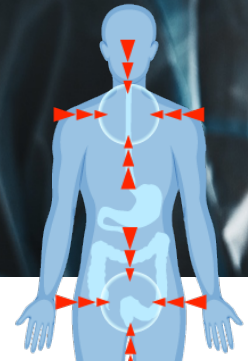
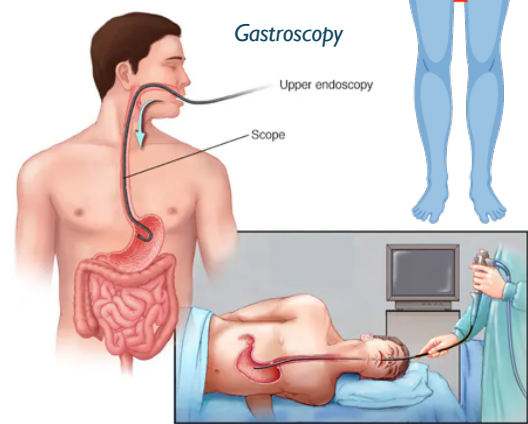


Patient Information
ENDOSCOPY



What is endoscopy?

Endoscopy is an investigation that uses fibre-optic telescopes to examine the inside of the gastro-intestinal tract. Endoscopy is an umbrella term, that includes gastroscopy, colonoscopy and several other specialized examinations. Gastroscopy examines the upper gastro-intestinal tract, namely the oesophagus, stomach and duodenum (first part of the small intestine). Colonoscopy uses a similar telescope to examine the rectum and colon. Endoscopy is usually performed under a deep sedation, administered by an anaesthetist.



Why do I need an endoscopy?

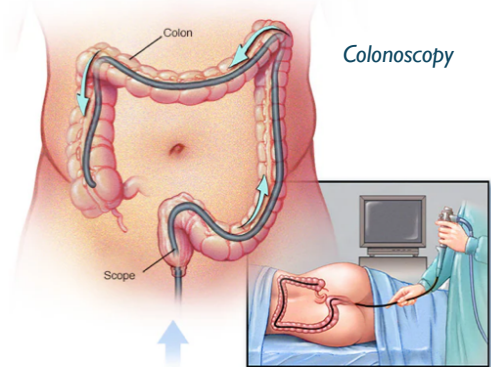
Gastroscopy is used to examine the oesophagus (gullet), stomach and duodenum. A number of common conditions can affect these organs, including reflux disease, hiatus hernia, stomach ulcers and coeliac disease. Your General Practitioner (GP) may refer you for a gastroscopy if you are suffering from acid reflux, difficulty swallowing, indigestion, abdominal pain, recurrent vomiting or bloating.

Colonoscopy is used to examine the rectum and colon (large intestine). Your GP may refer you for colonoscopy for investigation of per rectal bleeding, unexplained iron deficiency, change in bowel habit (constipation or diarrhoea), abdominal pain, bloating or a positive bowel screening test. Common conditions diagnosed with colonoscopy include polyps, bowel cancer, inflammatory bowel disease, haemorrhoids and diverticular disease.

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How do I prepare for an endoscopy?

If you are having a colonoscopy, you will need to have a low-residue diet for 2 days prior to your procedure. This diet aims to decrease the amount of non-digested food, or fibre, that passes through your bowel. Starting on the evening prior to your procedure, you will need to take bowel preparation, in order to clean the bowel of solid contents. It is vitally important to take the bowel preparation carefully, so that the bowel can be properly inspected at the time of colonoscopy. If bowel preparation is incomplete, the colonoscopy test may have to be repeated at a later date. Further important details on a low residue diet and bowel preparation can be found in the **Bowel Preparation Information Sheet** - please read this several days prior to your procedure. *Please note that bowel preparation is only required prior to colonoscopy. Patients undergoing gastroscopy only do not need bowel preparation.*



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On the day prior to gastroscopy or colonoscopy, you should take only clear fluids orally. This includes water, fruit juices with no pulp, black tea or coffee, sports drinks (such as Gatorade) and clear broth. You may continue to sip clear fluids up to 2 hours before your time of admission to hospital. Please take permitted medications with a sip of water.

