

Gastroscopy

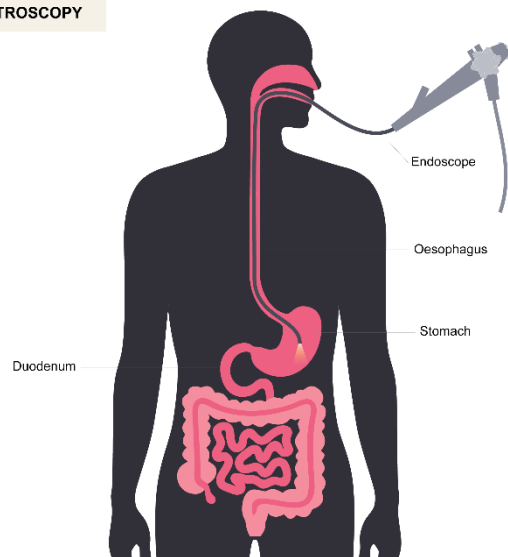
Key points

- A gastroscopy is a procedure that uses a thin, flexible tube with a camera to examine the oesophagus, stomach and first part of the small intestine
- A gastroscopy may help diagnose Crohn's disease affecting the upper digestive tract, investigate symptoms such as nausea, vomiting, upper abdominal pain, reflux, trouble swallowing, anaemia or bleeding, and take biopsies to confirm what is going on
- Gastroscopy is not usually done on a routine schedule for most adults with IBD. It is more often used when there are symptoms, warning signs, or a specific clinical reason.
- A gastroscopy is generally a very safe procedure with very small risks.

What is a gastroscopy?

A gastroscopy is sometimes referred to as upper endoscopy or upper gastrointestinal (GI) endoscopy. It's a procedure that involves a long, thin flexible tube with a light and camera on the end. The tube is passed through the mouth and down into the upper GI tract, where the specialist will look for inflammation, ulcers, narrowing, bleeding, or other abnormalities. They may also take biopsies (small tissue samples), which can help confirm inflammation, rule out other condition such as coeliac disease or infections.

GASTROSCOPY



Why do I need a gastroscopy?

If you live with IBD or your doctor suspects IBD, a gastroscopy can be used to:

- **Help diagnose** Crohn's disease, especially if there is concern that inflammation is affecting the upper digestive tract.
- **Investigate symptoms** such as nausea, vomiting, upper abdominal pain, reflux, indigestion, difficulty swallowing, poor growth, anaemia, or bleeding
- **Take biopsies** to help distinguish IBD from other causes of symptoms including infection, coeliac disease, ulcers, or other conditions. Biopsies can show microscopic changes even when the lining looks normal on camera.

What will I need to do to prepare for a gastroscopy?

Your stomach needs to be empty for the procedure to be safe and accurate. You should have nothing to eat or drink, including water, for at least 6 hours before the procedure.

Your hospital or specialist may give you more specific instructions depending on the time of day and your medications.

You should tell your doctor well before the procedure if you:

- Take blood thinning medicines
- Take insulin or diabetes medication
- Have heart or lung disease
- Have allergies to medicines
- Have had problems with sedation or anesthetic in the past

If you are taking GLP-1 receptor agonists (e.g. Ozempic, Wegovy or Mounjaro) or diabetes medications such as glifozins, let your doctor know well in advance as there may be additional fasting instructions.

What happens during a gastroscopy?

Before the procedure, you will be given a sedative through a drip to help you relax and feel comfortable. Some people are more awake than others, and most remember very little afterwards. Some awareness during endoscopy is safe and intended, and a general anaesthetic is not usually intended or necessary for this procedure.

You will usually lie on your left side. A mouthguard is placed between your teeth to prevent you from biting down on the tube. The gastroscope is gently passed through your mouth, down the oesophagus, into the stomach and duodenum. The scope does not block your breathing. The doctor may introduce some air to improve the view, which can make you feel temporarily bloated.

The procedure may take 10-30 minutes, depending on what is being examined and whether biopsies are taken. If biopsies are taken, you generally will not feel them.

For help or information

Scan the QR code
for website:



Phone: 1800 138 029