

(Affix patient identification label in this box)

UR No.: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Given Names: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

## ENDOSCOPY RISK INFORMATION SHEET

**Please read all of the information below and if you are satisfied that you understand it, please sign and date this page and bring it with you to your appointment. If you have any queries, please our office on 08 8359 2411**

### What are the alternatives to Upper Gastrointestinal Endoscopy?

Upper gastrointestinal endoscopy allows the oesophagus (gullet), stomach and duodenum (first part of the small bowel) to be directly examined. An alternative to this is an examination called a barium meal. This involves drinking a liquid barium and having X-rays taken. This alternative does not provide as good a view as the upper gastrointestinal endoscopy and does not allow for tissue samples to be taken (biopsies), unlike upper gastrointestinal endoscopy.

### Risks of Upper Gastrointestinal Endoscopy

Upper gastrointestinal endoscopy is generally a simple and low risk procedure. Bloating or mild throat discomfort after the procedures can occur but any more severe symptoms should be reported to nursing or medical staff. Rare, but more significant complications are detailed below.

#### 1. Aspiration of Stomach Contents

Upper gastrointestinal endoscopy involves swallowing an endoscope, a flexible tube with a camera at the tip. Although you will be given medication to prevent retching, this may occur. This can lead to stomach contents being regurgitated into your lungs (aspiration). This can rarely lead to pneumonia (1 in 1000 procedures). This is why it is important that you fast prior to your procedure as per the procedure information sheet.

#### 2. Perforation of the Oesophagus

There is a 1 in 1000 risk of perforation or damage to the oesophagus. If the oesophagus requires stretching (dilatation) the risk increases to 1 in 100. If this occurs, you will be required to stay in hospital for antibiotics, and rarely major surgery is required to repair the hole.

#### 3. Damage to Teeth or Dental Work

At the time of the procedure, a mouth guard or bite block will be placed in your mouth to protect your teeth and the endoscope. Although uncommon (1 in 2500), it is still possible that some damage can occur. It is for this reason that you may be asked to remove dentures/plates prior to the procedure. If you have crowns or other dental work, please inform the endoscopist and anaesthetist prior to the procedure.

#### 4. Reaction to Sedation

You will be given sedation by the anaesthetist to help you relax during the procedure. There is a rare possibility you may have an allergic or adverse reaction. This is rare and the risk of serious problems is minimised by monitoring and oxygen. Inform nursing and medical staff of any problems with sedation or anaesthetics and allergies.

#### 5. Missed Lesions

No medical procedure is 100% accurate. If you have symptoms/problems that continue after the procedure, please let your doctor know.

#### 6. Bleeding

There is approximately a 1 in 10000 risk of bleeding. If the oesophagus requires stretching (dilatation) or biopsies are taken, the risk increases to 1 in 2000. If this occurs, you may be required to stay in hospital for monitoring, and very rarely an operation. It is important to inform nursing and medical staff if you are taking any medication to thin your blood (i.e. warfarin, aspirin, clopidogrel) as you may be required to stop taking the medication prior to your procedure.

If you have any questions relating to this information sheet or your procedure, please telephone SA Gastrointestinal Services on 8359 2411.

**I have read and understand the information on this page.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date