Dr. Rowcroft will discuss with the medications that should be temporarily stopped before endoscopy. The common medication types that should be stopped are:

Blood thinning medication	Type 2 Diabetes medications	Iron supplements
<ul style="list-style-type: none"> ▪ Aspirin - can safely be continued without stopping ▪ Clopidogrel - stop 7 days before the procedure ▪ Warfarin - 5 days ▪ Apixaban, Rivaroxaban, Dabigatran - 3 days ▪ Enoxaparin (Clexane) - 1 day 	<ul style="list-style-type: none"> ▪ Most tablet medications can be withheld the morning of the procedure ▪ 'Flozin' medications (Dapagliflozin, Empagliflozin) - must be stopped 3 days prior ▪ Insulin - Dr. Rowcroft will advise the exact regimen for your insulin use 	<ul style="list-style-type: none"> ▪ Stop taking one week prior

If you have any concerns regarding your medications, please discuss them with Dr. Rowcroft.

How is endoscopy performed?

Once you are ready for your procedure, you will be led into the procedure room and an IV cannula inserted. You will lie on your left hand side on the procedure table. If you are having a gastroscopy, a special mouthguard will be placed to protect your teeth from the gastroscope. Once you are comfortable, sedative medication will be given through the IV cannula.

If you are having a gastroscopy, Dr. Rowcroft will pass the gastroscope through your mouth and into the oesophagus. This will then pass into the stomach and duodenum, taking photos, measurements and biopsies. The gastroscope will then be gently removed and you will be wheeled to the recovery suite to wake from your sedation.

If you are having a colonoscopy, the colonoscope will be passed through the anus to the rectum and colon. Once the end of the colon (the caecum) is reached, the telescope will be carefully withdrawn. Dr. Rowcroft will take photos and biopsies if required. The bowel is carefully inspected for polyps, which are removed and sent for lab testing.

What is the recovery after endoscopy?

Recovery from endoscopy is short. Most patients wake up shortly after sedation and are monitored in the recovery bay. Some patients mention they feel bloated immediately after the procedure, but this resolves quickly. Endoscopy is performed as a day case procedure, meaning that you will be discharged from hospital after a period of observation. You will need an adult to collect you from the hospital and stay with you that evening at home. You will not be allowed to drive or operate heavy machinery within 24 hours of sedation. Most patients are back at work and normal activities after 24 hours.

Dr. Rowcroft will discuss your endoscopy and any findings with you before you leave hospital. Copies of the endoscopy reports, and any biopsy or polyp results, will be sent to your referring GP. These reports will make recommendations on the need for any further procedures, if required. An additional follow up may be made with Dr. Rowcroft if needed.

What are the complications of endoscopy?

Gastroscopy is a very safe procedure. The main risks are:

- Bleeding. This can occur after any damage to the lining of the upper gastro-intestinal tract, and is very rare after gastroscopy.
- Perforation (<1/1000). This complication is very rare, and usually requires surgery to fix the perforation.
- Aspiration. This is where stomach juices can pass into the lungs, causing a type of pneumonia. This complication is usually seen in patients who are not properly fasted for their procedure.

Colonoscopy is similarly safe. The specific risks for colonoscopy are:

- **Bleeding.** There is a 1% risk of bleeding after removal of polyps, which usually occurs within 1 to 2 days of the procedure. This bleeding usually settles without the need for further intervention, but if severe can require a blood transfusion or another colonoscopy.
- **Perforation of the colon (2-3/1000).** This is a serious complication that is often detected before you leave hospital, and usually requires emergency surgery to fix.
- **Missed lesions.** This relates to any small polyps that are missed that can later grow into cancers. The most common cause of this is poor bowel preparation.

Most patients recover quickly from endoscopy and return to their normal activities within 1 to 2 days. If you are suffering from increasing pain, fever, trouble breathing or rectal bleeding please phone Dr. Rowcroft's rooms on (08) 6285 3129 during working hours. If you have any concerns after hours please attend your nearest Emergency Department.