



Gastroscopy - Oesophagogastroduodenoscopy

Gastroscopy or Oesophagogastroduodenoscopy (EGD) is an examination of the lining of the oesophagus, stomach, and upper duodenum with a small camera (flexible endoscope) which is inserted down the throat.

Why the procedure is performed

This procedure is helpful in determining:

- The cause of abdominal pain, the cause of unexplained anaemia
- The cause of swallowing difficulties, the cause of upper GI (gastrointestinal) bleeding
- The condition of the stomach and duodenum after an operation; the presence of tumours or other abnormalities of the upper GI tract; the presence of ulcerations or inflammation; the type and extent of inflammatory bowel disease (Crohn's disease); narrowing or tumours of the oesophagus
- The procedure may also be used to obtain a tissue specimen for biopsy

How the procedure is performed

You will be given a sedative and an analgesic (painkiller). A local anaesthetic will be sprayed into your mouth to suppress the need to cough or gag when the endoscope is inserted. A mouth guard will be inserted to protect your teeth and the endoscope. Dentures may be removed.

In most cases, an intravenous line will be inserted into your arm to administer medications during the procedure.

You will be instructed to lie on your left side.

After the sedatives have taken effect, the endoscope will be advanced through the oesophagus (food pipe) to the stomach and duodenum. Air will be introduced through the endoscope to enhance viewing. The lining of the oesophagus, stomach, and upper duodenum is examined, and biopsies can be obtained through the endoscope. Biopsies are tissue samples that are reviewed under the microscope.

After the procedure is completed, food and liquids will be restricted until your gag reflex returns (so you do not choke). The procedure lasts about 5 to 20 minutes.

How to prepare for the procedure

Fasting (no eating or drinking, this includes water) is required for 6 hours before the procedure. An informed consent form must be signed. You may be told to stop aspirin and other blood-thinning medications for several days before the procedure.

How the procedure will feel

The local anaesthetic makes swallowing difficult. This wears off shortly after the procedure. The endoscope may stimulate some gagging in the back of the throat. There may be a sensation of gas, and the movement of the scope may be felt in the abdomen. Biopsies cannot be felt. Because of the intravenous sedation, you may not feel any discomfort and may have no memory of the procedure.



Risks

There is a small chance of perforation (hole) of the stomach, duodenum, or oesophagus. There is also a small risk of bleeding at the biopsy site. A patient could have an adverse reaction to the anaesthetic, medication, or tranquiliser. The overall risk is less than 1 out of 1,000 people.

Considerations

If any of these conditions arise after the procedure, contact the health care provider:

Black stools, blood in vomit, difficulty swallowing, fever, pain

Normal Results

The oesophagus, stomach, and duodenum should be smooth and of normal colour. There should be no bleeding, growths, ulcers, or inflammation.