COUNTRY
SURGICAL PRACTICE

Senarath Werapitiya
MBBS MS FRACS
FRCS (England) FRCS (Edin)
Provider Number: 243740BB
General Surgeon

GASTROSCOPY (ENDOSCOPY) INFORMATION SHEET

Gastroscopy Medicare item number – 30473

Please read this information carefully before your gastroscopy. It explains the procedure, how to prepare, its benefits, possible risks, and what to expect afterwards.

What is gastroscopy?

Gastroscopy is a procedure done using an endoscope (a thin, long flexible tube with a 'video camera' at the tip for real-time viewing on a monitor). The instrument is gently passed through the mouth into the oesophagus (food pipe), stomach and first part of the small intestine (Duodenum).

Gastroscopy is commonly done to investigate symptoms like indigestion, upper abdominal pain, vomiting or difficulty swallowing. It is the best test for finding the cause of bleeding in the upper Gut. Compared to barium X-ray, gastroscopy is more accurate for detection of inflammation, ulcer or tumours. Samples of tissue (biopsies) can be taken to confirm the diagnosis of infection (Helicobacter pylori), inflammation (gastritis), coeliac disease or cancer. Gastroscopy is also used to treat conditions (Therapeutic) e.g., treatment of bleeding, stretching a narrow area (balloon dilation), removing polyps.

Preparation

A completely empty stomach is essential for both your safety and the accuracy of the examination.

Fasting instructions

- Do not eat or drink for **6 hours** before your gastroscopy.
- You may continue to drink **small amounts of water (up to 125 mL or half a cup) until 2 hours before your admission time.**

If you are taking a GLP-1 receptor agonist, stomach emptying may be delayed, increasing the risk of regurgitation and aspiration during sedation. e.g. Wegovy (semaglutide), Mounjaro (tirzepatide), Ozempic (semaglutide), Byetta and Bydureon (exenatide), Trulicity (dulaglutide), Victoza (liraglutide).

If you are taking any of these medications, please:

- Follow a **clear thin liquid diet for the 24 hours before your procedure**, in addition to the fasting instructions above. (no milk drinks, yoghurt drinks, ice cream, fruit juice with pulp, or soluble fiber) **Failure to follow these instructions may result in cancellation of your procedure on the day for safety reasons.**

Most regular medications, including blood pressure tablets, need to be continued. **Please skip the morning dose of the diabetic medication and blood thinners on the day of the procedure.**

How is gastroscopy performed?

The procedure is performed under intravenous sedation assisted by a specialist anaesthetist whom you will meet on the day. You are not going to be in any distress and unlikely to feel or remember anything. You will be asked to position yourself lying on your left side prior to sedation, and a small mouthguard will be placed between your teeth to protect both your teeth and the endoscope. Gastroscopy normally takes 15-20 min.

Risks and side effects

Serious complications are extremely rare after routine gastroscopy, and when they occur it is usually the result of some therapeutic procedure. You may feel a slight sore throat and bloating. If biopsies are taken or a treatment procedure is performed, minor bleeding may occur. There is a slight risk of aspiration (stomach contents coming up and entering the lungs during sedation). Serious complication of perforation (a tear in the oesophagus, stomach or duodenum) is very rare (probably less than one in ten thousand) but if it does occur a major operation may be required.

What happens after gastroscopy?

You will be observed in the recovery area until most of the effects of the sedative have worn off.

Before going home:

- You will usually be offered light refreshments.
- You must have a responsible adult take you home.
- A responsible adult should stay with you overnight.

Because sedation given may interfere with your judgement or ability to concentrate, for the next **24 hours**, you must not:

- Drive a motor vehicle
- Operate machinery
- Drink alcohol
- Sign important legal documents
- Make major financial or personal decisions

You may return to your normal diet unless your doctor advises otherwise.

If you experience any fever, trouble swallowing, increasing throat, chest or abdominal pain, vomiting blood, passing black or bloody stools or other symptoms that cause you to worry, please contact Dr Werapitiya immediately or present at the closest hospital to be checked.

Endoscopy findings

In many cases, Dr Werapitiya will discuss the preliminary findings with you before you leave hospital. If biopsies have been taken, the laboratory results usually take **up to three weeks**.

Depending on your findings:

- A follow-up appointment with Dr Werapitiya may be arranged, or
- The results will be discussed with you by your referring doctor.

If you have any concerns or questions not addressed in this sheet, you may make an appointment to see Dr Werapitiya prior to your gastroscopy.