes of your indigestion.

WHAT ARE THE POSSIBLE RISKS OF A GASTROSCOPY?

Gastroscopy complications are very rare and may include:

- Adverse effects of the sedation if used during the examination (*see booklet on sedation*).
- Bleeding from the site of biopsy or polypoid/non-polypoid abnormality removal.
- Perforation or tear of the lining of the gastrointestinal tract.
- Aspiration of gastric contents.
- Other rare complications that may require additional procedures and action.

HOW TO PREPARE FOR A GASTROSCOPY?

In order to prepare properly, you should strictly follow the received instructions and your doctor's instructions. He may require from you the following:

- Stop eating and drinking 6-8 hours prior to the procedure.
- Adjust the medication intake. Notify your doctor about the medications at least one week prior to the procedure – especially if you are being treated for diabetes, high blood pressure or heart problems, if you are taking aspirin or other medications to prevent blood clotting. It may be necessary to adjust the dose of certain medicines or temporarily fully stop their intake.

WHAT TO EXPECT WITH A GASTROSCOPY?

During the procedure:

In most cases, during a gastroscopy patients do not need sedation. If the doctor believes that sedation is needed, or the patient wants it, it will be provided. Sometimes only a mild sedative in a pill form is required, rarely the medication is inserted into a vein and combined with a pain-killing medicine (see booklet on sedation).

Before the procedure you will be administered a local anaesthetic spray to numb your throat (you should specify past allergies to this anaesthetic). A mouthpiece will be inserted into your mouth for your personal protection and to protect the endoscope. As you will lie on your left hip the endoscopist will carefully insert you the gastroscope. Air will be gently put through the gastroscope on the way from the oesophagus to the stomach to enable the clarity what may be felt as a slight painless pressure. Patient will also be able to breathe normally through the nose and mouth throughout the procedure.

Most often, during the gastroscopy tissue samples for the histological examination are taken through the working channel whereby biopsy is done with a miniature forceps to confirm and/or accurately determine the nature of abnormalities.

Infection with *Helicobacter Pylori* is very common and is present in half of the world's population. For many people infection alone does not cause problems, whereas for some

WHAT TO EXPECT WITH A GASTROSCOPY?

it may be connected with the development of ulcers and stomach cancer. In Slovenia, as elsewhere in the developed Western world, the number of infected persons and related diseases is in decline.

Once the infection with *Helicobacter Pylori* has been identified, we decide on the treatment. The success of the treatment is usually checked with a ¹³C urea breath test, which is carried out from 4 to 6 weeks after the treatment.

Gastroscopy includes the therapeutic procedures to stop the bleeding, remove polypoid and non-polypoid changes, dilate constrictions and remove the foreign bodies. The majority of these procedures are for the safety reasons carried out in a hospital.

During the treatment typical parts of the upper gastrointestinal tract and possible abnormalities will be photo-documented and they will be an integral part of your gastroscopy findings. *Gastroscopy in most cases takes from 5 to 20 minutes.*

After the procedure:

In case of sedation, post-procedure requires different action and greater attention of health staff and your companion, especially during the recovery and during the time of medication impact (see booklet on sedation).

WHAT TO EXPECT WITH A GASTROSCOPY?

After the procedure you may still feel bloating, tension and spasms from air that was placed in your stomach during the examination, but only in a mild form. This feeling will gradually subside. Sore throat is common, which is only transitional. If the procedure was not carried out in the sedation and you did not go through any of the above therapeutic procedures, you may continue with your daily work and other activities.

GASTROSCOPY RESULTS

After the gastroscopy the doctor will provide information on the results and their meaning, and explain the necessary further action.

- Further action is sometimes based on histological result of biopsied or removed abnormalities. You and your doctor will be informed about this later by post. If you wish, we will inform you about the findings also personally within a counselling interview.

Before the gastroscopy, the doctor will inform you on the procedure and answer all your questions.

DO YOU HAVE MORE QUESTIONS?

Before the gastroscopy the doctor will inform you on the procedure and answer all your questions. After the outpatient gastroscopy has been carried out, you may proceed with your daily work and other activities.

In case of endoscopic intervention and your discharge to home care, you will be given written instructions on what you can and cannot do in the next few days. You will also be re-informed on possible adverse complications and the necessary action to be taken if they occur.

If you and your doctor decide that the sedation is necessary, you will also get all the information on preparing for sedation, different methods of sedation, and its possible complications. You will also learn what the necessary treatment after the sedation is and get the written instructions prior to discharge from the clinic. You should know that you can refuse or cancel the sedation. The content and the scope of explanation will be documented by your doctor. The explanation must be given even if you have already had the same or similar procedure or you believe that you have already had enough information.

In case something was not understood or you have additional questions, please, do not hesitate to ask for clarification. After all, your health, your confidence in the procedure and your safety are at stake.

DIAGNOSTIČNI CENTER BLEĐ d.o.o.

Pod skalo 4, 4260 Bled

P: +386 (0)4 579 80 00, F: +386 (0)4 579 83 00

info@dc-bled.si

Branch Office Ljubljana - Vila Urbana

Barvarska steza 4, 1000 Ljubljana

P: +386 (0)1 280 46 60, F: +386 (0)1 280 46 61

ljubljana@dc-bled.si

Clinic Kostanjevica na Krki

Medical centre, Ljubljanska c. 16

8311 Kostanjevica, M: +386 (0)41 644 006

kostanjevica@dc-bled.si

www.dc-bled.si

The booklet is used in all group companies of Diagnostic centre Bled. The total or partial reproduction without consent of the company Diagnostični center Bled d.o.o. is not allowed. Text examined and approved by the Medical Director of Diagnostic centre Bled: Head of the Department Milan Stefanovič, MD, specialist in internal medicine, Design: IDEARNA d.o.o., Version 1.0. of January 2012.