

Upper GI Endoscopy and Colonoscopy

E11 Lite - Expires end of January 2024



This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is an upper GI endoscopy and colonoscopy?

An upper gastrointestinal (GI) endoscopy is a procedure to look at the inside of your oesophagus (gullet), stomach and duodenum using a flexible telescope.

A colonoscopy is a procedure to look at the inside of your large bowel (colon) using a flexible telescope.

What are the benefits of an upper GI endoscopy and colonoscopy?

If the endoscopist (the person doing the endoscopy and colonoscopy) finds a problem, they can perform biopsies (removing small pieces of tissue) to help make the diagnosis.

Sometimes a polyp (small growth) is the cause of the problem and the endoscopist may be able to remove it during the procedure.

Are there any alternatives to an upper GI endoscopy and colonoscopy?

A barium meal is an x-ray test of your upper digestive system. Alternatives to a colonoscopy include a CT colography (a CT scan of your large bowel).

What does the procedure involve?

An upper GI endoscopy and colonoscopy usually takes about an hour.

The endoscopist may offer you a sedative or painkiller to help you to relax. They will give it to you through a small needle in your arm or the back of your hand.

An upper GI endoscopy involves placing a flexible telescope (endoscope) into the back of your throat. From here the endoscope will pass into your duodenum.

A colonoscopy involves placing a flexible telescope into your back passage and blowing some air into your large bowel to get a clear view.

The endoscopist will be able to look for problems such as inflammation, ulcers or polyps (small

growths). They will be able to perform biopsies and take photographs to help make the diagnosis. If they find a polyp, it may be possible to remove it during the procedure.

What complications can happen?

Some complications can be serious and can even cause death.

- Sore throat
- Breathing difficulties or heart irregularities
- Heart attack or stroke can happen if you have serious medical problems
- Allergic reaction
- Infection
- Blurred vision
- Making a hole in your oesophagus, stomach, duodenum or colon
- Damage to teeth or bridgework
- Bleeding from a biopsy site or from minor damage caused by the endoscope
- Bleeding, if a polyp is removed
- Missed polyp
- Incomplete procedure

How soon will I recover?

If you were given a sedative, you will usually recover in about 2 hours but this depends on how much sedative you were given.

You may feel a bit bloated for a few hours but this will pass.

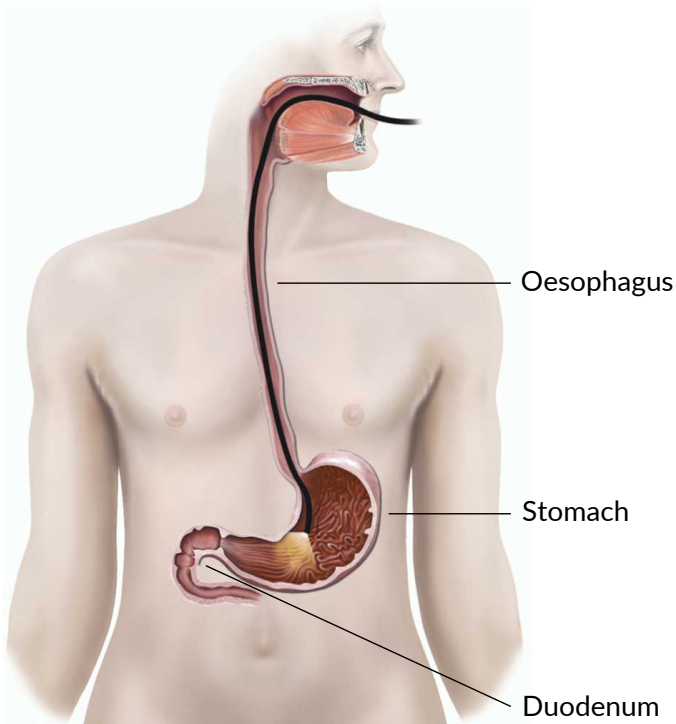
You should be able to return to work the next day unless you are told otherwise.

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

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

An upper GI endoscopy and colonoscopy is usually a safe and effective way of finding out if there is a problem with your digestive system.



An upper GI endoscopy

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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Illustrator

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