

**\*Fast / NBM midnight - nothing when you wake for a morning endoscopy.**

**If your endoscopy is booked in the afternoon, an early breakfast before 7am and then fasting 6 hours prior**

**Medications:**

~ almost all regular medications can be taken prior to endoscopy

~ Do not stop your heart or blood pressure medications.

~ If you are diabetic:

- Metformin or Gliclazide or '---Gliptin' (sitagliptin etc) suffix medication - do not take morning off.
- '-----flozin'suffix i.e. Dapagliflozin - cease 3 days prior.
- Insulin long-acting – halve the evening prior dose.  
Insulin-short-acting -do not take morning off if on the morning list and fasting.
- GLP-1 agonist (ozempic, monjaro - cease ≥ 1wk)

~ If you take blood thinners:

- Apixaban, Rivaroxaban or Dabigatran ceased 2 days prior.
- Clopidogrel, Prasugrel, or Ticagrelor– (only if directed) cease 5 days prior.
- Warfarin – (only if directed) WH the day prior. (Or 3 days if directed).
- Aspirin can continue.

**What is an Endoscopy Procedure:**

Endoscopy is a procedure used to examine or inspect the oesophagus, stomach and small bowel (duodenum) to the first 20 cm. Endoscopy may include a variety of minor operations such as taking small tissue samples (biopsy) and removal of polyps. Other procedures are coagulation (APC or bipolar) burning of bleeding points. Injection of adrenaline. Clipping. Dilation of oesophagus (stretching with tube- as discussed if needed) and rubber-banding mucosa of potential bleeding points

The Endoscope is a long and flexible tube about the thickness of your index finger. It is inserted through the mouth to the oesophagus and stomach etc.

Most gastric polyps are benign growths. Suspicious gastric polyps or areas may be removed or biopsied. Most polyps can be removed 'cold' by placing a wire snare around the base and closing to cut or with an electric current.

**Safety and risks**

For inspection of the upper digestive tract alone, complications are very rare.

Some lesions including small early gastric cancers can be missed.

If you have polyps removed or a biopsy there is a small risk of bleeding (1:500).

Risk of perforation (creating a hole) in the small bowel or oesophagus (1:10,000 - very rare). Perforation risk may rise to 1:2000 with dilation (stretching of oesophagus)

Occasionally complications may require treatment with abdominal surgery. Very occasionally there can be a reaction to anaesthetic, or allergy, or infection (pneumonia).

**After Care**

You will be given a sedative through a vein in the arm before the procedure which generally renders people unconscious (very sedated) and for this reason you should not drive for 24 hours after the procedure and have a carer with you that day. You must not operate machinery (including driving a car), sign any legally binding documents, or carry out any demanding tasks for the remainder of the day.

Discomfort is very rare, but mild discomfort for a few hours afterwards should settle on simple measures such as Panadol. If you have abdominal pain, or black stool (malena ) from the back passage), fever, or other symptoms that cause you concern, you should contact your doctor or go to an Emergency Department.

