

OESOPHAGOGASTRODUODENOSCOPY

1. PURPOSE

The oesophagogastroduodenoscopy is a procedure that allows the doctor performing the examination to look directly into the oesophagus, stomach and duodenum and to detect diseases. A gastroscope is used, that is a probe of approximately one centimetre in diameter with a camera or lenses (optical fibres) and a light at the end, which is inserted gently through the mouth until it reaches the duodenum.

2.1 Procedure

The examination does not cause pain, only modest discomfort at the introduction of the probe. For this reason, a small dose of sedative fluid may be administered, or a tablet to locally anaesthetise the throat.

Any allergies to medications or courses of medication being taken should be reported to your doctor prior to the examination.

During the examination, which is normally brief, it is important that the patient maintain a relaxed attitude, breathing slowly and deeply, as this will help to control the urge to vomit and better tolerate the exam, while allowing the physician to complete the procedure more rapidly.

A few minutes after the end of the examination the patient can leave the hospital, but the sedative effect of the drugs, however mild, will preclude any driving for approximately one hour.

Eating and drinking may resume once the effects of local anaesthetic on the throat have worn off.

2.2 Preparation

The oesophagogastroduodenoscopy requires fasting for at least 6/8 hours, which means that if the examination is carried out in the morning, fasting from the night before is recommended, whereas, when scheduled in the afternoon, a light breakfast in the morning is allowed.

Before the examination you should remove any dental prostheses.

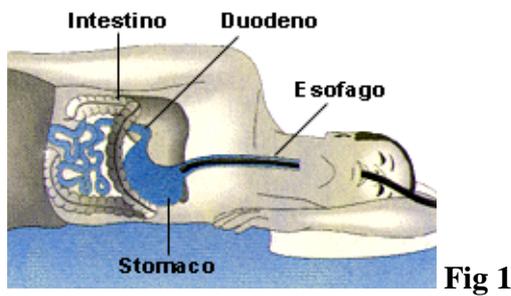
If you regularly take medication, these are normally also continued on the day of the examination.

Oral rehydration solutions (antacids, sucralfate), however, should be avoided, as they can obstruct vision, making it difficult to conduct the examination.

2.3 Information

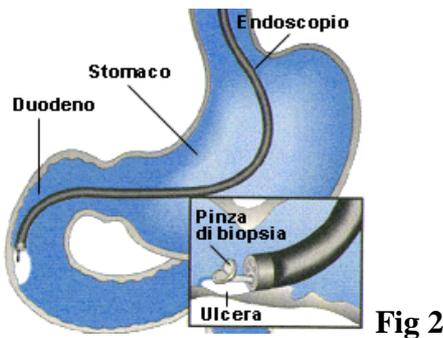
Looking through the gastroscope, the doctor has a clear and accurate view of the organs, and can detect or rule out the presence of disease.

It is useful in defining the causes of symptoms generally associated with diseases of the oesophagus, stomach and duodenum (Fig. 1), and is therefore recommended by the doctor when there are symptoms such as pain, nausea, vomiting, or digestive problems that persist over a long period of time.



It is also useful for determining the cause of bleeding in the upper digestive tract or certain kinds of anaemia (lack of red blood cells).

Information provided by oesophagogastroduodenoscopy is more detailed than what may be obtained with x-rays of the digestive system. The capacity to perform biopsies (Fig. 2) (i.e. the removal of small pieces of mucosa) when the doctor deems it necessary further enhances the diagnostic capability of the examination.



The biopsies are entirely painless and are carried out for various reasons (for example for tracking down a germ that is often associated ulcers and gastritis) and not necessarily only when there is the suspicion of cancer.

2.1 Complications

The oesophagogastroduodenoscopy is a safe procedure.

Occasionally after an examination there may be irritation or swelling of the vein in the arm that was injected with a sedative, which resolves spontaneously or with the help of anti-inflammatory ointments in a few days.

Other potential risks arise from the use of sedatives with elderly patients or patients suffering from severe respiratory or cardiac disease.

Only in exceptional cases bleeding may occur where biopsies were performed, but it usually stops spontaneously.

The incidence of more serious complications resulting from perforation is very low (less than one in 10,000 cases), and is often linked to the presence of serious diseases of the oesophagus.