



**GIBRALTAR HEALTH AUTHORITY**  
**MEDICAL INVESTIGATION UNIT**

**UPPER GASTROINTESTINAL ENDOSCOPY**

**What is Upper Endoscopy?**

Upper endoscopy (also known as gastroscopy) is a procedure that enables your doctor to examine the lining of the upper part of your gastrointestinal tract, i.e. the oesophagus (swallowing tube), stomach, and duodenum (first portion of the small intestine) using a thin flexible tube with its own lens and light source.

**Why is Upper Endoscopy done?**

Upper endoscopy is usually performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, difficulty swallowing or bleeding from the upper gastrointestinal tract. Upper endoscopy is more accurate than x-ray films for detecting inflammation, ulcers, or tumours of the oesophagus, stomach, and duodenum. Upper endoscopy can detect early cancers and can distinguish between benign and malignant (cancerous) conditions when biopsies (small tissue samples) of suspicious areas are obtained. Biopsies, however, are taken for many reasons and do **NOT** necessarily mean that cancer is suspected. A variety of instruments can also be passed through the endoscope that allow many abnormalities to be treated directly with little or no discomfort, for example, stretching narrow areas, removing polyps (usually benign growths) or treating upper gastrointestinal bleeding.

**What can be expected during the Upper Endoscopy?**

Your doctor will review with you why upper endoscopy is been performed, whether any alternative tests are available and possible complications from the procedure. You will have your throat sprayed with a local anaesthetic before the test begins and you may also be given medication through a vein to help you relax during the test. Throat spray has the advantage of enabling you to stay awake and in full control during the test if you prefer. In addition it may be safer in patients with cardiac or respiratory problems. However you may find the test more uncomfortable if you are fully awake. Sedation has the advantage of making you more relaxed, you may even fall asleep during the test and therefore you will have little recollection of the test itself. The practitioner, who performs the test on the day, will explain the pros and cons of sedation versus throat spray to you, so you can make an informed decision. Following throat spray or sedation the endoscope is passed through the mouth and then in turn through the oesophagus, stomach and duodenum. The endoscope does not interfere with your breathing during the test. Most patients consider the test to be only slightly uncomfortable but not painful.

**What are the possible complications of Upper Endoscopy?**

Endoscopy is generally safe. Side-effects are extremely rare. For a short time you may have a sore throat or may feel bloated from the air that has been used during the procedure. Reaction to the sedative, perforation (a tear that might require surgery for repair) and aspiration pneumonia are very uncommon.

Crowned teeth or dental bridgework may involve a slight risk. If you have any problem after the procedure you must contact the Medical Investigation Unit immediately or if after 5 p.m. contact the Accident and Emergency department.

#### PATIENT PREPARATION FOR UPPER ENDOSCOPY

##### How to prepare for your appointment:

1. Please read carefully the information overleaf on Upper Gastrointestinal Endoscopy and the Consent Form attached. You will be asked to sign the consent form in the Medical Investigation Unit. In the morning of your appointment please bring the consent form and all prescribed medicines with you.
2. Please stop any ulcer healing medication (e.g. Omeprazole / Losec, Ramitadine / Zantac, Esomeprazole / Nexium, Lansoprazole / Zoton) 10 days before your Endoscopy date. You can use simple antacids for symptom relief. All other medications should be continued, but on the day of the Endoscopy, they may be taken following the investigation depending on the time the procedure is been scheduled, but if you take *Meiformin* for your diabetes, then you should take that as normal.
3. Please inform your doctor or Endoscopy staff if you are on *anti-coagulation treatment* (e.g. *warfarin* or *aspirin*) or if you are taking *insulin for diabetes*, as special arrangements can be made for you as necessary.
4. On the evening prior to the examination you should not have anything to eat or drink after **midnight**. If the test is in the afternoon you should have an early light breakfast, e.g. tea and toast, at 8 a.m., and **nothing else by mouth prior to the procedure**. If you are worried or have any queries about the procedure, please feel free to discuss them with the endoscopy nurse or your doctor before the procedure.
5. Please inform the staff nurse, prior to the endoscopy if you are aware that you might require prophylactic antibiotics for artificial heart valves, if you have dentures or suffer any allergies, although most of this information should be in your medical notes and will be available to the doctor performing the procedure.
6. If you suffer from *angina* or *asthma* please bring your GTN spray or inhalers with you, you may need to use them prior to endoscopy.
7. Please make arrangements for someone to collect you at the Endoscopy Unit after your test. If you are having throat spray for your test, you will be able to leave approximately 1 hour after your test. If you are having sedation, then it will be approximately 2 hours before you are able to leave, meanwhile you will be monitored in the endoscopy area until most of the effects have worn off. You may feel sleepy after returning home and a responsible adult should be available to observe you for at least 24hrs.
8. If you are given sedation, you will need a responsible adult to accompany you home, as sedatives may affect your judgement and reflexes for the following 24 hours **You should NOT drive or operate any machinery, drink alcohol, sign any important legal documents, look after young children nor return to work.**
9. **If you develop any alarming symptoms following your endoscopy such as severe sore throat, painful swallowing, chest discomfort, severe acute abdominal pain or vomiting blood, contact the**

*Medical Investigation Unit Immediately on telephone 72266 ext:2247 up to 5p.m., or contact the Accident and Emergency Department on telephone 72266 ext:2121.*

If you cannot attend on the date given please contact The Medical Investigation Unit immediately, so that your appointment can be offered to another patient, Thank-You.

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**CONSENT FORM  
FOR UPPER GASTROINTESTINAL ENDOSCOPY**

**NAME** :..... D.O.B. / /

**ADDRESS** :.....

I confirm that I have understood and read the information given to me on Upper Gastrointestinal Endoscopy and the preparation necessary for its procedure.

I hereby consent to undergo an Upper Gastrointestinal Endoscopy of which the nature and risks involved have been clearly explained to me by my Endoscopist.

**Dr. / Mr.**.....

**Signature** :..... **Date** :...../...../.....

**Name (printed)**.....

**ENDOSCOPIST**

I confirm that I have explained an Upper Gastrointestinal Endoscopy and such appropriate options as are available, and the type of sedation, to the patient / guardian / parent in terms which in my judgement are suited to the understanding of the patient / guardian / parent.

**Signature** :..... **Date** :...../...../.....

Name (printed).....