This factsheet is intended to provide a general overview of your procedure. It is not intended to serve as a substitute for professional medical care or a discussion between you and your surgeon about the need for this procedure. If you have questions about the operation or subsequent care & follow up, discuss them with your surgeon or nurse before and/or after your procedure.

**GASTROSCOPY**

Gastroscopy is a procedure that enables your surgeon to examine the lining of the oesophagus (the gullet), stomach and duodenum (first portion of the small intestine). A bendable, lighted tube about the thickness of your little finger or ballpoint pen and contains a camera, is placed through your mouth and into the stomach and duodenum. The camera enables pictures to be relayed to the viewing screen.

A Gastroscopy is performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, difficulty swallowing or heartburn. It is an excellent method for finding the cause of bleeding from the upper gastrointestinal tract. It can be used to evaluate the oesophagus or stomach after major surgery. It is more accurate than X-rays for detecting inflammation, ulcers or tumours of the oesophagus, stomach and duodenum. Gastroscopy can detect early cancer and can distinguish between cancerous and non-cancerous conditions by performing biopsies of suspicious areas. Biopsies are taken by using a specialized instrument to sample tissue. These samples are then sent to the laboratory to be analyzed. A biopsy is taken for many reasons and does not mean that cancer is suspected.

You will most likely be sedated during the procedure and an arrangement to have someone drive you home afterward is essential. Sedatives will affect your judgment and reflexes for the rest of the day. You should not drive or operate machinery until the next day.

**WHAT CAN BE EXPECTED DURING THE GASTROSCOPY?**

The stomach should be completely empty.

You may have your throat sprayed with a local anaesthetic before the test begins and given medication through a vein to help you relax during the examination. You will be laid on your side in a comfortable position, a mouth guard inserted between your teeth to prevent you from biting on the gastroscope as it is gently passed through your mouth and into your oesophagus, stomach and duodenum. Air is introduced into your stomach during the procedure to allow a better view of the stomach lining. The procedure usually lasts 15-30 minutes. The gastroscope does not interfere with your breathing. Most patients fall asleep during the procedure; a few find it only slightly uncomfortable.

**WHAT HAPPENS AFTER THE GASTROSCOPY?**

After the gastroscopy is completed you will be returned to the ward to rest until the sedative begins to wear off. This takes about an hour.

Your throat may be a little sore for a day or two. You may feel bloated immediately after the procedure because of the air that is introduced into your stomach during the examination. You will be given something to eat and drink before you leave.
Your surgeon will usually inform you of your test results on the day of the procedure, unless biopsy samples were taken. These results take several days to return and will be discussed with you at your follow-up appointment.

Complications are rare, however, they can occur. They include bleeding from the site of a biopsy or polypectomy and a tear (perforation) through the lining of the intestinal wall. A reaction to the sedatives can occur.

Your doctor will discuss the results of the test with you during your next scheduled appointment.

Seek medical attention without delay if:
• You have difficulty swallowing
• You have persistent severe pain
• You are vomiting blood