

Gastrosocopy (Upper Gastrointestinal Endoscopy)

What is a Gastrosocopy?

A **gastrosocopy** (also called **upper gastrointestinal endoscopy**) is a procedure that allows a doctor to look directly at the lining of the **oesophagus (food pipe), stomach, and first part of the small intestine (duodenum)**.

It is performed using a **thin, flexible tube with a camera and light at the end**, called an **endoscope**, which is passed through the mouth. Images are displayed on a screen so the doctor can examine the lining and, if needed, take small tissue samples (**biopsies**).

Why Might I Need the Procedure?

Indications for gastrosocopy include:

- Ongoing upper abdominal pain or discomfort
 - Heartburn or reflux not responding to treatment
 - Difficulty or pain with swallowing
 - Persistent nausea or vomiting
 - Unexplained weight loss
 - Anaemia or evidence of gastrointestinal bleeding
 - Black stools or vomiting blood
 - Monitoring known conditions (e.g. Barrett's oesophagus)
 - Follow-up of abnormal imaging or test results
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What Are the Benefits of Gastrosocopy?

- Allows **direct visual diagnosis** of upper gastrointestinal conditions
- Enables **biopsies** to diagnose inflammation, infection (e.g. *Helicobacter pylori*), coeliac disease, or cancer
- Can identify causes of bleeding

- Some conditions can be **treated during the procedure** (e.g. dilation of strictures, control of bleeding)
- Helps guide appropriate medical or surgical treatment

What Are the Alternatives?

Alternatives depend on the reason for investigation and may include:

- **Medication trials** (e.g. acid suppression)
- **Non-invasive tests** (e.g. breath tests, stool tests)
- **Imaging studies** such as CT scans or barium swallow studies

These alternatives may not provide the same level of detail or allow biopsies. Your doctor will discuss whether they are appropriate in your situation.

How Is the Procedure Performed?

1. You will usually be asked to **fast for at least 6 hours** beforehand.
2. A local anaesthetic spray may be applied to the throat.
3. **Sedation** is commonly given through a vein to help you relax.
4. The endoscope is gently passed through the mouth into the stomach and duodenum.
5. Air or carbon dioxide is used to inflate the stomach for better views.
6. Biopsies may be taken (this is painless).

You will be monitored in recovery until the sedation wears off.

What Are the Risks and Complications?

Gastroscopy is a **common and generally very safe procedure**. Complications are uncommon, but all procedures carry some risk.

General Risks of Any Procedure or Sedation

These risks apply to most procedures involving sedation:

Complication	Estimated Risk
Temporary sore throat or bloating	Up to 10–20%
Nausea or drowsiness from sedation	1–5 in 100
Allergic reaction to medications	<1 in 10,000
Breathing problems during sedation	1 in 2,000–5,000
Heart rhythm disturbances	<1 in 10,000
Death related to sedation	Extremely rare (<1 in 50,000)

Sources: ANZCA, AIHW, Gastroenterological Society of Australia

Specific Risks of Gastroscopy

Complication	Estimated Risk
Bleeding (usually after biopsy)	<1 in 1,000
Perforation (tear in oesophagus or stomach)	1 in 2,500–10,000
Infection	Very rare (<1 in 10,000)
Aspiration (stomach contents entering lungs)	<1 in 5,000
Missed lesion	Rare but possible
Most complications, if they occur, can be treated effectively, especially when recognised early.	

Things That Increase My Risk

- Older age
- Significant heart or lung disease
- Obesity or sleep apnoea
- Bleeding disorders or blood-thinning medications
- Emergency procedures
- Poor general health

Your doctor will assess and discuss your individual risk.

Recovery and Expected Outcomes

- Most patients go home **the same day**
- You may feel drowsy for several hours after sedation
- A mild sore throat or bloating is common and usually settles within 24 hours
- You should **not drive, operate machinery, or make important decisions for 24 hours**
- Normal eating can usually resume the same day unless advised otherwise

Results and biopsy findings are usually discussed at a follow-up appointment.

Important Considerations Before the Procedure

- Follow fasting instructions carefully
- Inform your doctor of **all medications**, especially blood thinners and diabetes medications
- Arrange for a responsible adult to take you home
- Tell your doctor if you have allergies, sleep apnoea, or previous anaesthetic problems

Evidence-Based Resources for Patients

1. **Healthdirect Australia**
<https://www.healthdirect.gov.au/gastroscopy>
(Government-approved, patient-friendly information)
2. **Better Health Channel (Victoria State Government)**
<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/gastroscopy>
3. **Gastroenterological Society of Australia (GESA)**
<https://www.gesa.org.au>
(Search “patient information” for digestive health resources)

When to Seek Medical Attention After the Procedure

Seek urgent medical care if you experience:

- Severe or worsening chest or abdominal pain
- Fever
- Vomiting blood
- Black stools
- Shortness of breath

This information sheet is provided for general education only and does not replace discussion with your treating doctor.

Write your questions or notes here:

Compliance Statement (Internal / Accreditation)

This document aligns with:

- **Royal Australasian College of Surgeons (RACS)** – *Informed Consent: A Guide for Surgeons*
- **Medical Board of Australia (AHPRA)** – *Good Medical Practice*
- **ANZCA** – *Guidelines on Informed Consent for Anaesthesia and Sedation*
- **Australian Commission on Safety and Quality in Health Care (ACSQHC)*

Consent for Gastroscopy

Informed Consent Checklist

Please read and tick each box:

- ☐ I understand why a **gastroscopy** is recommended
- ☐ I understand what the procedure involves, including insertion of a flexible camera through the mouth into the oesophagus, stomach, and duodenum
- ☐ I understand that **biopsies may be taken** during the procedure if required
- ☐ I understand the expected benefits and that abnormalities may still be missed
- ☐ I understand the **general and specific risks**, including bleeding and perforation
- ☐ I understand the reasonable alternatives to gastroscopy
- ☐ I understand the risks related to **sedation or anaesthesia**
- ☐ I have had adequate time to ask questions, and they were answered clearly
- ☐ I have provided accurate medical information, including medications and allergies
- ☐ I understand that unexpected findings may require further treatment
- ☐ I understand that consent is voluntary and can be withdrawn at any time

Statement of Consent

I confirm that:

- I have read and understood the information provided
- The procedure, risks, benefits, and alternatives have been explained
- I consent to undergo **gastroscopy with possible biopsy**

Patient Name: _____

Signature: _____ Date: _____

Surgeon Declaration

I confirm that I have:

- Discussed the procedure, risks, benefits, and alternatives
- Answered the patient's questions
- Assessed the patient's capacity to provide informed consent

Surgeon Name: Dr Suzanne Ma

Signature: _____ Date: _____