Upper GI Endoscopy

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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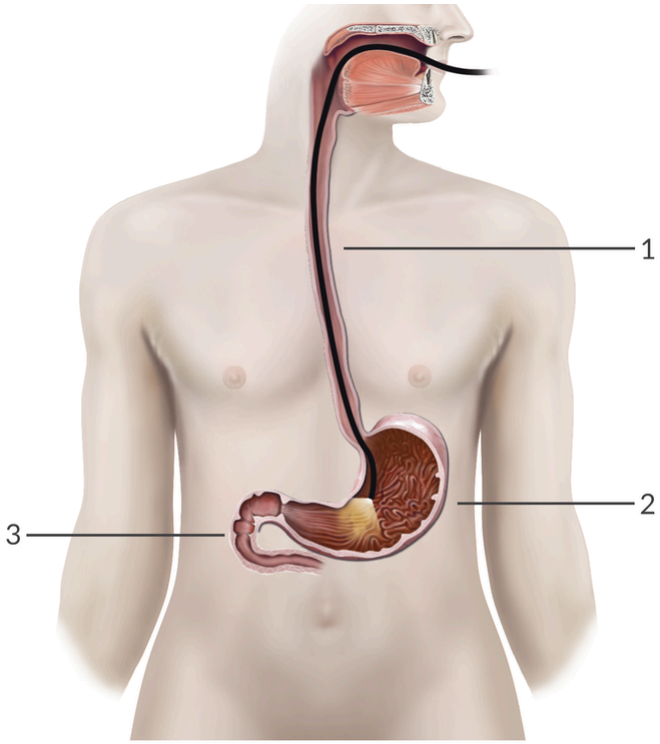
What is an upper GI endoscopy?

An upper gastrointestinal (GI) endoscopy is a procedure to look at the inside of your oesophagus (gullet), stomach and duodenum (beginning of your small bowel) using a flexible endoscope (camera).

An upper GI endoscopy



 Illustrator: www.medical-artist.com

1. Oesophagus
2. Stomach
3. Duodenum

What are the benefits?

An upper GI endoscopy is performed so that your healthcare team can find out why you are experiencing particular symptoms. The results will help them decide what treatment you may need.

Another reason for an upper GI endoscopy may be that you do not have symptoms, but you are anaemic (your body does not produce enough healthy red blood cells).

If the endoscopist (the person doing the procedure) finds a problem, they can perform biopsies (removing small pieces of tissue) to help make the diagnosis.

Are there any alternatives?

There are no other tests that are as good as an upper GI endoscopy to help diagnose the cause of the symptoms in your upper digestive system.

What will happen if I decide not to have the procedure or the procedure is delayed?

Your healthcare team may not be able to confirm what is causing your symptoms, and they may get worse. If they do, speak to your healthcare team.

If you decide not to have an upper GI endoscopy, you should discuss this carefully with your healthcare team.

What does the procedure involve?

An upper GI endoscopy usually takes about 10 minutes.

The endoscopist will place an endoscope into the back of your throat. From here the endoscope will pass into your duodenum.

The endoscopist will be able to look for problems such as inflammation or ulcers and perform biopsies.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your healthcare team may be able to tell you if the risk of a complication is higher or lower for you.

Possible complications of this procedure are shown below from most to least likely to happen. Some can be serious.

Complications of an upper GI endoscopy

- Sore throat.
- Damage to teeth or bridgework.
- Incomplete procedure caused by a technical difficulty, food or blockage in your upper digestive system, complications during the procedure or discomfort.
- Missed diagnosis.

- Breathing difficulties or heart irregularities, as a result of reacting to the sedative or inhaling secretions such as saliva.
- Blurred vision if you are given a Buscopan injection
- Allergic reaction to the equipment or medication.
- Infection.
- Making a hole in your gullet, stomach or part of your small intestine.
- Heavy bleeding from a biopsy site or from minor damage caused by the endoscope.
- Rarely, a heart attack or stroke.
- Death. This is rare.

What happens after the procedure?

If you were not given a sedative, you should be able to go home after a member of the healthcare team has spoken to you and decided you are ready.

If you were given a sedative, you usually recover in about an hour.

The healthcare team will tell you the results of the procedure and talk to you about any treatment or follow-up care you may need.

You should be able to return to work the next day unless you are told otherwise.

Summary

An upper GI endoscopy is usually a safe and effective way of finding out if there is a problem with the upper part of your digestive system.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

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