

EURACARE

PATIENT INFORMATION FORM

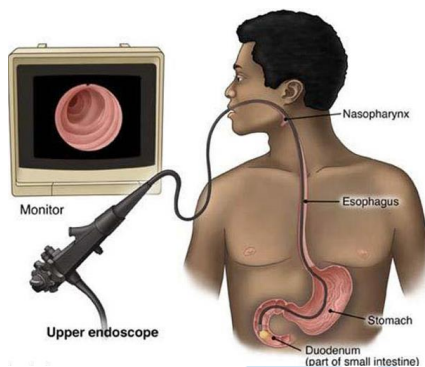
ENDOSCOPY PROCEDURE

Endoscopy

Endoscopy involves the use of a specially developed flexible tube with a video camera to examine the inner cavities of the body. The most commonly examined parts of the body include the stomach and the large bowel or colon.

Since the development of endoscopy as a subspecialty of gastroenterology it has become a crucial tool in the management of gastrointestinal disorders and cancer prevention.

- In summary, it is helpful in diagnosing and treating certain digestive diseases:
- It can evaluate patients with chronic heartburn/acid reflux for signs of inflammation and/or precancerous changes to the tissue in the oesophagus.



- It can evaluate trouble swallowing, persistent upper abdominal pain, nausea, and vomiting.
- It is more accurate than X-ray films for detecting ulcers, tumors and inflammation of the oesophagus, stomach, and duodenum.
- It is the test of choice for finding the cause of bleeding from the upper gastrointestinal tract;
- It is used to treat bleeding and to dilate strictures (narrowed areas) in the upper gastrointestinal tract.
- It can prevent oesophagus and stomach cancers from developing.

Upper Endoscopy (OGD)

Also known as a gastroscopy, this procedure looks at the lining of your oesophagus, stomach, and duodenum (that's the first part of your small intestine). It's done with a gastroscoposcope a flexible instrument (picture) with a small camera attached designed for this purpose. The procedure usually lasts between 10-15 minutes.

During this procedure a feeding tube can be placed, or stent placed to help treat diseases and conditions of the upper GI tract.

Your doctor may recommend a gastroscopy to help in diagnosing and treating certain digestive diseases: It can evaluate patients with chronic heartburn/acid reflux for signs of inflammation and/or precancerous changes to the tissue in the oesophagus. It can evaluate difficulty swallowing, persistent upper abdominal pain, nausea and vomiting

It is more accurate than X-ray films or scans for detecting ulcers, tumors and inflammation of the oesophagus, stomach and duodenum

It is the test of choice for finding the cause of bleeding from the upper gastrointestinal tract.

It is used to treat bleeding and to dilate strictures (narrowed areas) in the upper gastrointestinal tract.

It can also detect oesophagus and stomach cancers so appropriate treatment can be started.

Endoscopy Complications Are Rare

Complications are uncommon but may include a perforation which is a tear of the bowel wall that could require surgery. Bleeding might occur at the site of biopsy or polypectomy, but it's usually minor. Bleeding can stop on its own or be controlled through the colonoscope; it rarely requires follow-up treatment.

Some patients might have a reaction to the sedation or develop breathing problems from the sedation.

Although serious complications from this procedure are very rare, contact us immediately if you notice severe abdominal pain, fever and chills, or rectal bleeding of more than one-half cup.

Bleeding can occur several days after the procedure, especially if a large polyp was removed.

There is also the risk of missed problems as no procedure or test is perfect so there is a small possibility of missed polyps, and less likely, missed cancer with colonoscopy. For this reason, if your doctor finds polyps, a repeat colonoscopy is recommended sooner than a patient who had a normal exam.

Sedation and anaesthesia for endoscopy

An upper endoscopy isn't usually painful, and most people only experience some mild discomfort, like indigestion or a sore throat. The procedure is usually carried out while you're conscious, but sedation is available for those who are quite anxious or have had a previous bad experience.

Response to sedation varies from person to person. Sedation used also depends on personal preference and prior experience. Some individuals feel no discomfort at all and some can be quite uncomfortable. Sedation is designed to get you through your procedure to completion with minimal discomfort.

Local anaesthesia

Local anaesthesia makes a part of the body numb to prevent a patient from feeling pain during a medical procedure. Local anaesthesia is commonly used for many minor outpatient surgeries.

Conscious sedation

This involves using drugs to reduce your awareness and perception of pain and well as anxiety. After administration you are still vaguely aware and can obey simple instructions but much more comfortable than if they were not given.

Commonly used drugs are midazolam a sedative/anxiolytic drug and fentanyl a powerful painkiller. These drugs are used because they are short acting though effects can last up to 24 hours so there are restrictions on activities such as driving after its use.

General anaesthesia

General anaesthesia makes a person unconscious. People call this "put under" or "put to sleep." But it isn't the same as regular sleep. A person given general anaesthesia cannot feel pain and is completely unaware of their surroundings. As a result, the person won't remember what happened during the procedure.

Deep sedation

Deep sedation is a type of Monitored anaesthesia that makes the patient feel very relaxed. It reduces painful sensations and the awareness of pain. It is not intended to put the patient to sleep and will wear off quickly after a procedure. Monitored anaesthesia care is commonly used for simple procedures that can be completed quickly.

Complications of Endoscopy

Most endoscopic procedures occur with no serious long-standing complications.

Complications your Endoscopist will discuss with you before signing the consent form include:

Non-serious complications

- Mild to moderate discomfort

- Bloating and cramps

Serious complications

- Perforation (tear in the bowel wall)
- Breathing difficulties from sedation
- Aspiration (lung injury from breathing in stomach contents)
- Severe bleeding
- Missed diagnosis

It is important to inform us of any medicines you are taking or have taken recently as some medication such as anticoagulants (blood thinning agents) increase your risk of bleeding and some may increase the effects of sedative medication used during procedures

