

Gastroscopy Preparation Instructions with Dr. Eksteen/Dr. Stinton

Location: Foothills Medical Centre / Rockyview General Hospital / South Health Campus

You have been booked for a procedure called an upper endoscopy/gastroscopy. We will be examining the upper GI tract, including the esophagus, stomach and duodenum. This procedure takes approximately 5 to 10 minutes. Small pieces of tissue, called biopsies, may be taken to examine under a microscope. Air will be injected into the stomach and may cause a bloating sensation/discomfort which will pass shortly after the procedure.

SEDATION: Local freezing will be applied to the back of the mouth to decrease gagging. You will then have the choice of receiving sedation or not. Sedation will result in you being drowsy for a short time after the examination. For this reason, **YOU WILL NOT BE ALLOWED TO DRIVE FOR 24 HOURS AFTER THE PROCEDURE! PLEASE ARRANGE TRANSPORTATION. DO NOT** walk or take the bus. Take a taxi **ONLY** if accompanied by a responsible adult.

COMPLICATIONS: *As is the case with any procedure, general complications may arise related to the heart, lungs or brain. Specific risks related to the procedure include bleeding or perforation and would require specific treatment. Overall risk is extremely low. Any special intervention and/or risks will be explained before the sedation. You will be asked to sign a consent stating the procedure and risks have been explained. 1-2% of patients get inflammation of the vein (phlebitis) from the sedation. Any ill-fitting dental work or caps can be damaged on rare occasions. If you have any pain in the arm after the procedure, call our office as soon as possible.*

MEDICATIONS:

Take all medications as usual **UNLESS OTHERWISE DIRECTED BY YOUR PHYSICIAN.**

YOUR GASTROSCOPY IS SCHEDULED FOR _____ ARRIVAL TIME _____

PREPARATION:

Morning procedures: NOTHING by mouth, No food, drinking or smoking from midnight the day before.

Afternoon procedures: No solids from midnight and **clear fluid breakfast** (no milk products) **until four hours before (Stop at _____)** and then NOTHING by mouth (**no food, drinking or smoking**) until after the procedure.

You **MUST** call two weeks prior to your scope to confirm your appointment. Please call **403 455 7872** date: _____. Failure to do so may result in cancellation of your procedure.