



# Gastroscopy

A visual examination of  
the gullet and stomach

**A gastroscopy is a visual examination of the gullet, stomach and duodenum. A gastroscopy is usually performed on patients who have pain or discomfort in the upper abdomen, or heartburn.**

At Aleris you will always be examined by a specialist who is very experienced in performing examinations of this type. A specialist examination ensures that you receive a correct diagnosis of your symptoms and that the examination causes as little discomfort as possible.

## **What is a gastroscope?**

A gastroscope is a flexible tube the size of a little finger with a camera. The gastroscope is connected to a TV screen. A gastroscope is used to examine the gullet, stomach and duodenum. Using a small pincers inserted through the gastroscope, the specialist can take samples from the mucous membrane. This is painless.

## **When do we perform a gastroscopy?**

A gastroscopy is performed in order to identify the cause of complaints, such as:

- Stomach pain
- Heartburn
- Acid belching
- Nausea
- Vomiting
- Pain in the upper abdomen

The examination can also identify:

- Hiatus hernia
- Reflux
- Gastritis
- Gastric ulcer
- Polyps
- Gastric cancer

## **Preliminary examination**

If your GP refers you in advance, you can attend the hospital, have a gastroscopy and an interview with the specialist without a preliminary examination.

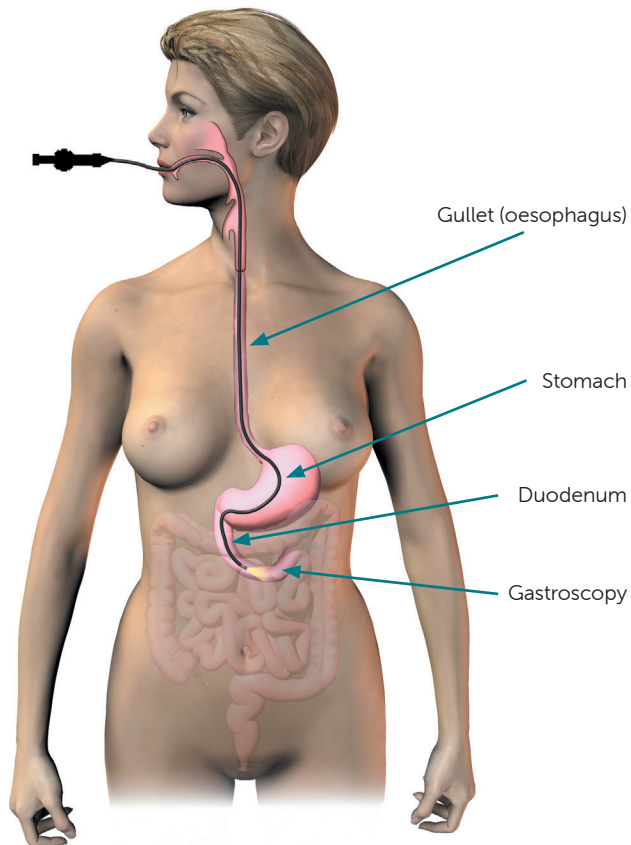
If not, you must first have a preliminary examination. Our specialist will listen to you and, based on your symptoms, he will evaluate whether you need a gastroscopy and/or another type of examination. If you agree to a gastroscopy, you will be given an appointment at a later date.

## Preparation

### Fasting

The stomach must be emptied before the examination. You must not eat for 6 hours before the examination.

You may drink small amounts of water/cordial up to 2 hours before the examination.



## Regular medication

If you are taking anticoagulants, such as Marevan, Marcoumar, Plavix® or Persantin®, please contact us immediately for advice.

You should stop taking Hjertemagnyl® (acetylsalicylic acid) 3 days before the examination.

Please bring a list of the medicines you take, including herbal remedies (if any).

You may take any prescription medication with a glass of water up to 2 hours before the examination.

