

Mr Rhys Thomas FRCS
Consultant General and
Upper Gastrointestinal Surgeon

Shirley Oaks Hospital,
Poppy Lane,
Shirley Oaks Village,
Croydon,
CR9 8AB.

Patient
Information
for Consent

E01lite Upper GI Endoscopy

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Local information

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This document will give you information about an upper GI endoscopy. If you have any questions, you should ask your GP or other relevant health professional.

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 using a flexible telescope (see figure 1). This procedure is sometimes known as a gastroscopy.

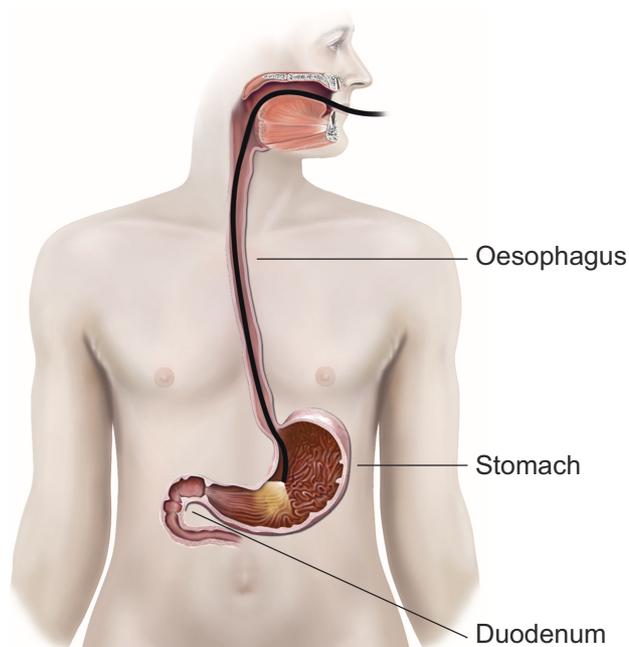


Figure 1
An upper GI endoscopy

Are there any alternatives to an upper GI endoscopy?

A barium meal is an x-ray test of your upper digestive system.

A urea breath test can be used to detect a germ (*helicobacter pylori*) that can cause stomach ulcers.

What does the procedure involve?

An upper GI endoscopy usually takes about 10 minutes.

If appropriate, the endoscopist may offer you a sedative to help you to relax.

The endoscopist will place a flexible telescope (endoscope) into the back of your throat and down into your stomach. From here the endoscope will pass into your duodenum.

The endoscopist will be able to look for problems such as inflammation or ulcers. They will be able to perform biopsies and take photographs to help make the diagnosis.

What complications can happen?

- Sore throat
- Allergic reaction
- Breathing difficulties or heart irregularities
- Infection
- Making a hole in your oesophagus, stomach or duodenum
- Damage to teeth or bridgework
- Bleeding
- Incomplete procedure

How soon will I recover?

If you were given a sedative, you will usually recover in about an hour. You may feel a bit bloated for a few hours but this will pass.

The healthcare team will tell you what was found during the endoscopy and discuss with you any treatment or follow-up you 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.

Acknowledgements

Author: Prof Simon Parsons DM FRCS (Gen. Surg.)

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