

PATIENT INFORMATION: COLONOSCOPY AND GASTROSCOPY – PLEASE READ

The nature of the test, including possible side-effects and complications, will be discussed with you before the test. **If you wish to have more information please ask us before the test.**

ADDITIONAL PROCEDURES MAY BE REQUIRED SUCH AS TAKING OF BIOPSIES, DILATATION OF A STRICTURE, REMOVAL OF POLYPS OR OTHER LESIONS, ARGON PLASMA COAGULATION, INJECTION OR BANDING OF BLOOD VESSELS, USE OF STEEL CLIPS THAT REMAIN INSIDE YOU, AND OTHER ESSENTIAL PROCEDURES. WHEN YOU CONSENT TO COLONOSCOPY OR GASTROSCOPY YOU ARE ALSO CONSENTING TO THE ABOVE ADDITIONAL PROCEDURES, WITHOUT WHICH THE PURPOSE OF THE ENDOSCOPY MAY NOT BE ACHIEVED.

WHAT IS THE PURPOSE OF GASTROSCOPY? To examine the upper gastrointestinal tract (oesophagus, stomach and duodenum), to remove polyps (small benign growths), inject bleeding blood vessels, to take samples of tissue (biopsies) for examination by a pathologist, and to dilate strictures in the oesophagus (gullet). Gastroscopy also allows insertion of a feeding tube into the stomach through the abdominal wall (PEG tube). If any of these additional procedures are planned as part of your gastroscopy they will be discussed in advance.

WHAT IS THE PURPOSE OF COLONOSCOPY? To examine the lower gastrointestinal tract (colon or large bowel), to remove polyps (small benign growths) if these are found, inject bleeding blood vessels, and to take samples of tissue (biopsies) for examination by a pathologist. Colonoscopy is the most reliable method of bowel examination but small abnormalities including cancers may very occasionally be missed.

HOW ARE YOU PREPARED?

Prior to the procedure you will be asked not to eat or drink. This is to allow a satisfactory examination and to minimise the risk of vomiting during the test. For colonoscopy you will be given a bowel preparation kit with instructions. The bowel preparation cleans the colon. Without this it is not possible to perform a full examination of the colon. Although the bowel preparation is unpleasant, it is very rare for it to be harmful. If you have had difficulties with the preparation in the past, or if you have severe heart, lung, or kidney disease you should discuss this with the doctor.

HOW IS ENDOSCOPY DONE? A soft, thin flexible tube is passed into the gastrointestinal tract. This is done under intravenous sedation (Midazolam, Fentanyl, and Propofol). Reactions to these medications are rare. After the procedure you must not drive or use machinery until the next day, or longer if you feel unsteady or tired the next day. If you object to the use of sedation please discuss. Some patients can tolerate the procedure without sedation. Endoscopies are done in a hospital, usually on a day case basis. In all private hospitals in the ACT, another medical practitioner will give the sedation.

ARE THERE ALTERNATIVES TO ENDOSCOPY? An x-ray or CT scan will give similar information but it is not as accurate for certain problems, and it does not allow biopsies to be taken or polyps to be removed. These alternatives do not require sedation or hospital admission and may be suitable for investigation of particular problems.

COMPLICATIONS. Complications of endoscopy and related procedures are uncommon. Some complications include:

- Reaction or sensitivity to medication used for sedation (this may affect your breathing briefly)
- Perforation (puncture) of the lining of the gastrointestinal tract (approx 1 per 5000).
- Pain in the chest, abdomen, or back
- Infection in the neck, chest, abdominal cavity, blood stream, or other organ
- Bleeding - if blood vessels are injected or a polyp is removed. This may cause vomiting of blood or passage of black or red bowel motions.
- Lung infections due to vomiting and aspiration during the procedure
- Heart attacks, cardiac arrest, breathing problems, other cardiovascular problems, strokes, kidney damage
- Failure to confirm a diagnosis because an abnormality was missed
- Retention of a steel clip (used to control bleeding or seal a gap) inside your gastrointestinal tract with infection and other complications
- There are other very rare complications - please advise if you wish to be given more details

Everything will be done to minimise the risk of these complications. There are ways of detecting these complications early and specific treatments are available if they do arise. Very occasionally there may be a need for hospitalisation, major surgery, intravenous feeding, blood transfusion, and admission to intensive care. Although death can result from complications of endoscopy and related procedures this is very rare. Complications may become apparent several days after the test. It is your responsibility to advise if you are aware of anything unusual.

SPECIAL PRECAUTIONS may need to be taken for the following conditions and it is your responsibility to advise us of these conditions, if you:

- have severe heart, lung, or kidney disease, diabetes, or any other condition that may affect the outcome of an endoscopy
- suspect or know you are pregnant or if you are breastfeeding
- have cancer lymphoma, leukaemia, or you are receiving chemotherapy
- if you have had heart valve disease, a pacemaker, aortic graft or other blood vessel graft, or a joint replacement
- bleed very easily or if you take blood thinning medication (e.g. warfarin, clopidogrel, heparin, Pradaxa)
- are allergic or sensitive to any medication

REPORTS. You will be given a provisional report before you leave the hospital and a full typed report will be mailed to you and your doctor later.

YOUR RIGHTS AND RESPONSIBILITIES. You have the right to privacy, respect, confidentiality and dignity. You have the right to participate in the decisions relating to your care, to refuse treatment, and to seek a second opinion. It is your responsibility to provide accurate and truthful information at all times, and to respect other patients and staff. Please advise if you are unhappy with any aspect of our service.