

SGIS Procedure Information Leaflets

COLONOSCOPY

Here are answers to some of the commonly asked questions about endoscopy. Ask your doctor if you have additional questions or concerns.

WHAT IS AN ENDOSCOPY?

The term "endoscopy" means looking inside the upper gastrointestinal tract. It is a procedure usually performed by a gastroenterologist or surgeon.

The Upper Gastrointestinal tract comprises the oesophagus (gullet), stomach, and the first part of the small intestine called the duodenum.

The instrument that is used to look inside the upper gastrointestinal tract is called an endoscope. This is a long, thin, flexible tube with a tiny video camera and a light on the end. By adjusting the various controls on the endoscope, the gastroenterologist or surgeon can carefully guide the instrument in any direction to look at the inner lining of the oesophagus, stomach and duodenum. The high quality picture from the colonoscope is shown on a TV monitor, and gives a clear, detailed view.

WHY DO I NEED AN ENDOSCOPY?

Your doctor may suspect that you have something wrong with the upper digestive system. Endoscopy may reveal what the problem is and help determine the appropriate treatment.

Endoscopy is important for the diagnosis and management of gastrointestinal bleeding, reflux disease and peptic ulcer disease. It is a valuable tool for the diagnosis and treatment of inflammation due to *Helicobacter pylori*, and is important in the diagnosis of other diseases such as Coeliac disease.

Sampling of tissue (Biopsy) can be performed during the procedure.

HOW DO I PREPARE FOR AN ENDOSCOPY?

There are important steps that you must take to prepare for the procedure. First, be prepared to give a complete list of all the medicines you are taking, as well as any allergies you have to drugs or other substances. Your medical team will also want to know if you have any other medical conditions that may need special attention before, during, or after the endoscopy.

You will be given instructions in advance that will outline what you should and should not do in preparation for endoscopy. **Be sure to read and follow these**

instructions. One very critical step is to fast adequately for the procedure, which, for those patients having an endoscopy in the morning, involves fasting from food and fluids from midnight the night before the endoscopy. It is essential that you complete this step carefully, because views of the upper gastrointestinal tract will be poor if there is retained food/fluid residue.

You may take medication with a sip of water, but please advise your doctor of specific medications.

You'll be asked to sign a form that gives your consent to the procedure and states that you understand what is involved. If there is anything you don't understand, ask for more information.

WHAT DO I BRING?

Please bring your Medicare card, DVA or Private Medical Insurance cards. Also supply the name and address of your local doctor to assist with your admission.

A list of your current medications, drug allergies, along with relevant reports and xrays would also be udeful to the doctor performing your endoscopy.

It is expected you will be in hospital for 3-4 hours, so you may wish to bring reading or other material to pass some time.

Please wear loose fitting, comfortable clothes as you do not need to change for an endoscopy (though a gown can generally be provided if you do wish to change).

If you require a sick certificate for yourself or a carer, please advise the nurse on arrival.

Please do not wear makeup or nail polish.

WHAT CAN I EXPECT DURING MY PROCEDURE?

During the procedure, everything will be done to ensure your comfort. An intravenous, or IV, line will be inserted to give you medication to make you relaxed and drowsy. In the private hospital sector, the standard medication involves propofol, given by an anaesthetist. With this medication, it is very unlikely you will recall anything from the procedure. In the public sector an anaesthetist is not always present (because of lack of resources to provide this service). In this case you will be given a combination of midazolam and fentanyl, and it is more likely that you will remember the procedure. However, all efforts will be made to make the procedure as comfortable as possible. You may also be given a local anaesthetic spray or gargle to numb the back of the throat.

Once you are fully relaxed, your doctor will pass the endoscope into the mouth, sliding

over the back of the tongue before intubating the oesophagus. The time needed for endoscopy will vary, but on average, the procedure takes 10-15 minutes.

WHAT ARE THE RISKS OF ENDOSCOPY?

Endoscopy is regarded as a safe procedure, however, complications can sometimes occur. These include:

1. Aspiration of stomach contents: Endoscopy may result in a small amount of stomach fluid being regurgitated and entering the lungs (aspiration) and this may rarely (1 in 1000) lead to pneumonia. This is why it is essential to fast for an endoscopy.
2. Perforation of the oesophagus: There is a 1 in 2000 risk of perforation of the oesophagus, increasing to 1 in 750 if you have a dilation procedure performed during the endoscopy. If this occurs, it will require you to stay in hospital for intravenous antibiotics, and rarely an operation may be necessary to correct the damage done.
3. Damage to teeth/dental work: A mouthguard will be placed in your mouth to protect your teeth and the endoscope. It is still possible, but rare, that some damage can still occur. It is for this reason that you may be asked to remove dentures/plates prior to the endoscopy. If you have crowns/other dental work, please inform the anaesthetist and nursing staff prior to the procedure.
4. Reaction to sedation: you will be given sedation to help you relax during the procedure. As with any medication, you may have an adverse or allergic reaction, though this is rare. Please inform the anaesthetist of any problems you have had in the past with sedation or anaesthetic agents.
5. Missed Lesions: No medical procedure is 100% accurate. If you have persisting symptoms or problems following the procedure, please inform your doctor.

Please feel free to ask your specialist what his or her rates of complication are.

WHAT ARE THE ALTERNATIVES TO ENDOSCOPY?

Endoscopy examines the oesophagus, stomach and duodenum. This can also be examined with a test called a barium meal,

which involves drinking a contrast agent (barium) and having x-rays taken. This technique does not provide as good a view as endoscopy and does not allow biopsies (tissue samples) to be taken should an abnormality be identified.

WHAT HAPPENS AFTER THE PROCEDURE?

In most cases your specialist will speak to you after the procedure and explain what was found. A copy of the endoscopy report may also be given to you prior to leaving the hospital. It is possible that you may not fully remember the conversation with your doctor as a result of the sedation given for the procedure. You will also be given instructions about how soon you can eat and drink, plus other guidelines for resuming your normal routine.

Minor discomforts may persist, such as bloating, gas, or mild cramping. These symptoms should disappear in 24 hours or less. By the time you're ready to go home, you'll feel stronger and more alert. Nevertheless, rest for the remainder of the day. **Have a family member or friend take you home – you can not drive yourself home.**

If you have any significant pain, or bleeding after your procedure please contact your specialist. If you have difficulty contacting him or her, contact the hospital where you had the procedure or ring the main SGIS number (08 82769888), or attend your local emergency department.

WHAT TO AVOID PRIOR TO ENDOSCOPY

Warfarin should be stopped 5 days prior to the procedure, UNLESS you have an artificial heart valve, in which case you should discuss this with your specialist

Clopidogrel (Iscover/Plavix) should be stopped 7 days prior to the procedure UNLESS you have a cardiac stent, in which case you should discuss this with your specialist.

Diabetics – please discuss with your specialist, but basic rules are:

Insulin – have half your normal evening dose (if you have an evening dose) the evening prior to the procedure and bring your morning dose with you so that you can have this the morning of the procedure.

Oral medications – should be stopped 1 to 2 days prior to the procedure depending upon the medication.