

Anaesthesia for Gastrointestinal Endoscopy



This brochure will give you information about anaesthesia for gastrointestinal endoscopy. If you have any questions, you should ask your specialist or relevant health professional.

If you need to undergo gastrointestinal endoscopy, preparation will help to ensure that the experience is a positive one.

The aims of this pamphlet are to:

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

Types of surgery

Gastrointestinal endoscopy is a procedure that gives your doctor a direct view of your body's internal organs to assess, diagnose and treat gastrointestinal illnesses. Gastrointestinal endoscopy can be categorised as upper (e.g. stomach and small bowel) or lower (e.g. colon) endoscopy depending on whether the upper or lower gastrointestinal tract is examined. The most common procedures include gastroscopy and colonoscopy.

You are in good hands

Australia is one of the safest places in the world to have an anaesthetic. Specialist anaesthetists in Australia are highly trained medical specialists. They have gone to medical school, completed an internship and spent at least five years undergoing specialist anaesthetic training. Training includes anaesthesia, pain management, resuscitation and the management of medical emergencies.

Before the surgery

Your anaesthetist will want to know about your medical history. This may include seeing them in their rooms or a telehealth consultation before the date of your surgery. You might need further tests or consultations with other medical and health specialists before your surgery. Although these tests and investigations may delay your surgery, having you in the best condition prior to surgery is crucial to a successful outcome and to your long-term health. Sometimes there may be a delay between your consultation and the date of your surgery. You must notify your anaesthetist if you develop any new medical conditions during this time.

Your medications

Most medications can continue up until surgery. Blood thinners and diabetic medication require special consideration and you will be given specific instructions on what to do with these medications. If you are unsure, please ask your surgeon or your anaesthetist.

Preparation

Before your surgery, you will need to fast and not consume food or clear liquids. Generally, this is no food six hours prior to surgery and no clear liquids for two hours, however your anaesthetist will discuss this with you before the procedure.

If you are undergoing a colonoscopy, you will be given bowel preparation medication to take prior to your procedure to ensure your bowels are clear.

What to expect

Most endoscopies can be performed with sedation. The type of anaesthesia is heavily dependent on the type of surgery, but also the preference of the anaesthetist or the patient. For some patients, it is safer to have a general anaesthetic. The anaesthetist will discuss this with you if this is the case.

Sedation, sometimes called 'twilight anaesthesia' is medication given intravenously to make you feel relaxed and drowsy. This is not the same as general anaesthesia and sometimes people remember parts of the operation, particularly conversations.

Sedation is received through a drip. You may also have a mouth guard inserted into your mouth just before the sedation starts if you are having a gastroscopy. The procedure itself normally takes 15–45 minutes and the anaesthetist will monitor you continuously for the entire procedure.

Post-Surgery

It is normal to feel drowsy as you wake up. You may also experience some discomfort, pain or nausea. There will often be medications to treat these given to you on a regular basis. If they are not improving your pain or nausea, please ask your nurse for extra medication. You may also notice a dry or sore throat or have a headache. However, this usually passes in 1-2 days. Generally, you can expect to go home on the same day as your surgery. Please confirm this with your surgeon and/or anaesthetist before you have surgery.

If you have had sedation or a general anaesthetic and are returning home on the day of the surgery, you must have an adult with you for 24 hours after the procedure. For

safety reasons it is important that you refrain from the following for up to 24 hours after receiving the anaesthetic: drinking alcohol, driving a car, operating machinery.

Risks to be aware of

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

Minor complications include bruising, fatigue, short term memory loss, headaches, sore throat or damage to the teeth or mouth.

While extremely rare, serious side effects such as severe allergic reaction, heart attack, stroke, seizure, lung damage, pneumonia, damage to the vocal cords, nerve damage, bleeding or infection exist. Remember that the risks of these more serious complications, including death, are very rare.

You are encouraged to ask your anaesthetist any questions you may have. They will be more than happy to answer them and discuss the best management plan approaching your surgery.

The brochure provides general information about anaesthesia for gastrointestinal endoscopy. It is not a substitute for advice provided by your specialist about your personal treatment plan.

Every effort is made to ensure that the information is accurate and up to date. However, we do not guarantee or warrant the accuracy or completeness of the information provided.

This information may change with time due to advancements in clinical research and knowledge. Use this brochure only in consultation with your specialist.

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