KLINIKA DOKTOR 24 d.o.o. | T: 0820 08240 | E: narocanje@doktor24.si | www.doktor24.si

GASTROSCOPY

Patient Information, Preparation, and Procedure.

What is gastroscopy?

Gastroscopy is an endoscopic examination of the upper digestive tract that allows the doctor to directly view the inner lining of the esophagus, stomach, and duodenum. The procedure is performed using a flexible instrument called a gastroscope, which has a light source and a small camera at its tip. During the examination, the doctor maneuvers the tip of the instrument to closely inspect the mucosa and interior of the digestive tract. With special forceps, a small piece of the stomach mucosa can be taken for a rapid diagnosis of an infection with the bacterium Helicobacter pylori, or tissue samples can be sent for microscopic examination.

Why do I need a gastroscopy?

A gastroscopy is performed to investigate various signs and symptoms such as abdominal pain, prolonged heartburn, persistent nausea and vomiting, difficulty swallowing, bleeding from the upper digestive tract, chest pain, unexplained weight loss, chronic diarrhea, and anemia. During the procedure, tissue samples are also collected.

How does the examination take place?

For a successful and safe examination, your stomach and duodenum need to be empty, as food in the stomach interferes with visibility. Therefore, you must refrain from eating or drinking heavy liquids for 6–8 hours before the procedure. Before the examination, you will sign a consent form indicating that you agree to the procedure and understand its potential complications. Be sure to inform your doctor about any existing medical conditions and list all medications you are taking.

If you have a dental prosthesis, you will be provided with a bag to store it. A nurse will spray a local anesthetic into your throat to numb the area and ease the initial part of the procedure. To facilitate the insertion and protect the instrument, you will be given a mouth guard that you'll hold between your lips. During the examination, you will lie on your left side. Instead of swallowing your saliva, let it flow freely from your mouth onto the prepared towel. You can breathe normally through your nose or mouth throughout the procedure. The doctor will introduce the gastroscope through your mouth into your esophagus. During the procedure, the stomach is inflated and the instrument is rotated in various directions as it advances into the deeper parts of the digestive tract, which may cause sensations of pain and bloating. These sensations may persist for a while after the procedure before completely disappearing.

Medications that reduce blood clotting

If you are taking medications that reduce blood clotting—such as Marevan, Xarelto, or Eliquis—make sure to inform your doctor. If you are on anticoagulant medication, you should visit the antithrombotic clinic about a week before the scheduled examination so that your dosage can be adjusted appropriately. Remember to bring your doctor's report with you.

What are the possible risks of gastroscopy?

Every endoscopic procedure carries a certain degree of risk for the patient, though complications with gastroscopy are very rare. The most severe, but extremely rare, complication is a perforation of the digestive tract, which would require surgical treatment. There is also a rare risk of aspirating stomach contents into the lungs during the procedure. Very rarely, excessive gagging during the procedure can cause bleeding at the junction between the esophagus and the stomach. This bleeding typically stops on its own or is controlled by the doctor during the examination. Removal of a polyp or a piece of mucosal tissue can trigger minor bleeding, which usually stops on its own. In some cases, especially when removing larger polyps, bleeding from the resection site may be more significant; in such cases, it is controlled during the procedure. Additional minor complications may occur as a result of a reaction to the medications administered or due to complications associated with a pre-existing condition.

After the examination

After the procedure, you may feel a temporary sensation of bloating or pressure in your upper abdomen that will gradually subside within a few minutes. Approximately half an hour after the examination, your throat may still be numb. Until the numbness completely disappears, you should avoid consuming food and drink because swallowing will be impaired. The doctor will explain the outcome of the examination and propose a treatment plan. The tissue samples taken from any abnormal mucosa will be sent for histological analysis, with results available in about two weeks. If a polypectomy was performed, you will receive additional written instructions.

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Sedation, Deep Sedation

(Read this section if the procedure will be performed under sedation or deep sedation)

Gastroscopy with sedation

Since gastroscopy can be uncomfortable, it is sometimes performed using sedation for a more tolerable experience. Prior to the procedure, medications are administered intravenously through a cannula to achieve complete sedation, relaxation, and minimal pain. During the procedure, you remain conscious, although you might briefly fall asleep. The sedative medications can have varying effects on your level of consciousness. Sedation may also reduce the oxygen content in your blood, so your oxygen levels and heart rate will be continuously monitored. If needed, oxygen will be supplied via a nasal catheter. An antidote—that is, a medication that immediately reverses the effects of the sedative—is available in case of any sedation complications.

On very rare occasions, an allergic reaction to the sedative may occur. It is also possible for a bruise (hematoma) to form at the cannula insertion site, and there may be some localized inflammation.

After the procedure (with sedation)

Once the examination is complete, you will be taken to a recovery room where qualified staff will continue to monitor your condition. For safety reasons, even after you have fully regained consciousness, you will remain in the recovery room until you are discharged. Upon discharge, you will need to be accompanied by someone who can take you home and ideally stay with you for the next few hours.

You will receive appropriate discharge instructions. Because the sedative prolongs your reaction time, you must not drive a car or ride a bicycle, or consume alcoholic beverages for 24 hours after the procedure. Likewise, you should not make any important, legally binding decisions during this period.

Gastroscopy in deep sedation

For a more comfortable experience, gastroscopy can also be performed using deep sedation. Before the procedure, a cannula is placed in your arm, and the medication Propofol is administered intravenously. The drug has a very rapid effect, and you will fall asleep soon after it is given. Due to the effect of the drug, you will not have any unpleasant memories of the examination, nor will you feel any pain. After the procedure, you will awaken quickly because of the short-term effect of Propofol, and you will not feel nauseous. The procedure is carried out by an anesthesiology specialist who will examine you beforehand and talk with you regarding any concerns. You will be asked about any known allergies to medications, as well as about any relevant medical conditions. Please have a list of the medications you regularly take ready.
During deep sedation, there may be temporary and transient slowing of your breathing or heart rate, and occasionally even a brief cessation of spontaneous breathing. For this reason, your breathing, blood pressure, heart rate, and blood oxygen level will be continuously monitored throughout the procedure. If necessary, oxygen will be supplied during the examination using a face mask and a breathing balloon. Deep sedation is generally safe for the vast majority of people undergoing gastroscopy.

After the procedure (with deep sedation)

After the examination, you will be taken to a recovery room where you will be monitored by trained staff for approximately 30 minutes. It is advisable to have a companion accompany you home upon discharge. You will be given detailed discharge instructions. On the day of the procedure, driving a car or riding a bicycle, as well as consuming alcoholic beverages, is discouraged. Similarly, you should avoid making any important, legally binding decisions.