

Gastroscopy: Information for patients

Gastroscopy (or, more correctly, oesogastroduodenofibrescopy) is the direct, visual examination of the inside of the oesophagus, the stomach and the duodenum, using a thin, flexible instrument.

Most diseases of the oesophagus, the stomach or the duodenum are directly visible using this method, and if necessary, tissue samples can be taken painlessly.

Up to a point, it is also possible to treat certain medical conditions during the course of an examination with the flexible gastroscop. For example, blood vessels which are likely to haemorrhage - or which have already done so - can be sclerosed, foreign bodies can be removed, or constricted areas of the oesophagus can be dilated using the flexible instrument, to name but a few possibilities.

Preparing for the examination

Your stomach must be completely empty, so do not eat or drink anything after midnight before the examination.

If your doctor has prescribed any medication which you have to take in the morning, take it with very little water.

If you are taking insulin, reduce the amount to half your normal dose at the most.

Do not take any antacids (Alucol, Anacidol, Gaviscon, etc.) before the examination.

Do not smoke before the examination.

Your appointment

You have been referred to us by letter from your doctor, and an appointment for the examination has been arranged either through your doctor or with you direct.

When you arrive for your appointment, please go to register at the central Reception Desk of the Zuger Kantonsspital. Do not drive yourself to the hospital. As mentioned below, you will be given a drug to make you drowsy in preparation for the examination, and so you will not be allowed to drive any vehicle for at least 24 hours after the examination.

Who will examine you?

At the Zuger Kantonsspital, you will be examined by Dr. Diem and will be attended by one of our endoscopy assistants.

How is the examination carried out?

First, the doctor and the endoscopy assistant will once again go over the details of the planned examination with you and answer any remaining questions you may have. At this point at the latest, you should tell them if you are suffering from any illness, if you have had any previous endoscopic examinations, or if you have ever suffered any allergic reactions or side-effects from medications. If you wear a denture, you must remove it now. Your throat will be locally anaesthetised with a bitter-tasting spray, and you will be given an injection of a short-acting drug to make you drowsy and help you to relax during the examination. Next, with you lying on your left side, the flexible instrument will be inserted via your mouth and passed down through your stomach into the duodenum. You will be able to breathe normally during the examination, and the procedure will not be painful. Your respiration and circulation will be constantly monitored. By means of the sedative mentioned above, and by working steadily and carefully, the doctor and his assistant will make every effort to ensure that the examination is as straightforward as possible for you. The examination normally lasts about 15 minutes, but may take longer if there are any unforeseen findings. Afterwards, the effects of the sedative will, if necessary, be partly reversed by means of another drug, and you will then be told the results of the examination.

After the examination

Normally, patients can get up after the examination, take some refreshment in the cafeteria, and then go home. However, because of the medication you will have been given in preparation for the examination, please remember that you are not allowed to drive any vehicle for at least 24 hours after the examination, and will not be able to concentrate fully or take any important decisions. In any case, it is a good idea to arrange for a friend or relative to accompany you home if possible. In exceptional cases, you may have to stay in hospital in order to rest or remain under observation for a few hours after the examination, but this is not usually necessary.

Occasionally, the effects of the sedative may mean that patients are not able to remember anything at all about the examination.

What are the risks?

No doctor can guarantee that any medical procedure is absolutely risk-free. The risks involved in performing a gastroscopy, however, are very low; problems arise in less than one out of every thousand cases, and are usually caused by some existing disease.

Possible complications are: bleeding; injury to the wall of the digestive tract, with a risk of perforation; depression of respiratory function as a side-effect of the sedative; or a reaction in case of hypersensitivity to the medication administered.

In the case of therapeutic procedures, there is a greater risk of complications; in such cases, the doctor will discuss the risks with you beforehand. In the worst case, if complications do arise, emergency surgery and a blood transfusion may be necessary. By adhering strictly to the instructions given above, you can help to minimise the risk of complications and ensure that the examination itself goes as smoothly as possible.

Questions

If you have any questions about either the examination itself or the risks involved, please call us and we will be happy to arrange an appointment for you to discuss them before you come for the examination. You can, of course, also put any questions to the doctor and his assistant immediately before the actual examination.

If you should experience any pain, loss of blood or other complications after the examination, please do not hesitate to call us immediately, at any time.

Patient's statement of consent

I have read and understood this information form. I have no further questions and feel that the counselling was satisfactory; therefore, after adequate time for consideration, I consent to the proposed examination.

Place / Date _____

Signature _____

Dr. med. M. Diem