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CONSENT FORM AND INFORMATION CONCERNING UPPER GI ENDOSCOPY

WHAT IS AN UPPER ENDOSCOPY?

Endoscopy is a procedure performed through the mouth that enables the Doctor to see inside your upper gastrointestinal tract - your oesophagus, stomach and duodenum. Unlike X-rays, which take photographs of these areas, endoscopy lets the Doctor see the surface of these areas directly and provide far more detail and accuracy than an X-ray.

PREPARATION FOR UPPER ENDOSCOPY

No food for **8 hours** prior and only small amounts of water up until **4 hours** before the endoscopy. If you must take prescription medication, this can be done up until 2 hours before the endoscopy with a sip of water. Please tell the Doctor if you have had any allergies or bad reactions to medications. The procedure is quite safe during pregnancy and while breast-feeding although, you should inform the Doctor if this applies to you.

BLOOD THINNING MEDICATIONS

Some blood thinning medications (anticoagulants) can cause an increased risk of bleeding when biopsies or therapeutic procedures are performed.

For patients taking **Xarelto, Eliquis or Pradaxa,** these agents need to be ceased for three days prior to endoscopy **BUT YOU WILL NEED TO CONSULT YOUR GP OR PRESCRIBING DOCTOR FIRST.** If these medications are not ceased, your procedure may be cancelled or a diagnostic procedure (without biopsy or therapy) will be performed.

A standard diagnostic endoscopy can be performed safely whilst patients are taking blood thinning drugs such as **Warfarin, Clopidogrel (Plavix, Iscover),Ticagrelor (Brilinta), Prasugrel (Effient) and Aspirin.** If polypectomy or dilatation are required, these may need to be ceased prior to the procedure and this should be discussed with your referring doctor at least 1 week before the procedure.

DIABETIC MEDICATIONS

Insulin If you are taking Insulin, you will need to discuss with your GP or specialist, any modifications to your dosing regime prior to your procedure.

GLP1 Agonists (Semaglutide, Dulaglutide, Byetta, Victoza, Trulicity, Ozempic) These drugs delay stomach emptying of food and need to be ceased 3-7 days prior to your endoscopy.

SGLT2 Inhibitors (Forxiga, Jardiance, Steglatro, Xigduo, Jardiamet, Glyxambi, Qtern 5, Qtern 10, Segluromet, Steglujan) These drugs can be safely continued for an upper endoscopy as there is no prolonged fasting or dehydration.

WHAT HAPPENS DURING UPPER ENDOSCOPY?

You will be given medication by injection through a vein to make you sleepy and relaxed. The procedure can be performed without sedation if requested. You will probably have little memory of your procedure afterwards. While in a comfortable position on your left side, the Doctor will pass the endoscope through your mouth and down the throat. The endoscope itself is a plastic tube about as thick as a ball point pen. The instrument will not interfere with your breathing nor cause any pain. The examination takes about 20 minutes. If patients are taking blood thinning agents at the time of upper endoscopy, higher risk procedures may not be performed and a further/repeat upper endoscopy will be required.

THERAPIES OR PROCEDURES THAT MAY BE PERFORMED DURING UPPER ENDOSCOPY

1. Often a biopsy is performed to take samples of any abnormal areas within the stomach, oesophagus or duodenum. This is a very safe procedure. Very rarely, there can be bleeding.

2. Polyps can occur in the stomach or small intestine. Most polyps are benign. Very rarely do these polyps develop into malignancy. Often polyps can be assessed and not need to be removed if they are a polyp known as cystic fundic polyps. Other polyps, however, may require removal with a snare (a wire loop) placed around the polyp and removed with diathermy (an electric current). Rarely there can be a risk of bleeding or perforation (a hole in the wall) following the polypectomy.

3. If you have problems swallowing food, you may have a stricture or narrowing of the oesophagus. This will require a dilatation (stretching). During the endoscopy, a special dilator is passed through the narrowing to stretch this area. This will then improve your swallowing. This is a safe procedure but there can be a risk of bleeding or discomfort or rarely, perforation (approximately one in one thousand five hundred dilatations). If you do have a dilatation performed, you may require a soft diet following this procedure for 24 hours.

