

## Key Information for Procedures at RPA

1. **You must have someone to take you home.** In the very rare situation that this can not be arranged, we need to know in advance so that we can arrange for you to stay in hospital, or your procedure may be cancelled on the day, and the wait for rebooking can be substantial.
2. If you are having a colonoscopy - review and follow your preparation according to my written instructions (on the third last page).
3. Arrive at 7:30am. Your procedure will not be for several hours after this, but the hospital has policies and procedures that everyone needs to follow, for your safety, and for the hospital to run smoothly.
4. Come to TPU (The Perioperative Unit) on Level 3 of the main building of RPA.
5. Bring your consent form, Medicare card, Pre-Procedure Health Questionnaire, all relevant imaging (X-rays etc) and correspondence.
6. Bring something to read - waiting can be lengthy and boring.
7. Don't bring unnecessary valuables.

## Consent for Gastroscopy (Endoscopy)

Please read this carefully and bring this form into the Endoscopy Unit when you attend for the procedure. If there is anything you do not understand, please raise this with the nursing and medical staff at the time of your procedure. I will attempt to quantify the risks of the procedure from the literature and my own experience (figures in brackets) for outpatient procedures such as yours. **The risk of not having the procedure (missed cancer etc) may significantly exceed the risks from the procedure.**

Gastroscopy is a safe and well tolerated method of examining the oesophagus (food pipe), stomach and upper small intestine (duodenum).

The examination is done following sedation which is given into a vein, or with no sedation - this is your choice. If you choose sedation, it is unlikely you will have any recollection of the procedure as you will be very sleepy/asleep during the procedure.

The risks of the examination are minimal. It is extremely uncommon to have an allergy to the drugs used. Occasionally it is necessary to perform interventional procedures through the endoscope, such as oesophageal dilatation in the presence of a stricture, or removal of polyps from the upper intestine. Potential complications include:

- Bleeding - less than 1/1000
- Perforation/puncture of the food pipe, stomach or intestine- less than 1/5000
- Death due to gastroscopy - extremely rare ~ 1/25000
- Injury to surrounding structures (eg spleen) - very rare (none)
- Sedation related complications including drug allergy - very rare (none)
- Aspiration of stomach contents into lungs - rare (none)
- The rare possibility that something may be missed, or that the procedure may be technically difficult and unable to be completed, particularly if there is poor stomach emptying and residual food

**Most complications settle spontaneously and do not require any specific intervention.** Very rarely they may be life threatening and require a blood transfusion or open surgery. If you would rather not have polyps removed, or not have interventions such as a blood transfusion (in a life threatening situation), please inform the nursing and medical staff on admission. **Should you have any symptoms of concern following the procedure such as abdominal pain, fever, shortness of breath, bleeding etc, please notify your doctor immediately.**

If there is a chance that you could be pregnant, or have very serious heart, lung (e.g. requiring home oxygen), kidney disease, or if you have difficulty walking up one flight of stairs without stopping, please notify us before the procedure. These issues may increase the risk of sedation and it may be more appropriate that your procedure is done in a hospital rather than day surgery setting.

Please make sure you have read and understood the above advice and have received satisfactory answers to any questions about the procedure. By signing the attached consent form, you consent to gastroscopy and any associated procedure necessary, agree not to operate a motor vehicle or machinery for at least 24 hours after the procedure, and not to make any important decisions or sign any contracts within 24 hours of the procedure, if given sedation for the procedure.

## Gastroscopy Patient Information

### What is Gastroscopy?

Gastroscopy involves the use of a flexible tube to examine the food pipe (oesophagus), stomach and upper small intestine (duodenum). The procedure is commonly undertaken if your doctor suspects that you have problems in this area.

### How are you prepared?

You should have nothing to eat or drink for 4 hours before your procedure. There is no bowel preparation to be taken at home.

You will be given a sedative through a vein in the arm or hand before the procedure to make you more comfortable.

### Special Considerations

As drugs are used, and x-ray screening is occasionally used following the procedure, it is essential for female patients that there is no possibility of pregnancy. You must advise the nursing staff if you have any doubts about this.

You should advise the nursing staff if you are sensitive (allergic) to any drug or other substance.

Please do not stop any blood thinners or anti-coagulants unless directly advised to by your doctor. You should also inform your doctor if you have heart valve disease or have a pacemaker implanted.

### What do we do?

A gastroscope or colonoscope is a flexible tube about 9-12mm in diameter. It allows full colour inspection of the rectum and sigmoid colon. It also allows biopsies to be taken from the stomach, food pipe and small bowel and other areas.

### Safety and risks

This test is usually simple and safe. It is very unlikely to cause any serious problems for patients.

Extremely rarely, individual patients may have a reaction to the sedation or damage to the food pipe or stomach at the time of examination. Such complications are extremely rare, however, if you wish to have full details of all possible rare complications discussed before the procedure, you should inform your doctor.

### Afterwards

The procedure will take between 5 and 15 minutes and you will be sleepy for about half an hour afterwards. **A relative or friend must pick you up. You may not leave unaccompanied.**

If you have any severe abdominal pain, bleeding, fever or other symptoms that cause you concern, you should contact your doctor immediately

## Discharge Information Following Endoscopic Procedures

Do not eat or drink anything for 30 minutes after your test. Start with small sips of water. If you can drink small sips of water easily, then you may begin eating solid foods as tolerated. (Unless the nurse or doctor gave you other instruction on discharge).

Medications given to you during the procedure may make you sleepy, weak, and uncoordinated. **DO NOT** drive a car or use dangerous equipment like power tools and lawn mowers. Do not do important business or sign any legal documents until the day after your procedure.

If you notice any redness or swelling on parts of your body where IV medication were given, place a warm wet washcloth over the area for 20 minutes at a time until the redness or swelling goes away. If you still have redness or swelling after 2-3 days, please call us.

The doctor may have removed some tissue during the test. This is called biopsy. A laboratory will look at the tissue for disease. If you had polyps removed do not lift anything heavy for one week. The appropriate follow up to obtain the results of the biopsy will be indicated on your copy of the report.

If you are currently taking blood thinners, begin taking them normally as you would unless the nurse or doctor told you not to at discharge.

After you test your stomach and/or colon may feel tight/full. Gas was put in your stomach/colon and you should pass gas from your rectum or by burping. You should not need treatment for this. If you have soreness in your throat you may gargle with warm salty water every 30-60 minutes.

### Call us right away if you have:

- Blood in your stool for more than two bowel movements
- Temperature over 38.5°C

**(during hours 9519 8689, after hours 9515 6111 and ask for the gastroenterology registrar on call, if unsuccessful ring '000')**

### Go to the nearest emergency room right away if you have:

- Vomiting that will not stop, or vomiting of blood or 'coffee grounds'
- Bad stomach pain (other than gas cramps)
- Chest pain
- Black stools
- Constant bleeding or more than two tablespoon of blood from your rectum.