

ENDOSCOPY RISK INFORMATION SHEET

What are the alternatives to Upper Gastrointestinal Endoscopy?

A Barium swallow and meal is an alternative. This involves drinking a liquid and having X-rays taken. This alternative does not allow direct views of the upper gastrointestinal tract and does not allow tissue samples to be taken.

Risks of Upper Gastrointestinal Endoscopy

Bloating or mild throat discomfort after the procedure can occur. Rare complications are detailed below.

1. Aspiration of Stomach Contents

Stomach contents if present may be regurgitated into your lungs (aspiration). This can lead to pneumonia (~1/1000 procedures). This is why it is important that you adhere strictly to the fasting instructions prior to your procedure.

2. Perforation of the Oesophagus

There is ~ 1/1000 risk of oesophageal perforation. If the oesophagus requires dilatation due to the presence of a stricture the risk increases to ~1/100. If this occurs, you will be required to stay in hospital for further treatment. This is a serious complication and major surgery to repair the hole may be needed.

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. In ~1/2500 cases some tooth damage can occur. 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. Please discuss with your anaesthetist.

5. Missed Lesions

No medical procedure is 100% accurate. If symptoms continue following endoscopy, a repeat procedure is occasionally required to exclude missed lesions.

6. Bleeding

There is approximately a ~1/10000 risk of bleeding. If the oesophagus requires stretching (dilatation) or biopsies are taken, the risk increases to ~1/2000. If this occurs, you may be required to stay in hospital for monitoring and/or surgery. It is important to inform nursing and medical staff if you are taking blood thinners of any kind.

Read this information, in conjunction the discussion with your doctor at consultation. Your anaesthetist will discuss risks related to their treatment.