

PREPARATION FOR GASTROSCOPY (i.e. Endoscopy, Panendoscopy)

- Disaccharidase estimations

PLEASE NOTE THIS IS AN AFTERNOON LIST; COMMENCING 1 PM

DATE of PROCEDURE:

APPOINTMENT TIME:

From 7.00 AM : **Nothing to eat or drink at all (including water)**

Any necessary regular medication may be taken with the smallest *sip* of water possible.

- You may have a **LIGHT** breakfast prior to this time
- You will be at the Centre for 1 ½ to 2 hours.
- **DO NOT DRIVE.** You must arrange for a relative or friend to collect you and please make sure that your driver can pick you up no later than 5.30 – 5.45 pm.
- **If you have any problem with transport home, please discuss with Centre staff PRIOR to the day of your admission. Taxis are unreliable for transport home after 3pm.**
- Do not wear jewellery or nail polish.

Please complete and return to PENNANT HILLS DAY ENDOSCOPY CENTRE at least one week prior to your appointment (or as soon as possible) the enclosed **DAY SURGERY HISTORY SHEET** and **HOSPITAL ADMISSION FORM**.

Fees

Prior to the date of your procedure please check with your health fund regarding your level of cover and whether you have any excess that you may be required to pay.

This Centre is a DAY ONLY HOSPITAL. It is fully accredited and is a “participating hospital” or “network hospital” with most health funds.

The item number of the procedure is 30473.

Uninsured patients should ask the reception staff about fees *prior to the procedure*.

Dr. John Napoli, Proprietor, Pennant Hills Day Endoscopy Centre.

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PATIENT INFORMATION

UPPER GASTROINTESTINAL ENDOSCOPY

Services and functioning of this Centre

The Centre performs investigations of the upper and lower gastrointestinal tract. One of these investigations is an Endoscopy.

What is “upper gastrointestinal endoscopy”?

Endoscopy involves the use of a flexible tube to examine the upper intestinal tract including the oesophagus, stomach and duodenum. The procedure is commonly undertaken if your doctor suspects that you have inflammation of the oesophagus (*the pipe which connects the throat to the stomach*), an ulcer, inflammation or other abnormality of the oesophagus, stomach or duodenum.

How are you prepared ?

You need to fast for *at least* six hours before the procedure (follow preparation instructions for your procedure attached). While fasting, take all of your regular medications with a sip of water. If you are diabetic, please contact your proceduralist to discuss this prior to day of procedure.

Special considerations

If you have serious heart or chest problems, special precautions need to be taken to reduce any possible risk. You should therefore inform your doctor of any serious illness of this nature. The precautions taken will usually include providing oxygen during the procedure and/or monitoring the heart and oxygen levels during the procedure.

You should advise the nursing staff if you are sensitive (*allergic*) to any drug or other substance. If you are taking aspirin or N.S.A.I.D.'s (*arthritis tablets*) you should discuss this matter with your doctor. You should also inform your doctor if you are taking blood thinning tablets, have heart valve disease or have a pacemaker implanted.

At the beginning of the procedure your throat will be sprayed with a local anaesthetic and you will be given a sedation by injection in a vein to make you more comfortable. The procedure will take between 5 and 15 minutes and you will be sleepy for about half an hour afterwards.

What do we do?

An endoscope is a flexible tube about 9mm in diameter. It allows full colour inspection of the oesophagus, stomach and duodenum. It also allows biopsies to be taken from the small bowel and other areas.

If gastric polyps are found, they may be removed at the time of examination. Page 2/*Upper Gastrointestinal Endoscopy/What we do*

Most polyps can be burnt off (polypectomy) by placing a wire snare around the base and applying an electric current.

Occasionally an oesophageal stricture may be present where the endoscope is used to assist treatment of oesophageal dilatation.

Safety & Risks

Gastrointestinal endoscopy is usually simple and safe. It is unlikely to cause problems for patients unless they have serious heart or chest problems.

Extremely rarely, individual patients may have a reaction to the sedation or damage to the oesophagus at the time of examination. Such complications are extremely rare. Damage to the oesophagus or stomach lining (including reaction to anaesthetics) is in the order of 1 in 3,000.

If an oesophageal dilatation is performed then perforation of the oesophagus is the major risk factor. However this complication can usually be treated with antibiotics and only occasionally will require immediate surgery. During a dilatation the risk of perforation of the oesophagus is approximately less than 1% but up to 5% if there is a cancer present.

A number of rare side effects can occur with any procedure. If you wish to discuss any aspect, alternative or rare complication please contact proceduralist prior to your procedure.

Afterwards

The sedative painkiller you will be given before the procedure is very effective in reducing discomfort. It may also affect your memory for some hours afterwards. For this reason, a relative or friend should come with you if possible. You should not drive or perform any demanding tasks for the rest of the day.

If you develop any sharp pain, vomiting, bleeding, fever or other symptoms which worry you, contact your doctor or the Centre immediately.

Fees

Prior to the procedure please check with your fund regarding your level of cover. This centre is accredited and is a “participating hospital” with most funds. The item number for this procedure is 30473.

Uninsured patients should ask the staff about fees prior to the procedure.

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Please ring to clarify any areas of uncertainty prior to your procedure. Your signing of the consent for the procedure is based on having read and understood all of the given information.

Dr. John Napoli, Proprietor, Pennant Hills Day Endoscopy Centre