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## **Overview of Before, During and After Duodenoscopy and Gastroscopy**

### **Procedure Location - Roy Lester Schneider Hospital**

Dr. Goldman has requested that you have a GASTROSCOPY to view the inside of your stomach, and/or a DUODENOSCOPY to view the inside of your duodenum (part of your small bowel).

The procedure is performed at the Roy Lester Schneider Hospital. You will be scheduled to arrive an hour or so prior to your procedure. This will allow the hospital staff time to prepare you for your exam. Your hospital stay will be 3-4 hours or possibly more. Our patients are our top priority. We do not take shortcuts or rush to catch up. Delays are to be expected.

You will be sedated and will need someone to come with you to stay while you have your test and drive you home.

Do not take aspirin or blood thinner medication for 4 days prior to the procedure.

### **BEFORE THE PROCEDURE**

To ensure a clear view, the stomach must be empty. After midnight, it is important that you have not had anything to eat or drink until the final examination is completed. If taking blood pressure or heart medication, take as usual early a.m. with a sip of water. If you are a diabetic, do not take Insulin until after the procedure. Bring all home medications to the hospital. Enter the hospital through the Emergency Room or through Admitting and register. You will be assigned a room. You will have I.V. fluids.

You will be asked to sign a permit to authorize the doctor to perform the examination. You will be taken to the Endoscopy Department.

If you have not done so already, you will have an opportunity to discuss this procedure with Dr. Goldman. He will ask you pertinent questions about your illness.

After your questions have been answered, a medication will be given intravenously, which will make you sleepy and relaxed.

You will be monitored (blood pressure, heart, oxygen). You will have nasal oxygen. Local anesthesia will be sprayed in your throat.

## **DURING THE PROCEDURE**

When you are properly relaxed, you may be placed on your left side to swallow the endoscope tube. This is ordinarily accomplished with surprising ease due to the relaxing effect of the medication. The tube does not interfere with your breathing.

The room will be darkened; you will be allowed to lie down and rest while Dr. Goldman examines your esophagus, stomach and duodenum. You will be drowsy and comfortable during the examination which takes 15-20 minutes.

Often a biopsy (tiny bit of tissue) may be taken for microscopic examination. You will feel no discomfort when the biopsy is taken.

## **AFTER THE PROCEDURE**

Immediately following the procedure, you will be taken to a recovery area and observed for approximately 30 minutes. You will return to your assigned room and be discharged when recovery is complete. You will be allowed to eat and drink in 1-2 hours. A family member should come with you so that Dr. Goldman can discuss the findings with you. You may not remember having the procedure done.

A complete report will be given to your referring physician.

## **AFTER YOU LEAVE THE HOSPITAL**

1. You may not remember your procedure or Dr. Goldman's explanation of what your examination showed. You will probably sleep much of the day. This is a normal reaction to the medications you have been given. You should plan to go home and rest for the remainder of the day.
2. You may have nothing to eat or drink for 1-2 hours and until your gag reflex returns. You can check this by touching the back of your throat with your finger. When your gag reflex returns, begin first by drinking fluids. Then proceed with solid food for your evening meal.
3. You may have a temporary sore throat which may be helped by lozenges or gargle.
4. Do not attempt to drive, operate machinery or return to work on the day of the examination.
5. If any of the following problems occur, call Dr. Goldman's office:
  - Severe pain
  - Black tarry stool
  - Vomiting blood
  - Difficulty swallowing
  - Difficulty breathing
6. Complications from the procedure are rare, but do occur. The most common are bleeding and perforation of the esophagus or stomach. Surgery is sometimes required to correct these complications.