



Upper Gastrointestinal Endoscopy - Information and Consent Booklet

Please arrive at _____ on _____ / _____ / _____
at _____ Hospital for your procedure.

Fasting from _____

Your procedure will usually be performed 1-2 hours after your arrival at the hospital, but due to the variable duration of procedures there may be unforeseen delays. The procedure takes between 15-60 minutes and you will usually be discharged approximately 2 hours following the procedure.

Please bring the following to the hospital:-

1. Your referral documents if not previously forwarded to the office.
2. Your signed information consent booklet for the procedure.
3. Your health insurance or DVA information booklet/card.
4. Please wear comfortable, loose clothing.
5. Reading material.
6. A list of all current medications and allergies.

What is upper endoscopy?

Upper endoscopy lets your doctor examine the lining of the upper part of your gastrointestinal tract, which includes the oesophagus, stomach and duodenum (first part of the small intestine). Your doctor will use a thin, flexible tube called an endoscope and will view the images on a video monitor. If your doctor has recommended upper endoscopy, this leaflet provides you with information about the endoscopy - how it is performed, how it can help, and what side effects you

might experience.

Please ask your doctor about anything that you don't understand.

*For enquiries regarding your booking or questions about your procedure
please ring the hospital where you are having the procedure
Greenslopes Private Hospital 3324 1500 | Mater Private Hospital 3844 0033
Mater Redlands Hospital 3324 1500*

Why is upper endoscopy done?

Upper endoscopy helps your doctor evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It is also used for finding the cause of bleeding from the upper gastrointestinal tract. Your doctor may use upper endoscopy to obtain a biopsy (small tissue samples). Biopsies are taken for many reasons, and your doctor may take a biopsy, even if he or she does not suspect cancer. For example, your doctor may take a biopsy to test for *Helicobacter pylori*, a type of bacteria that causes ulcers.

Upper endoscopy is also used to treat conditions of the upper gastrointestinal tract. Your doctor can pass instruments through the endoscope to directly treat many abnormalities with little or no discomfort. For example, your doctor may stretch a narrowed area (dilatation), remove polyps (polypectomy usually benign growths) or treat bleeding.

How should I prepare for the procedure?

An empty stomach allows for the best and safest examination, so you should have nothing to eat or drink, including water, for approximately six hours before the examination. Your doctor/nurse will tell you when to start fasting.

If you are diabetic you may need to adjust your usual dose for the examination. Discuss any allergies to medications as well as medical conditions, such as heart or lung disease. Also, alert your doctor if you require antibiotics prior to undergoing dental procedures, because you may need antibiotics prior to upper endoscopy as well.

Can I take my current medications?

Most medications can be continued as usual, but some medications can interfere with the preparation or the examination.

<i>ARE YOU TAKING:</i>			
	Yes/No		Yes/No
Aspirin	<input type="checkbox"/> <input type="checkbox"/>	Diabetic tablets	<input type="checkbox"/> <input type="checkbox"/>
Anti-inflammatory drugs	<input type="checkbox"/> <input type="checkbox"/>	Insulin	<input type="checkbox"/> <input type="checkbox"/>
Warfarin	<input type="checkbox"/> <input type="checkbox"/>	Iron tablets	<input type="checkbox"/> <input type="checkbox"/>
Plavix, Iscover or other Blood thinners	<input type="checkbox"/> <input type="checkbox"/>	Steroids	<input type="checkbox"/> <input type="checkbox"/>

Are you PREGNANT? <input type="checkbox"/> Yes <input type="checkbox"/> No
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What can I expect during upper endoscopy?

Your doctor may start by spraying your throat with a local anaesthetic. You will be given sedation to help you relax. You will then lie on your left side, and your doctor will pass the endoscope through your mouth and into the oesophagus, stomach and duodenum.

The endoscope does not interfere with your breathing. Most patients consider the test only slightly uncomfortable, and many patients sleep during the procedure.

What happens after upper endoscopy?

You will be monitored for up to a few hours until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel bloated because of the air introduced into your stomach during the test. You will be able to eat after you leave unless your doctor instructs you otherwise. Your gastroenterologist or GP will explain the results of the examination to you or arrange a follow up appointment to discuss the results, including any results of biopsies that have been performed. As most patients are given sedation during the procedure, someone must drive you home and stay with you. Even if you feel alert after the procedure, your judgment and reflexes may be impaired until the next day. It is illegal to drive under the influence of sedatives. ***You should not drive a car, sign legal documents, play sport, operate machinery or make important decisions until 24 hours after your procedure.***

What are the possible complications of upper endoscopy?

Upper endoscopy is a commonly performed and generally safe procedure. However possible complications include :

Haemorrhage (bleeding): This can occur at a biopsy site or at the site where a polyp has been removed, but it is usually minimal and can usually be controlled through the endoscope. Rarely is surgery required to stop bleeding.

Perforation (a tear through the wall of the oesophagus, stomach or duodenum): This is an uncommon complication that may require surgery. All perforations carry a risk of infection (septicaemia).

Aspiration Pneumonia (lung infection): This is an uncommon complication that may occur with inhalation of any remaining stomach contents during the procedure.

Failure: There is a possibility that your procedure may not be able to be completed due to upper gastrointestinal pathology or technical difficulties. **There's also a possibility that small polyps or other lesions may be missed.** This may be associated with the limitations of the instrument used.

Dental: Damage to teeth is rare. Please inform the doctor if you have dentures, crowns or any unstable teeth.

Anaesthetic: Some patients may have a reaction to the sedatives, antibiotics or complications from heart or lung disease.

If Problems Occur: Although complications after endoscopy are uncommon, it is important to recognize early signs. Complications are best assessed at the hospital and not over the telephone. Please contact your doctor or hospital if you develop difficulty swallowing, fever or increasing throat, chest or abdominal pain.

Important: Please complete and bring this consent statement with you to the hospital

CONSENT STATEMENT:

I have read and understood the preceding information and agree to undergo an upper endoscopy. I have had an opportunity to ask questions and they were answered to my satisfaction. I have been informed of the possible complications.

Patients
Signature _____

Printed
Name _____

DOB _____

Date _____

I have special concerns - they are

**YOU MUST COMPLETE THIS CONSENT PRIOR TO
ARRIVING FOR YOUR PROCEDURE.**

**THIS LEAFLET MUST BE PRESENTED TO THE DOCTOR
BEFORE THE PROCEDURE CAN COMMENCE**

I have confirmed the consent given above

Doctors
Signature _____

Printed
Name _____

Date _____