

Preparation for Your Endoscopy Appointment

Arrival Time	1 hour prior to scheduled appointment time
Appointment Location	Endoscopy - Unit 2G1 Walter Mackenzie Centre / University of Alberta Hospital
Procedure Type	Gastroscopy

Prior to your appointment

- If you need to reschedule or cancel your appointment or if you have any questions, please call the Physician's office as listed on the first page of this package.
- Please leave a confirmation voicemail with Endoscopy at 780-407-6087 as soon as possible. You may receive an automated reminder call 4-5 days prior to your appointment if you have not confirmed.
- If you are diabetic, **you must speak with your family physician (or the physician who prescribed your diabetes medication)** about using insulin or pills for your diabetes on the day of your procedure. For more information, please refer to:
 - https://myhealth.alberta.ca/health/pages/conditions.aspx?Hwid=custom.ab_diabetes_gastroscopy_inst
- If you are taking arthritis medications or iron, **speak with the physician who prescribed these medications** about whether or not you need to stop them at least one week before your procedure.
- If you are taking blood thinners/ anticoagulation/ anti-platelet medications, please **discuss with your prescribing specialist or family doctor** if these medications can be safely stopped prior to your examination.
- You may be contacted by Alberta Health Services Pre-Registration to update your personal contact and address information prior to your appointment.
- **Arrange for a responsible adult to take you home after your procedure.**

On the day of your appointment

- Please arrive on the unit **1 hour prior to your scheduled appointment time**. Failure to do so may result in cancellation of your appointment.
- You will be sedated for the procedure. **You must have a responsible adult available to take you home by private or public transit.**
- Please have your ride come up to the unit with you to receive a pager. They will get paged when you are ready to be picked up.
- If your ride does not receive a pager, they will receive a call 1 hour before the patient pick-up time.
- **Checklist of What to Bring**
 - Alberta Personal Health Card
 - Photo Identification
 - Bring all your medications (including insulin) with you or a Medication List.**
 - Bring a bag with you for your clothing.
 - Home oxygen (full tank) and/or BiPAP/CPAP machine if you are using it.
- **Do not bring valuables, jewelry or large sums of money.**

Preparation for Gastroscopy

IMPORTANT MEDICATION RESTRICTIONS

- If you are diabetic, you must speak with **your family physician** (or the physician who prescribed your diabetes medication) about using insulin or pills for your diabetes on the day of your procedure.
- If you are taking arthritis medications, Metamucil or iron, speak with the **physician who prescribed these medications** about whether or not you need to stop them at least one week before your procedure.
- If you take warfarin (Coumadin), low molecular weight heparin (e.g. Fragmin, Lovenox) or Plavix, discuss with your **prescribing specialist or family doctor** if these medications can be safely stopped one week prior to your examination.

BEFORE THE PROCEDURE

1. Do not eat or drink anything, including water, for **8 hours** prior to the procedure. An empty stomach is necessary for the success of this procedure.
2. If you are taking antacids, stop taking them the day of your procedure.
3. You may take your medications with a sip of water.

GASTROSCOPY

PROCEDURE INFORMATION

Your physician has determined that gastroscopy is necessary for further evaluation or treatment of your condition.

Because education is an important part of comprehensive medical care, you have been provided with information to prepare you for this procedure.

If you have any questions about your need for gastroscopy or alternative tests, do not hesitate to speak to your physician.

Endoscopists are highly trained specialists and welcome your questions regarding this procedure.

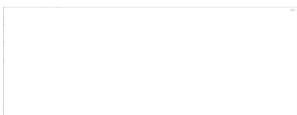
The following information includes answers to questions patients ask most frequently:

WHAT IS GASTROSCOPY?

Gastroscopy is also known as an upper GI endoscopy or esophagogastroduodenoscopy (EGD). Gastroscopy is the examination of the lining of the upper part of your gastrointestinal tract by using a thin flexible tube with its own lens and light source which is called a gastroscope. The gastrointestinal tract includes the esophagus (swallowing tube), stomach, and duodenum (first portion of the small intestine).

WHY IS GASTROSCOPY DONE?

Gastroscopy is performed for many reasons including:



- persistent upper abdominal pain
- nausea
- vomiting / vomiting blood
- difficulty swallowing
- passing black stools
- weight loss
- indigestion
- anemia (low blood count)

Gastroscopy is more accurate than x-ray for detecting inflammation, ulcers, or tumors of the esophagus, stomach and duodenum. Gastroscopy can detect early cancer and can distinguish between benign (non-cancerous) and malignant (cancerous) conditions when biopsies (small tissue samples) of suspicious areas are obtained.

Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected. Biopsies are not painful. A cytology test (introduction of a small brush to collect cells) may also be performed during gastroscopy.

Gastroscopy is also used to treat conditions present in the upper gastrointestinal tract. A variety of instruments can be passed through the endoscope that allow many abnormalities to be treated directly with little or no discomfort such as stretching narrowing areas, removing polyps (usually benign growths), removing swallowed objects, or treating upper gastrointestinal bleeding. Safe and effective endoscopic control of bleeding has reduced the need for blood transfusions and surgery in many patients.

WHAT PREPARATION IS REQUIRED?

Your stomach must be completely empty for the procedure. You should have nothing to eat or drink, including water, before the procedure. Information about the exact time to begin fasting will be found in the Preparation Information sheet.

WHAT IF THE GASTROSCOPY SHOWS SOMETHING ABNORMAL?

Your physician will provide further instructions regarding follow-up if there are any irregular findings.

WHAT ARE THE POSSIBLE COMPLICATIONS OF GASTROSCOPY?

Gastroscopy is generally safe. Complications can occur but are rare when the test is performed by physicians with specialized training and experience in this procedure.

Bleeding may occur from a biopsy site or where a polyp was removed. It is usually minimal and rarely requires blood transfusions or surgery.

Localized irritation of the vein where the medication was injected may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying warm heat packs or warm moist towels may help relieve discomfort.

Other potential risks include a reaction to the sedatives used.

Major complications such as a perforation (a tear that might require surgery for repair) are very uncommon. After therapeutic procedures, such as treating bleeding ulcers or stretching narrowed areas, perforations are slightly more common, but still rare. Because complications can occur, travel is not recommended for the two (2) weeks following your procedure.

It is important for you to recognize early signs of any possible complication after the procedure.

Contact your physician who performed the gastroscopy or go to your nearest emergency department if you notice any of the following symptoms:

- fever or chills
- increased throat, chest, or abdominal pain
- trouble swallowing
- passing black tarry stools

GASTROSCOPY PROCEDURE INFORMATION

WHAT ABOUT MY CURRENT MEDICATIONS?

Most medications may be continued as usual, but some medications can interfere with the preparation for the examination. It is important to talk with your physician about your current medications including prescription, non-prescription, herbal remedies and supplements. Also inform your doctor if you have any allergies or adverse drug reactions.

- If you have diabetes, your diabetic medication (pills or insulin) may need to be adjusted. Speak with your physician who prescribed your insulin or pills about any changes needed before and after the procedure.
- If you are taking any of the following medications, these may be stopped before the procedure. Discuss this with your physician to see if these medications can be stopped safely:

<ul style="list-style-type: none"> – Arthritis medication (NSAIDs or anti-inflammatory agents) – Anticoagulants Coumadin (warfarin) Lixiana (edoxaban) Xarelto (rivaroxaban) Lovenox (enoxaparin) Arixtra (fondaparinux) Heparin Pradaxa (dabigatran) Eliquis (apixaban) Innohep (tinzaparin) Orgaran (danaparoid) Fragmin (dalteparin) 	<ul style="list-style-type: none"> – Diuretics (water pills) – Antiplatelets Persantine (dipyridamole) Plavix (clopidogrel) Aggrenox ((dipyridamole/ASA) Effient (prasugrel) Brilinta (ticagrelor) Ticlid (ticlopidine) Entrophen/ASA/Asaphen (acetylsalicylic acid) 	<ul style="list-style-type: none"> – Iron products
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WHAT HAPPENS WHEN I ARRIVE IN THE HOSPITAL?

The clerk will register you for the procedure. You will need the following items with you in order to register:

- photo identification
- Alberta Personal Health Card

The Endoscopy nurse will get you ready for the procedure. You will be asked to sign the procedure consent. You will change into a gown and lie down on a stretcher. Your jewelry and valuables must be removed before the procedure. Please leave jewelry and valuables at home. If you will be receiving sedation (medication that makes you relax) during the procedure, the nurse will start an intravenous (IV) in your arm. When it is time for your Gastroscopy, the Endoscopy nurse will take you to the procedure room on the stretcher.

WHAT HAPPENS DURING THE PROCEDURE?