4. If bleeding is identified at endoscopy, this may require therapy with an injection, the use of diathermy (gold probe), an Argon plasma coagulator or metal clips to stop the bleeding.

ALTERNATIVES TO UPPER ENDOSCOPY

1. **Barium swallow and meal.** This involves a barium x-ray examination which looks at the lining of the oesophagus, stomach, and duodenum. It is not as accurate as an upper endoscopy as it cannot detect Barrett's oesophagus or changes within the stomach lining, in particular, whether there is an infection. No biopsies can be performed. If the barium shows an abnormality, then often you will need to proceed to an upper endoscopy. Barium meal can be useful if you have problems with food sticking in your gullet (dysphagia) prior to endoscopy.

2. **Ultrasound.** This is normally only useful for assessing the gallbladder, liver, pancreas and spleen and does not give good visualisation of the stomach or small intestine.

3. **Capsule Endoscopy.** This is a capsule camera that is swallowed. Very limited views are obtained of the oesophagus and stomach. It is predominately used for assessing the mid small intestine.

4. **CT scan.** This is useful if there are problems outside the stomach or to assess for thickening of the stomach lining, however, biopsies are not able to be performed with this technique.

RISKS

Complications are very rare (less than 1:10,000 examinations). Complications that may occur are as follows:

1. **Bleeding.** This is a rare complication following upper endoscopy and biopsy. There is a slightly higher risk of this occurring if you require oesophageal dilatation or polypectomy. The risk of bleeding is increased if esophageal dilatation or polypectomy are performed when patients are taking blood thinning agents.

2. **Perforation (Hole in the gut wall).** Damage to the oesophagus and stomach very rarely occurs with a routine endoscopy (1:50,000 normal upper endoscopies). There is a higher risk if there is a narrowing of the oesophagus. The risk of perforation with a tight stricture is approximately 1:500.
This life-threatening complication will require a prolonged hospital stay and usually an operation.

3. **Reaction to anaesthetic.**
1. pain in the arm at the injection site; **2.** bruising or infection where the cannula is inserted; **3.** nausea and vomiting; **4.** altered heart rates; **5.** dizziness or fainting; **6.** Allergic reaction; **7.** aspiration of vomit from the stomach into the lungs; **8.** heart attack; **9.** stroke and death (extremely rare).

4. **Damage to teeth and mouth:** Rarely the mouth or teeth may be damaged due to excessive biting on the mouthguard. Whilst we endeavour to prevent damage, there may be resultant trauma to the mouth lining, lips, teeth and fillings which may be chipped, cracked or loosened. The doctors and hospital do not accept any liability for this type of damage to the mouth and teeth.

AFTERWARDS

You will remain in the recovery area for about 30 to 40 minutes until the main effects of any medication wear off. Your throat may feel numb and slightly sore. You should not attempt to eat or drink until your swallowing reflex is normal.
After this, you may return to your regular diet unless otherwise instructed. You may feel slightly bloated due to the air that has been injected through the endoscope. This will pass quickly.

You may not remember any discussion with the doctor after the procedure, so it is important you arrange a follow-up appointment with your referring doctor to discuss the results. Occasionally you can get some mild heartburn after the procedure which normally will settle with antacids. If you have cramping, then peppermint tea or Colofac may help.

It is important you contact the Clinic, your Gastroenterologist, your local GP or major Accident and Emergency Department if you have severe pain, fevers or passage of blood or black bowel motions following the procedure.

IMPORTANT

1. **A responsible adult must be able to drive you home** and must remain with you until you recover for 12 hours at home. It is not safe for you to use public transport or use a taxi on your own. If you do require a taxi, then a companion must accompany you. If you do not have this arranged, your procedure may be cancelled or you may require a prolonged stay in recovery.

2. For the remainder of the day, you should not drive a car, operate machinery or make important decisions as sedation impairs your reflexes.

3. Occasionally, you may have diminished memory for one day following the procedure.