

## **Gastroscopy Information Sheet**

### ***What is a gastroscopy?***

While you are sedated, a camera on the end of a long flexible tube is passed through your mouth, down your throat, oesophagus, stomach and then into the first part of your small bowel (less than 1 meter). It will not interfere with your breathing.

### ***Why is it performed?***

There are many reasons why you might have been recommended to have a gastroscopy and it is important you understand how it could be beneficial in your situation. If you have had problems such as pain, trouble swallowing, bleeding, nausea or a low blood count, the gastroscopy can be useful to diagnose the cause. There are other indications.

### ***How do I get ready for the gastroscopy?***

Complete and hand in your paperwork to the hospital.

#### **Answer these important questions about your medications:**

1. Do you take medication for weight loss or diabetes such as **tirzepatide (Mounjaro), semaglutide (Ozempic, Wegovy), dulaglutide (Trulicity) or liraglutide (Saxenda, Victoza)**?
  - ✓ If YES, then for the entire day before the procedure you should only consume **CLEAR FLUIDS** (eg water, jelly or clear juice/cordial/soft drinks/soups). **DO NOT** consume any food.
2. Do you take other diabetic medications such as **dapagliflozin (Forxiga, Xigduo, Sidapvia), empagliflozin (Jardiance, Glyxambi, Jardiamet)**?
  - ✓ If YES, then do not take them on the 2 days prior to the procedure
3. Do you take **insulin or warfarin**?
  - ✓ If YES, then contact our office
4. Do you take blood thinning medications such as **clopidogrel (Plavix, Iscover, CoPlavix, Piax etc), dabigatran (Pradaxa), rivaroxaban (Xarelto) or apixaban (Eliquis)**?
  - ✓ If YES, and you have been taking this medication for more than 6 months, then do not take the clopidogrel on the 5 days before the procedure and do not take the other blood thinning medication on the 2 days before the procedure.
  - ✓ If YES, but you have started the medication in the last 6 months, please contact our office.
  - ✓ You should continue to take aspirin.

### ***What happens on the day?***

You should have nothing to eat or drink at all (including water) from midnight (for a morning gastroscopy) or 7.30am (for an afternoon gastroscopy). If you are having a colonoscopy as well you will need to have the last dose(s) of bowel preparation liquid after midnight. You should take all your morning medications (unless advised) with a small sip of water.

Dr Scott/Flynn will see you before the procedure. You will be put to sleep by an Anaesthetist. The gastroscopy usually takes about 10 minutes but can be longer. During the gastroscopy biopsies may be taken (3mm in size and completely painless). If you are having a colonoscopy on the same day, the colonoscopy will be performed second and during the same anaesthetic.

***What happens after the gastroscopy?***

You will remain in the hospital for 2-4 hours afterwards. You should arrange for someone to take you home. You should not drive, catch public transport alone, operate heavy machinery, sign legal documents or drink alcohol for 24 hours after the anaesthetic.

Dr Scott/Flynn will talk to you after the gastroscopy and provide you with written information. A letter with the results and recommendations from the gastroscopy will be sent to your GP.

***What are the risks of Gastroscopy?***

1. Serious bleeding (less than 1 per 1,000)
2. Making a hole in the wall of the digestive tract (less than 1 per 1,000)
3. Serious and unexpected complication including heart attack, breathing difficulty, stroke or death (less than 1 per 10,000)

After the procedure, if you think you may have any of these complications, or are concerned for any reason, please contact Dr Scott/Flynn or go to your local emergency department.

