

Why is gastroscopy necessary?

Many problems of the upper digestive track cannot be diagnosed by X ray. Gastroscopy may be helpful in the diagnosis of inflammation of the esophagus, stomach, and duodenum (esophagitis, gastritis, duodenitis), and to identify the site of upper gastrointestinal bleeding.

Gastroscopy is more accurate than X ray in detecting gastric (stomach) and duodenal ulcers, especially when there is bleeding or scarring from a previous ulcer. Gastroscopy may detect early cancers too small to be seen by X ray and can confirm the diagnosis by biopsies and brushings.

Gastroscopy may also be needed for treatment, for example, for stretching narrowed areas of the esophagus or for removal of polyps or swallowed objects. Active investigation is currently in progress on methods to control upper gastrointestinal bleeding through the panendoscope. Safe and effective endoscopic control of bleeding could drastically reduce the need for transfusions and surgery in these patients.

Gastroscopy is an extremely worthwhile and safe procedure, which is very well tolerated, and is invaluable in the diagnosis and proper management of disorders of the upper digestive tract. The decision to perform this procedure was based upon assessment of your particular problem. If you have any questions about your exam or if any difficulties arise, feel free to call the office at (508) 588-6700 or (508) 821-4100.

*After that you may leave, but it is imperative that you be accompanied by a responsible person who can drive you home since your coordination may be impaired for several hours.

GASTROSCOPY

INSTRUCTIONS FOR THE PATIENT

Your Procedure is Scheduled at:

Commonwealth Endoscopy Ctr.
120 W. Center St. W. Bridgewater, MA 02379

Date: _____

Arrival Time: _____

You should be ready to leave at: _____

*Please be aware your time may change

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For Questions Regarding Procedure Call:
(508) 588-6700
Prompt #2

Visit our website at:
www.gisdoc.com

What is gastroscopy?

A panendoscope is a long flexible tube that is thinner than most food you swallow. It is passed through the mouth and back of the throat into the upper digestive track and allows the physician to examine the lining of the esophagus, stomach, and duodenum (the first portion of the small intestine).

Abnormalities suspected by X ray can be confirmed and others may be detected which are too small to be seen on X ray. If the doctor sees a suspicious area, he can pass an instrument through the endoscope and take a small piece of tissue (a biopsy) for examination in the laboratory. Biopsies are taken for many reasons and do not necessarily imply cancer.

Other instruments can also be passed through the endoscope without causing discomfort, including a small brush to wipe cells from a suspicious area for examination in the laboratory (a form of pap test or "cytology") and a wire loop or snare to remove polyps (abnormal, usually benign, growths of tissue).

Why do a gastroscopy?

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What preparation is required?

For the best possible examination, the stomach must be completely empty. No solid food after midnight. You may have clear liquids until 3 hours prior to your procedure.

The day of your procedure:

If you are a diabetic, and take insulin, take one half (1/2) of your usual morning dose. If you take oral diabetic medication, do not take it the morning of your procedure. Please check with your doctor well before the examination to confirm these instructions. Unless otherwise directed by your physician, take all your medications up to and including the day of the procedure. Use a small amount of water to swallow your pills (even if you were instructed to fast).

Please check with your insurance company regarding coverage, including copays and deductibles. It is your responsibility to learn this information from your insurance carrier. Also please contact our office with any insurance changes.

What should you expect during the procedure?

Your doctor will give you medication through an intravenous line to make you relaxed and sleepy. While you are in a comfortable position, the endoscope is inserted through the mouth, and each part of the esophagus, stomach, and duodenum is examined.

This procedure is extremely well tolerated with little or no discomfort. Many patients even fall asleep during the exam.

The tube will not interfere with your breathing. Gagging is usually prevented by the medication.

What happens after the procedure?

You will be kept in the endoscopic area until most of the effects of the medication have worn off. Your throat may be a little sore for a couple of hours and you may feel bloated for a few minutes right after the procedure because of the air that was introduced to examine your stomach.* (See other side).

You will be able to resume your diet after the exam, unless you are instructed otherwise.

Are there any complications from gastroscopy?

Gastroscopy is safe and is associated with very low risk, when performed by physicians who have been specially trained and are experienced in this endoscopic procedure. Complications can occur but are rare.

One possible complication is perforation in which a tear through the wall of the esophagus or stomach may allow leakage of digestive fluids. This complication may be managed simply by aspirating the fluids until the opening seals, or may require surgery.

Bleeding may occur from the site of biopsy or polyp removal. It is usually minimal, but rarely may require transfusions or surgery.

Localized irritation of the vein may occur at the site of medication injection. A tender lump develops which may remain for several weeks to several months, but goes away eventually.

Other risks include drug reactions and complications from unrelated diseases, such as heart attack or stroke.

Death is extremely rare, but remains a remote possibility.