

GASTROSCOPY PROCEDURE

What you need to do prior to the procedure:

- Complete and return to our office the enclosed 'Patient Information Sheet' and 'Informed Financial Consent' via post, fax or email. These forms need to be returned as soon as possible.
- Complete your 'Hospital Admission Form'. This can be accessed directly from our office or St. Vincent's Hospital. Online registration is available at <https://calvary.eadmissions.org.au>. For assistance to complete **phone 1800 220 506**.
- Check with your Private Health fund that you have completed any waiting period, are adequately covered for the procedure and whether you have an excess to pay to the Hospital on admission. Procedure item numbers are 30473.

Patients with Private Health Insurance:

- Dr. Veldhuis is a 'no gap Doctor' which means there are no out of pocket costs for the procedure. The hospital will take payment for your health fund excess or co-payment if you haven't already paid it this year.
- A Pathology fee may apply if Dr. Veldhuis takes tissue samples or biopsies during the procedure. If this is the case, you will receive an invoice from, and payable to Launceston Pathology.
- Your Anaesthetist is also a 'no gap Doctor' and there are no out of pocket costs.

Uninsured / Self-Funding Patients:

If you elect to pay for your procedure in the Private Hospital, please contact our Rooms to obtain a detailed quote which will include:

- Dr. Veldhuis' fee - to be paid **one week prior to the procedure** and held as a deposit. If additional procedures are performed you will receive an invoice for this. The Medicare portion will be refunded to you after full payment of the procedure/s.
- St. Vincent's Hospital Theatre fee - on which there is no rebate.
- Estimate of Anaesthetist fee - Medicare portion will be rebated to you after the procedure.

Should you have any questions or concerns in relation to this admission, please contact our Rooms.

Regards,
The Administration Staff

GASTROSCOPY PREPARATION INSTRUCTIONS

Medication Checklist - Please advise us if you are currently taking any blood thinning medications

- Diabetic medications must be discussed with Dr. Veldhuis and taken as directed
- Cease taking iron tablets and Fish Oil 5 days prior to the procedure
- Cease smoking and chewing gum at least 6 hours prior to the procedure
- Avoid alcohol for at least 24 hours prior to the procedure
- If you are diabetic, take your medications as directed by Dr. Veldhuis and monitor your blood sugar levels and medicate accordingly.
- Take **ALL** other regular medications as usual. In particular all anti-hypertensive agents and cardiac drugs should be continued. These medications may be taken when "fasting" on the day of the procedure with a sip of water.

THE DAY OF YOUR PROCEDURE - «[Procedures]ProcedureDate:System date long» with admission at «[Procedures]AdmissionTime:HH:MM AM/PM»

YOU MUST FAST FOR A PERIOD OF 6 HOURS PRIOR TO YOUR PROCEDURE

- Wear or bring singlets and socks underneath comfortable clothing
- No under-wire bras to be worn during procedure
- Minimal jewellery is acceptable
- Mobile phones are acceptable and able to be left on however, we do request it to be switched to silent mode
- It is likely that you will have waiting periods during your admission to Endoscopy. This may include before and/or after your procedure. Expect to be at Endoscopy Unit for around 4 hours.
- Bring your medications with you particularly if you use Asthma puffers or Insulin
- You must have a responsible adult to drive you home and stay with you overnight after the procedure. Once admitted you will not be able to bring a relative/friend through to the Unit. Exceptions can be made for those patients with disabilities and paediatric patients
- You will be unable to drive or operate heavy machinery for 24 hours due to the sedatives

COVID-19 alert

If you experience any fever, respiratory symptoms or generally feel unwell please postpone your procedure until you feel well again, the current recommendation is 14 days after you feel well again

INFORMATION ABOUT UPPER ENDOSCOPY (GASTROSCOPY)

A gastroscopy is a procedure in which a flexible tube with a “video camera” at the tip is passed through the mouth into the oesophagus, stomach and the first part of the small bowel. It permits these areas to be inspected as well as specialised procedures such as biopsies to be performed.

WHY IS UPPER ENDOSCOPY DONE?

The test is performed to investigate symptoms such as bleeding, pain, nausea, and difficulty swallowing. Other specialised techniques may be performed during the procedure. Biopsies are samples of tissue which may be taken for many reasons including looking for infection, testing that the small bowel is functioning well and diagnosing tissues which look abnormal, including conditions such as coeliac disease and pre-cancerous and cancerous lesions.

Upper endoscopy is also used to treat conditions of the upper gastrointestinal tract. Your doctor can pass instruments through the endoscope to directly treat many abnormalities with little or no discomfort. For example, your doctor might stretch a narrowed area, remove polyps (usually benign growths) or treat bleeding.

WHAT IS THE PREPARATION FOR THE PROCEDURE?

An empty stomach is essential for a safe examination, so you should have nothing to eat or drink, including water, for approximately six hours before the examination.

Tell your doctor in advance about any medications you take. You may need to adjust your dose before the procedure. **This is particularly important if you are a diabetic or taking blood thinning medications.**

WILL I BE SEDATED?

Yes. You will not receive a full general anaesthetic, but you will be lightly sedated. You may be slightly aware of what is going on in the room around you, but generally you will not remember anything of the procedure.

WHAT HAPPENS AFTER THE PROCEDURE?

You will be monitored until most of the effects of the sedation medication have worn off. Your throat may be a little sore and you may feel bloated because of the air introduced into your stomach during the test. You will be able to eat normally after you leave unless your doctor instructs you otherwise.

You should arrange for someone to accompany you home because the sedatives might affect your judgement and reflexes for the rest of the day. You must not drive until the next day.

WHAT ARE THE POSSIBLE COMPLICATIONS OF UPPER ENDOSCOPY?

Although complications can occur, they are rare when doctors who are specially trained and experienced in this procedure perform the test. Bleeding can occur at a biopsy site or where a polyp was removed, but it is usually minimal and rarely requires follow up. Other potential risks include reaction to the sedative used, complications from heart or lung diseases, and perforation (a tear in the gastrointestinal tract lining). If you develop a fever after the test, have trouble swallowing or increased throat, chest or abdominal pain, tell your doctor immediately.

WHAT IS OESOPHAGEAL DILATATION AND WHY IS IT PERFORMED?

It is a procedure that allows your doctor to dilate, or stretch, a narrowed area of your oesophagus (swallowing tube). The most common cause of narrowing of the oesophagus, or stricture, is scarring of the oesophagus from reflux of stomach acid occurring in patients with heartburn. Patients with a narrowed portion of the oesophagus often have trouble swallowing; food feels like it is “stuck” in the chest region, causing discomfort or pain.