
DAY PROCEDURE: GASTROSCOPY

Gastroscopy is a procedure where a gastroenterologist inspects the lining of the oesophagus (food pipe), stomach and first part of the small intestine (duodenum). This is achieved by using a long flexible tube that has a light and a video camera at the tip, known as a gastroscope. The images are transmitted on a monitor. The gastroscope is inserted into the mouth and then slowly advanced along the oesophagus and stomach into the duodenum. The lining is visually examined and small samples (biopsies) are taken for further tests.

ON THE DAY OF THE PROCEDURE

- An empty stomach is required for a safe and accurate examination.
- You will be informed (by the anesthetist) when to stop eating and drinking, or stop taking usual medicine depending on the time of day your procedure has been scheduled.
- Most medicines can be taken as usual, however if you are unsure please speak to your child's doctor/anesthetist.
- A gastroscopy is performed under a general anesthesia, so your child will be asleep during the whole procedure. For details of the anesthetic please read the attached brochure.
- The procedure usually takes about 15-30 minutes.

WHAT HAPPENS AFTER GASTROSCOPY?

- After the procedure your child will be watched in the recovery area for 1-2 hours until medicines wear off.
- The gastroenterologist will be able to briefly advise you of the findings on the day of the procedure, and a follow-up appointment will be made to discuss the results from any biopsies or samples taken, as it may take several days to get these results.
- A light diet such as sandwiches, pasta, soups and jelly can be started. Your child can resume eating their normal diet once they feel well enough.
- Babies can start breastfeeding, drink formula or water as soon as they are awake from the procedure and you have checked with the nurses.
- Your child needs to rest for the remainder of the day following the procedure, but should be able to resume normal activities the following day.
- Discharge instructions are included below and should be read and followed carefully.

WHAT ARE THE RISKS OR SIDE EFFECTS?

Although complications can occur after a gastroscopy, they are extremely rare when performed by doctors who are specially trained in gastroscopy.

- Your child's throat may be a little sore and they might feel bloated due to the air introduced into their stomach during the procedure
- A small amount of blood might be seen in your child's saliva after gastroscopy. However, very rarely, vomiting up blood or passing black tar-like stools could indicate major bleeding.
- In very rare situations, lining of the stomach could be torn and this may require surgery to repair it.
- Reactions to sedatives are also possible, but again are very rare.
- In very few cases, if the gastroscopy could not be successfully completed it may be necessary to repeat the procedure.

You may administer some pain relief such as paracetamol every 4-6 hours for 1-2 days if needed. Read the bottle for the correct dosage for your child. Ask someone if you need help.

Do not give any medicine with paracetamol in it more than 4 times in 24 hours.

WHEN DO I SEEK HELP?

If your child has the following symptoms in the hours or days after the gastroscopy you should contact the rooms or proceed to the closest emergency department.

- Vomiting (more than 2-3 times)
- Vomit containing more than 2-3mLs (half a teaspoon) of bright red blood
- Passing black tar-like stools
- Fever (temperature above 38°C)
- Increasing throat, chest or abdominal pain
- Severe abdominal bloating
- Difficulty swallowing
- Any other symptoms that cause concern.

WHO CAN I CONTACT IF I HAVE ANY QUESTIONS?

Please contact the rooms on 6162 1615 during weekdays from 8am - 5pm.

After-hours please proceed to the closest emergency department or your family doctor. In an emergency, contact the ambulance service by calling triple zero (000)