The Endoscopy nurse will ask you to turn on your left side. Oxygen prongs will be placed below your nose to give you extra oxygen during the procedure and a mouth guard will be inserted which keeps your mouth open to help with the endoscope insertion. Practices may vary among physicians for the type of medication you will receive to make you comfortable during the procedure. The nurse may give you medication through your IV and you may have your throat sprayed with a local anesthetic before the endoscope is inserted. You will still be able to hear the nurse speaking to you and you may remember parts of the procedure being performed. In some cases, your physician will ask an anesthetist to provide the sedation to you.

After the medications have been given to make you comfortable, a gastroscopy is inserted into your mouth and then passed through to the esophagus, stomach, and duodenum. The endoscope does not interfere with your breathing during the procedure. Your oxygen level, blood pressure, heart rate, breathing and comfort are monitored during the procedure. The procedure is well tolerated, with little or no discomfort. You may fall asleep during the procedure.

WHAT HAPPENS AFTER THE PROCEDURE?

Your mouth guard is removed as soon as the endoscope is removed. You will be taken by stretcher from the procedure room to the recovery area. Your oxygen level, blood pressure, heart rate, breathing and comfort will be monitored by recovery nurses. You will stay in the recovery area until the nurse determines that you are ready to go home.

Your throat may be a little sore for a while, and you may feel bloated right after the procedure because of the air introduced into your stomach during the procedure. If you had been given medications to make you relax during the procedure your reflexes and judgment may be impaired. You are **REQUIRED** to have a responsible adult come to the Endoscopy Department to escort you home. A responsible adult is someone who can make appropriate decisions for your safety, is mobile and able to help move you into, out of and with a wheelchair.

YOU WILL NOT BE ABLE TO DRIVE UNTIL THE NEXT DAY AFTER THE PROCEDURE.

If you are unable to get a responsible adult to escort you home, the procedure may either be cancelled, rescheduled or it may have to be done without sedation. In most circumstances, your physician can inform you of your test results on the day of the procedure. However, the results of any biopsies or cytology samples taken will take several days.

When you leave the department, you will be able to resume your usual diet unless otherwise directed.

After your Gastroscopy / Upper Endoscopic Ultrasound (EUS)

Diet	<p>Do not eat or drink anything for one (1) hour after the procedure. After one (1) hour, start with a sip of water. If you can swallow the water easily without coughing, you may start eating.</p> <p>You may eat your normal diet unless instructed otherwise by your physician. Begin with liquids and soft foods. Foods that bothered you before may still bother you now.</p> <p>Do NOT drink any alcoholic beverages for the next twenty-four (24) hours after your procedure.</p>
Activity	<p>You received sedation during the procedure that made you drowsy and relaxed. This sedation takes time to wear off. Even if you feel awake and alert you are considered legally intoxicated and your judgment and reflexes may be impaired.</p> <p>Until the next day:</p> <ul style="list-style-type: none"> ➤ do not engage in any major decision-making ➤ do not perform any hazardous activities ➤ do not operate any heavy machinery ➤ do not drive <p>Because complications can occur, travel is not recommended for the two (2) weeks following your procedure.</p>
Medications	<p>You may take your regular prescription medication unless your physician has told you otherwise.</p> <p>Do NOT take sleeping pills for twenty-four (24) hours after your procedure</p>
Throat or abdominal discomfort	<p>You may have a sore throat for a few hours after the procedure. Warm water and honey gargles, lozenges, and cold drinks or popsicles will relieve this discomfort.</p> <p>Some abdominal cramping may be experienced. Walking, passing gas or a warm blanket placed on your belly may help ease the discomfort.</p>
CPAP or BiPAP	<p>If you use any form of continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BiPAP), wear this device in any setting where you may fall asleep during the next twenty-four (24) hours.</p>
When you should call for help	<p>Call the physician who performed your procedure or go to your nearest Emergency Department if you have:</p> <ul style="list-style-type: none"> ▪ severe constant abdominal pain or bloating and a hard or rigid belly ▪ chest or neck pain ▪ shortness of breath ▪ chills or fever that continues for more than twenty-four (24) hours ▪ black tarry stools

**For any questions or concerns, speak with a Registered Nurse, 24 hours a day, at
HEALTH Link Alberta: DIAL 811 or 1-866-408-5465 (LINK)**

LEVEL

2

Walter C. Mackenzie
Health Sciences Centre

-  Elevators/Stairs/
Escalator
-  Public Route
-  Atrium Area
-  Washrooms
-  Pedway to Parking
-  John W. Scott
Health Sciences
Library
-  Faculty of Medicine
and Dentistry
-  Diagnostic Imaging
-  ATM