If you take diabetic medication in tablet form, you should not take your tablet in the morning/at lunchtime but wait until your next meal. This depends on the time of day at which you will be examined. If you are a diabetic and take insulin, you must first attend a preliminary examination with the specialist.

To accurately assess the link between your gastric symptoms and the result of the visual examination, we recommend that you stop taking PPIs (proton pump inhibitors), such as pantoprazole, lansoprazole, omeprazole and Losec®.

You should stop taking this medication at least a week before the examination (preferably 2 weeks). If you experience severe discomfort, you can take antacids

in chewable tablet form (for example, Alminox).

## Teeth

On arrival, please tell us if you have crowns, pivot teeth, dental bridging, etc. If you wear dentures, please remove them just before the examination. To protect your teeth, you will have a mouth guard between your teeth during the examination.

## Examination

You may be asked to wear hospital clothing to protect your own clothing.

During the examination you will lie on your left side.

The specialist inserts the gastro-scope into your mouth and down your throat into the gullet, stomach and duodenum. To make sure the specialist has a good view, a little air is pumped into the stomach. This may make you feel a little bloated. On the screen, the specialist can see the internal surfaces of these organs.

If he observes anomalies in the mucous membrane, the specialist may take tissue samples (biopsy), which you cannot feel. The air will be released by suction as the gastroscope is removed.

In rare cases, in order to perform the examination, it may be necessary to administer a sedative.

## Is it painful?

The examination is not painful but may be unpleasant. As the gastro-scope is fed through the gullet, you may feel that you need to vomit. During the examination, your stomach may feel bloated due to the air pumped in to expand it. Throughout the examination, you will be able to breathe freely as normal.

## After the examination

The examination causes no inconvenience apart from mild discomfort in the throat, which will disappear during the day.

If you were not given a sedative, you may leave the hospital immediately and resume normal daily activities. If you were not given local anaesthetic in your throat, you can eat and drink immediately after the examination.

### After a sedative

If you have received a sedative, you should remain at the hospital and rest until you are fully recovered. You may not return to work. You may not drive for the rest of the day so you will need to ask someone to drive you home.

### After local anaesthetic in the throat

If you were given local anaesthetic in the throat, there is a risk that you can choke on food. You must not drink or eat for 1 hour after the examination.

## Examination results

The specialist will discuss the results of the examination before you leave the unit. If the specialist took tissue samples, you agree on how and when you will receive the results. You will later receive a description of the examination in the mail.

## Potential side-effects and complications

Gastroscopy is a safe examination. On very rare occasions, complications, such as scratched and bleeding mucous membranes, or a gullet or stomach perforation, may occur.

If you observe symptoms such as:

- Bloody or black vomit
  - Discomfort, nausea or sweatiness
  - Temperature above 38°C
  - Shivering
- contact us.

On rare occasions, gastroscopy may cause damage to teeth. If you believe this may be the case, please contact us immediately.

## Patient satisfaction

To ensure that Aleris continues to provide the best care, treatment and service, please complete our patient satisfaction questionnaire, which you will receive in the mail (if you have given us permission to send one).

Comments and criticism, whether positive or negative, are important to us as they ensure that we can continue to offer the best possible treatments for our patients.

There are stands in every unit, where we ask if you would recommend Aleris to others. To respond, touch the smiley you think is most appropriate.

Any complaints about your progress at Aleris we ask that you please forward directly to Aleris Directors, att. Medical officer, Aleris Gyngemose Parkvej 66, 2860 Søborg.

If you do not wish to complain to us directly, you have access to lodge a complaint via Patientombuddet's (the National Agency for Patients' Rights and Complaints') website: [www.patientombuddet.dk](http://www.patientombuddet.dk). The web site provides guidance and a complaints form (in Danish).

If you believe that a medical error has been made and you wish to claim compensation, you should contact Patientforsikringen (the Patient Insurance Association). Visit [www.patientforsikringen.dk](http://www.patientforsikringen.dk). The website provides guidance and a complaint form (in Danish and English).



For your own notes

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KUJD 05