

Anaesthesia for gastrointestinal endoscopy

You're in good hands

Anaesthetists in Australia are highly trained medical specialists. After graduating from medical school and completing an internship, at least five more years are spent undergoing training in anaesthesia, pain management, resuscitation and the management of medical emergencies.

When you need to have an endoscopy, a little preparation can help to ensure that the experience is a positive one.

The aims of this pamphlet are to:

- Provide you with basic information about anaesthesia for endoscopy;
- Encourage you to ask questions of your anaesthetist;
- Help you approach the planned procedure positively.

The role of the anaesthetist

Your anaesthetist will want to know about you, your medical conditions and your previous experiences with anaesthesia. If you have a complex medical history, your anaesthetist may want to see you or talk to you before your admission to hospital.

If you have any concerns regarding anaesthesia for endoscopy, a discussion with your anaesthetist can be arranged before you come to hospital. Your gastroenterologist should be able to give you your anaesthetist's contact details.

On the day

You will usually be advised to avoid food and fluids before your operation. If you don't follow this rule of fasting, the operation may be postponed in the interests of your safety as food or fluid in your stomach could enter your lungs. Your gastroenterologist, anaesthetist or the hospital will advise you how long to fast.

You should take most of your regular medicines as normal (e.g. blood pressure tablets). Blood thinners (aspirin, warfarin and other agents like Plavix, Iscover, Pradaxa, Brilinta and Xarelto) and diabetic medication require special consideration and you should be given specific instructions about what to do with these medications. If you are unsure, please ask to speak to your gastroenterologist or your anaesthetist.

What sort of anaesthesia?

Anaesthesia for endoscopy is usually achieved by injecting drugs through a cannula placed in a vein, and maintained with intravenous drugs. The anaesthetist monitors your condition closely and constantly adjusts the level of anaesthesia.

While this type of anaesthesia is commonly called 'sedation' or 'twilight sleep', the level of anaesthesia reached is often general anaesthesia. This is because most patients prefer to have no awareness of the procedure. You should discuss your preference with your anaesthetist.

For upper gastrointestinal endoscopy (commonly called simply 'endoscopy'), you will be asked to place a 'bite guard' in your mouth to prevent excessive pressure being placed on your teeth by the gastroscope. Local anaesthetic spray may be used to numb the back of your throat. You will be given oxygen to breathe, and your blood pressure and oxygen levels will be monitored. Endoscopy is usually brief, commonly taking 10 to 15 minutes.

For colonoscopy, your gastroenterologist will have arranged for medication to clear the bowel. This can sometimes make you feel unwell and give you a headache. Please tell your anaesthetist if you feel unwell or have a headache. You will be monitored as outlined above. Most patients prefer to have no awareness of the procedure. Again, you should discuss your preference with your anaesthetist. Colonoscopy commonly takes 15 to 45 minutes but may take longer in some cases.

For some patients, general anaesthesia will be recommended, although this would be for specific reasons for specific patients, such as advanced therapeutic and diagnostic procedures, or in emergencies.

After the endoscopy

Your anaesthetist and the recovery room staff will continue to monitor your condition after the endoscopy is finished to ensure your recovery is as smooth and trouble-free as possible.

You will feel drowsy for a little while after you wake up. You will be given oxygen to breathe, usually by a clear plastic facemask, and encouraged to take deep breaths

and to cough. When you're fully awake, you be transferred to a waiting area before returning home.

You may have a sore or dry throat. You may experience some dizziness, blurred vision or short-term memory loss. Nausea and vomiting are uncommon. If you experience any worrying after effects, you should contact your anaesthetist.

After your procedure you will be required to have someone take you home. A responsible adult should be with you until the next day. This is for your safety because the duration of the effects of the drugs given for your sedation can be unpredictable and may affect your judgement. Your gastroenterologist, anaesthetist or hospital facility will advise.

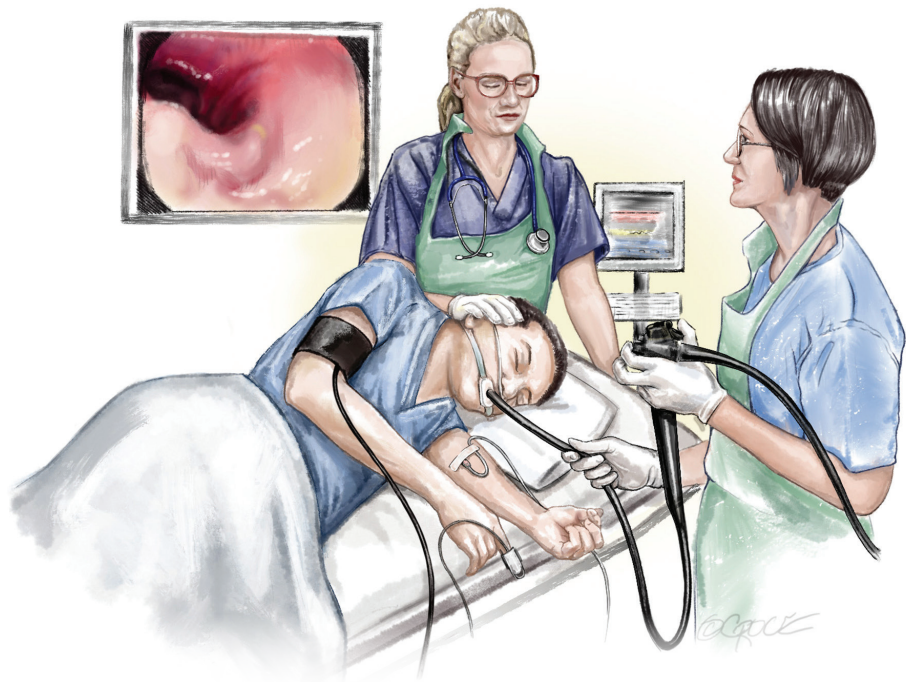
Anaesthesia – the risks and complications

Major complications with anaesthesia for endoscopy are very uncommon when anaesthesia is administered by a specialist anaesthetist.

Nevertheless, some patients are at an increased risk of complications because of health problems such as heart or respiratory disease, diabetes or obesity, their age and/or because of the type of surgery which they are undergoing.

Minor complications include bruising, pain or injury at the injection site, fatigue, altered mental state, headaches, sore throat or damage to teeth or the mouth. Minor changes in blood pressure or oxygen levels are common. Nausea and vomiting are uncommon.

There are also some very rare, but serious complications including severe allergic or sensitivity reactions, heart attack, stroke, seizure, brain damage, kidney or liver



failure, eye injury, damage to the larynx (voice box) and vocal cords, and pneumonia.

Remember that the risks of these more serious complications, including death, are quite remote but do exist.

We urge you to ask questions. Your anaesthetist will be happy to answer them and to discuss the best way to work with you for the best possible outcome.

Further information

If you don't know your anaesthetist's name, contact your surgeon or gastroenterologist.

More information about anaesthesia and anaesthetists can be found in the patients' section on the ASA website: www.asa.org.au

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