



CAPE GASTRO

gastroenterology

What is a gastroscopy (also known as an esophago-gastroduodenoscopy)? This is a medical procedure where the doctor uses an instrument called a gastroscope to look at the inside lining of your oesophagus, stomach and proximal duodenum. This is done to see if there are any growths, polyps, cancers or disease in your foregut lining. A gastroscopy is a long, thin, flexible tube with a small camera and light attached which allows the doctor to see the pictures of the inside of your stomach on a video screen. The scope bends, so that the doctor can move it around the curves of your stomach and oesophagus. The scope also blows air into your stomach, so that the doctor can see better. As a result, you might feel some pressure, bloating or cramping after the procedure. This instrument can also be used to remove or burn growths or polyps and/or to take biopsies. This procedure starts from your mouth and goes to the proximal part of your small bowel (duodenum). You will lie on your side or back while your doctor slowly passes the gastroscope. The lining will be looked at again as the gastroscope is taken out. You should plan on 1 hour for waiting, preparation and recovery. The procedure itself usually takes anywhere from 15 to 30 minutes. Samples of the bowel may need to be removed for pathology tests, the results of which are available after a few days. This procedure may or may not require a sedation anaesthetic.

Will there be any discomfort? The procedure can be uncomfortable and to make the procedure more comfortable a sedative injection or a light anaesthetic will be given (conscious sedation). Before the procedure begins, the anaesthesiologist will put a drip into a vein in your hand or forearm. This is where the sedation or anaesthetic is injected.

What is sedation? This is the use of drugs that give you a 'sleepy feeling'. It makes you feel very relaxed during a procedure that may be otherwise unpleasant or painful. You may remember some, little or nothing about what has occurred during the procedure. Anaesthesia is generally very safe, but every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems. The risk to you will depend on (i) personal factors such as whether you smoke or are overweight, and (ii) whether you have any other illness such as asthma, diabetes, heart disease, kidney disease, high blood pressure or other serious medical conditions.

Risks and complications of this procedure? These include, but are not limited to, the following:

COMMON:

Mild pain and discomfort in the abdomen for one to five days after the procedure (this usually settles with walking and moving around to get rid of the trapped air); nausea and vomiting; faintness or dizziness, especially when you start to move around; headache; pain, redness or bruising at the sedation injection site; muscle aches and pains and/or allergy to medications given at time of the procedure.

UNCOMMON:

About 1 person in every 1 000 will accidentally get a hole (perforation) to the colon causing leakage of bowel contents into the abdomen - surgery may be needed to repair the hole | About 1 person in every 100 will experience a significant bleed from the colon where a polyp was removed - further colonoscopy, a blood transfusion or an operation may be necessary | Missed polyps, growths or gut disease | Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia - emergency treatment may be necessary | 'Dead arm' type feeling in any nerve due to positioning with the procedure - usually temporary | An existing medical condition that you may already have getting worse.

RARE:

Bacteraemia (infection in the blood), which will need antibiotics; heart attack or stroke (related to sedation) - these are very rare and more likely to affect elderly patients or patients already at risk; anaphylaxis (severe allergy) to medication given at the time of procedure and/or death as a result of complications to this procedure (extremely rare).

What are your responsibilities prior to having this procedure? You are less at risk of problems if you:

- Notify your doctor about all your prescribed drugs, over-the-counter drugs, remedies and supplements.
- Notify your doctor about any allergies or side-effects you may have.
- Do not drink any alcohol and/or take any recreational drugs 24 hours before the procedure. If you have a drug habit please tell your doctor.
- If you take Warfarin, Rivaroxaban (Xarelto), Apixaban, Clopidogrel (Plavix) or any other drug that is used to thin your blood ask your doctor if you should stop taking it before the procedure as it may affect your blood clotting. Do not stop taking them without asking your doctor.
- Tell your doctor if you have (i) had heart valve replacement surgery and/or (ii) have received previous advice about taking antibiotics before a dental treatment or a surgical procedure.

Preparation for the procedure: You are required to stay nil per mouth for at least 6 hours prior to a gastroscopy. This meaning nothing to eat or drink within 6 hours of the procedure.

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What if the doctor finds something wrong? Your doctor may take a biopsy (a very small piece of the bowel lining) to be examined at Pathology. Biopsies are used to identify many conditions even if cancer is not thought to be the problem. It is not uncommon for your doctor to find a polyp/s. If your colonoscopy is being done to find sites of bleeding, your doctor may stop the bleeding through the colonoscope by injecting drugs, sealing off bleeding vessels with heat treatment or other methods such as the use of small clips.

What are polyps and why are they removed? These are fleshy growths in the bowel lining, and they can be as small as a tiny dot or up to several centimetres in size. They are not usually cancer but can grow into cancer over time. Taking polyps out is an important way of preventing colon cancer. The doctor usually removes a polyp during colonoscopy, using a wire loop to remove the polyp from the bowel wall. An electric current is sometimes also used, which is not painful.

Are there other tests I can have instead? There are numerous tests that can be done, such as a flexible sigmoidoscopy and double contrast barium enema. Usually both would be needed for your doctor to consider that your bowel has been thoroughly investigated. A CT colonoscopy will still be required if some pathology is found. Bowel preparation is similar.

What can I expect after the procedure? You will be in the recovery area for about 30 minutes or until the effect of the sedation wears off. Your doctor will tell you when you can eat and drink. Most times this is straight after the procedure. You might have some cramping, pain or bloating because of the air entering the bowel during the procedure. This should go away when you pass wind. Moving around helps this. You will be told what was found during the examination or you may need to come back to discuss the results, and to find out the results of any biopsies that may have been taken. Biopsy results typically take a few days to be available.

What are the safety issues? Sedation will affect your judgment for about 24 hours. For your own safety and in some cases, legally:

- Do NOT drive any type of car, bike or other vehicle. You must be taken home by a responsible adult person.
- Do NOT operate machinery including cooking implements.
- Do NOT make important decisions or sign a legal document.
- Do NOT drink alcohol, take other mind-altering substances, or smoke. They may react with the sedation drugs.
- Have an adult with you on the first night after your colonoscopy.

NOTIFY THE HOSPITAL EMERGENCY DEPARTMENT STRAIGHT AWAY IF YOU HAVE: severe ongoing abdominal pain; black tarry motions or bleeding from the back passage (more than 1/2 cup of blood); fever; sharp chest or throat pain and/or redness, tenderness or swelling for more than 48 hours where you had the injection for sedation (either in the hand or arm). *Please contact the practice if you have any concerns.*

Patient consent (IN ACKNOWLEDGEMENT OF THE DOCTOR EXPLAINING THE FOLLOWING):

- My medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- The anaesthetic/sedation required for this procedure. I understand the risks, including the risks that are specific to me.
- Other relevant procedure/treatment options and their associated risks.
- My prognosis and the risks of not having the procedure.
- That no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- The procedure may include a blood transfusion.
- Tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- If immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. These have been discussed and answered to my satisfaction. I understand I have the right to change my mind at any time, including after I have signed this form. I understand that image/s or video may be recorded as part of and during my procedure and that these image/s or video/s will be stored as part of my clinical record. I have been given the following Patient information and Preparation sheet.

Based on the above statements, I consent to have the procedure.

Name:..... Signature:..... Date:.....

Doctor statement: I have explained to the patient all the above points under the Patient Consent section and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name:..... Signature:..... Date:.....