



Dr. James Hunt BSc., MBBS, FRACP
Gastroenterologist 299524FA
21/4 Delmar Parade, Dee Why, 2099
Phone: (02) 80075085
Fax: (02) 86078768
reception@drjameshunt.com
ABN 88330715719

Information About Your Endoscopic Procedure

Gastroscopy and colonoscopy are procedures that allow the doctor to see inside the gut, approximately the first and last 1½ meters of your digestive tract. For gastroscopy this is your esophagus, stomach and upper bowel (duodenum). For colonoscopy it is your lower bowel (colon +/- Ileum). Endoscopic procedures are day only procedures; you can be discharged to the care of a friend/relative on the day. You will stay in the unit for 2-3 hours.

Seeing inside the digestive tract allows the doctor to diagnose abnormalities, take biopsies and find small growths such as bowel polyps, which are occasionally precursors to cancer. Any polyps found at the time of examination can unusually be removed for analysis. The detection of abnormalities such as polyps requires a good view, so it is very important for a colonoscopy that the bowel preparation is followed.

When you come to the endoscopy unit please bring with you:

Medicare card and Health fund card | Reading glasses | List of current medications | recent relevant X-rays and scans | Asthma and diabetic medications | Warm jacket or jumper.

Note: Diabetic medications may need to be modified and withheld and blood thinners may need to be withheld several days prior to procedure, your doctor will discuss this with you.

For comfort you are given a sedation anesthetic (usually propofol), which puts you into a deep sleep. **You must fast prior to an anesthetic – at least 6 hours prior to procedure time** (Bowel preparation fluids permitted up to 4 hours prior to your procedure if required for an early morning dose). **Anesthetic agents can effect your cognitive ability for up to 24 hours**, so it is important you have someone to accompany you home, do not drive, sign documents, or make important decisions during that time.

Endoscopic procedures include some risks: There is a small (1:1,000) chance of a hole (perforation) being made in the bowel during colonoscopy, or 1:10,000 during gastroscopy. Risk of significant bleeding is 1:500 or 1:300 if small growths are removed. If either occurs, you will likely need hospital admission, you may need repeat procedures or sometimes major abdominal surgery to fix the problem. There is a very small chance of a reaction to a sedative medication or developing an infection such as pneumonia. From any complication there is a remote possibility they can lead to serious injury or death. Death associated with an endoscopic procedure occurs in 1:25,000 or less. Finally, there is a 1% chance of missing small lesions and polyps to approximately 1cm in size (it is not a perfect test). Occasionally (in <5% of people), difficult anatomy prevents the examination viewing the whole colon. In that case a CT scan (virtual colonoscopy) is sometimes necessary to complete a colonoscopy.

Date of Procedure:
Time you need to arrive at Unit:

