

## Gastroscopy – your guide to the test

**Gastroscopy is a visual examination of the lining of the oesophagus, stomach and duodenum (first part of your intestine). A flexible tube called an endoscope is passed through your mouth and into the stomach. The tube is about the thickness of a ballpoint pen and will not interfere with your breathing.**

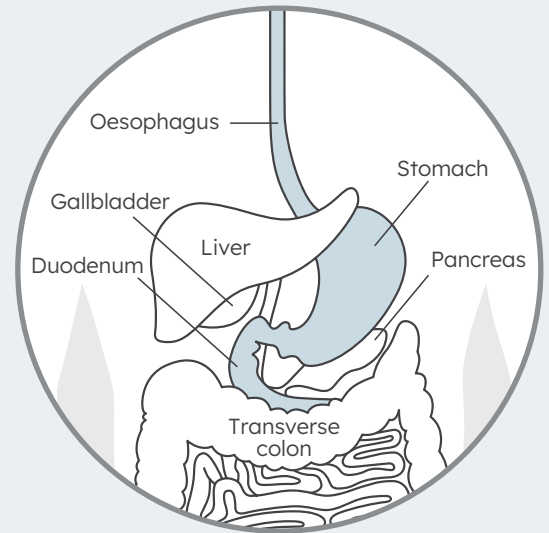
A small camera sends a video onto a screen, so the doctor can look for any abnormalities. If necessary, photographs and biopsies (small tissue samples) can be painlessly taken for laboratory testing. Other procedures to treat specific conditions can be done through the endoscope.

### These include:

- Stretching (dilating) the narrowed areas of the oesophagus, stomach or duodenum
- Removing polyps and swallowed objects
- Treatment of bleeding vessels and ulcers by internal injection or diathermy

### You may be referred for a gastroscopy to investigate:

- Indigestion, heartburn, reflux
- Swallowing difficulties
- Bleeding, anaemia
- Pain or abdominal discomfort
- Nausea



During your procedure you will be given **sedation**. It is important that you **do not drive or operate machinery for 12 hours** after your procedure. Please arrange for someone to drive you home following your procedure. You are not permitted, by law, to drive yourself. For safety reasons, if you are travelling on public transport, or in a taxi, please arrange for a support person to travel with you.

## Preparation

The stomach must be empty to obtain a clear view. **You will be asked not to eat for six hours before the test, and not to drink for two hours before the test.**

Prior to the procedure it is important for your doctor to know your medical history and in particular any previous endoscopies. Fully disclose any health problems you may have had, as these may interfere with your gastroscopy, sedation or recovery.

### You should mention:

- An allergy or bad reaction to medicines or anaesthetics.
- Taking medication to thin your blood including **Warfarin, Dabigatran, Rivaroxaban, Aspirin** or antiplatelet medication: e.g. **Clopidogrel** or **Ticagrelor**. Your doctor may ask you to stop taking these medications prior to your procedure or you may be given an alternative dose.
- Prolonged bleeding/clotting disorders or excessive bruising.
- **Diabetes** – you must discuss this with your doctor or nurse before undertaking any period of fasting.
- Heart and lung problems including **artificial heart valves and pacemakers**.
- If you are pregnant or breast-feeding.

## Procedure

**You will be asked to sign a consent form indicating that you understand the test and risks involved with the procedure.**

The procedure is usually done with intravenous sedation, but can be performed without, after discussion with your endoscopist, if this is your choice.

Local anaesthetic will be sprayed onto your throat to make it numb and to prevent gagging. You may be given medication into a vein to make you sleepy and relaxed. A small clip on your finger will monitor your heart rate and oxygen levels. The doctor will pass the endoscope through a mouthguard, which protects your teeth. Dentures may need to be removed. To ensure your safety throughout the procedure, it may be necessary for our nurses to hold your hands. The examination takes between 10-20 minutes.

## After the test

If spray has been used, your throat may feel numb and slightly sore. You will be offered light refreshments (please advise of any special dietary requirements) and remain in the clinic for approximately 2-4 hours from your appointment time. Your doctor will discuss the procedure with you and you will be given a written discharge information sheet. Due to the possible amnesic effects of the sedation, you may wish to have a support person with you when the doctor gives you the results. The report and results of any biopsies will be sent to your specialist and/or family doctor who referred you for the test.

## Risks

Serious complications are very rare. Perforation, a tear or bleeding from the oesophagus, stomach or duodenum may occur, especially after endoscopic therapies and may require admission to hospital, antibiotics and sometimes surgery. Bleeding can occur when the oesophagus has been dilated.

There is a rare possibility that defects or disease may be missed.

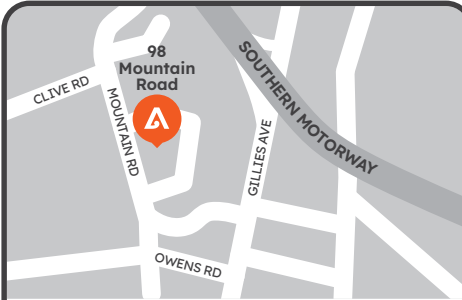
Reaction to the sedation is rare.

If you would like further clarification of these rare complications, please discuss them with your specialist or nurse on admission.

### Please read these points carefully:

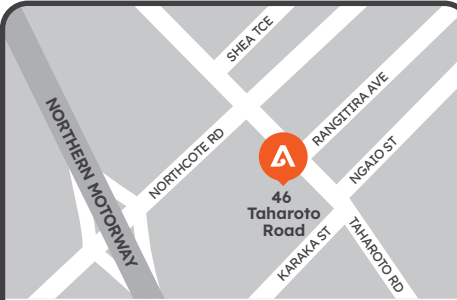
- You must contact your doctor if you suffer severe or prolonged pain, vomiting, passing of blood or a high temperature.
- If you have any questions or concerns please raise these with your doctor or nurse before the procedure.

## Locations



A map showing the location of Allevia Endoscopy Epsom. The map highlights 98 Mountain Road, which is situated between Clive Rd and Owens Rd, and near the Southern Motorway. Other roads shown include Mountain Rd, Gillies Ave, and Clive Rd.

**Allevia Endoscopy Epsom**  
📍 Allevia Hospital Epsom  
98 Mountain Road, Epsom,  
Auckland 1023  
☎ 09 623 5725



A map showing the location of Allevia Endoscopy North Shore. The map highlights 46 Taharoto Road, which is situated between Northcote Rd and Karaka St, and near the Northern Motorway. Other roads shown include Shea Tce, Rangitira Ave, Ngaito St, and Taharoto Rd.

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