Gastroscopy

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What is gastroscopy?
A gastroscopy is a test that allows doctor to examine the inner lining of the upper gut (gastrointestinal tract) namely the oesophagus (swallowing tube), stomach, and duodenum (first part of the small intestines). The doctor uses an endoscope to look inside you gut. This is sometimes called an endoscopy.

An endoscope is a thin, flexible, fibreoptic telescope. It is about as thick as a little finger. The endoscope is passed through the mouth, into the oesophagus and down towards the stomach and duodenum. The endoscope is equipped with a light and a tiny video camera at the tip so that the doctor can see inside your gut

Why is gastroscopy performed?
A gastroscopy is usually performed to investigate the following symptoms:

- Recurrent indigestion
- Recurrent heartburn
- Upper abdominal pain or discomfort
- Difficulty swallowing
- Repeated vomiting
- Vomiting blood or passing foul smelling black tarry stools

Below is a list of some of the conditions which can be confirmed with gastroscopy:

- Oesohagitis (inflammation of the oesophagus)
- Gastritis or duodenitis ( inflammation of the stomach or duodenum)
- Stomach or duodenal ulcers
- Cancer of the stomach or oesophagus

How is gastroscopy performed?
Gastroscopy is usually performed as an outpatient ‘day case’. Patient will need to be fasted 6 hours before the procedure. Your doctor may numb the back of your throat by spraying some local anaesthetic. To help you to relax, your doctor may also give you an sedative given intravenously. You will be positioned on your side on a couch and a plastic mouth guard will be put between your teeth. This is to protect your teeth and prevents you from biting the endoscope.

The endoscope will then be inserted into your mouth and gently pushed further down to the oesopagus and subsequently into your stomach and duodenum. The tiny video camera will send real time images to a TV screen to allow your doctor to look out for any abnormality. Air is also pump throgh the endoscope to distend your stomach. This will make the stomach lining easier to see. You may feel ‘full’ and wanting to belch.Your doctor may take some biopsies from the lining of the gut for laboratory testing. This is a painless process. Once completed, your doctor will withdraw the endoscope gently until it is pulled out. The whole procedure usually takes about 10 mins. It is recommended that you set aside at least 2 hours for the whole appointment, to prepare, give time for the sedative to work (if you have one), for the gastroscopy itself, and to recover.
What are the potential complications from gastroscopy?
Gastroscopy is a very safe and effective test. It does not usually hurt but may be a little uncomfortable especially when the endoscope passes through the back of your throat. You may experience a mild sore throat for a day or two.

There is also a very slight increase risk of chest infection, stroke or heart attack after a gastroscopy. This tend to happen in older people with poor health. These serious complications are very rare in majority who are otherwise healthy.

The endoscope may rarely cause some damage to the gut. This may lead to bleeding or perforation or tear in the gut (approximately 1 in 10,000 cases). This will require urgent treatment. Should you experience any of the following symptoms within 48 hours of the procedure, do seek medical attention immediately:

- Severe abdominal pain
- Fever
- Difficulty breathing
- Vomiting blood or passing of black tarry stools

Rarely, some people may have an allergic reaction to the sedative.

Special precautions
If your doctor gives you an intravenous sedative, you may take a little longer to be ready to go home. It is preferably that an adult accompanies you home and stays with you for 24 hours. You should not drive, operate machinery or drink alcohol for at least 24 hours after the sedative is given. You can resume your normal diet. Most people will be able to return to normal activities after 24 hours.