

ANAESTHESIA FOR ENDOSCOPY

This patient advisory is intended to provide you with general information. It is not a substitute for advice from your anaesthetist. You are encouraged to discuss the benefits and risks of anaesthesia with your anaesthetist. It is an abridged version of the ASA patient education pamphlet: Anaesthesia for Endoscopy – a guide for patients. The complete pamphlet is available from your anaesthetist.

Endoscopies of the oesophagus, stomach, small intestine, pancreas and colon can diagnose and treat a range of disorders. During these procedures, patients usually receive some form of anaesthesia.

Anaesthetists are able to ensure that patients are quite comfortable during endoscopy, and in most cases, unaware of the procedure.

Before the procedure

Your anaesthetist needs to know your medical history. You may be asked questions relevant to the procedure, which includes information about previous anaesthesia you may have had. This information is confidential. Tell your anaesthetist about:

- any previous endoscopy and whether problems occurred
- problems with your neck or back
- a bad reaction to any anaesthetic, medicine or any medical product
- excessive bruising when injured
- previous problems with blood clots in legs or lungs
- problems with your heart or lungs
- dentures or other dental fixtures
- recent or long-term illness
- ALL prescription or over-the-counter medicines you take
- medical implants you may have.

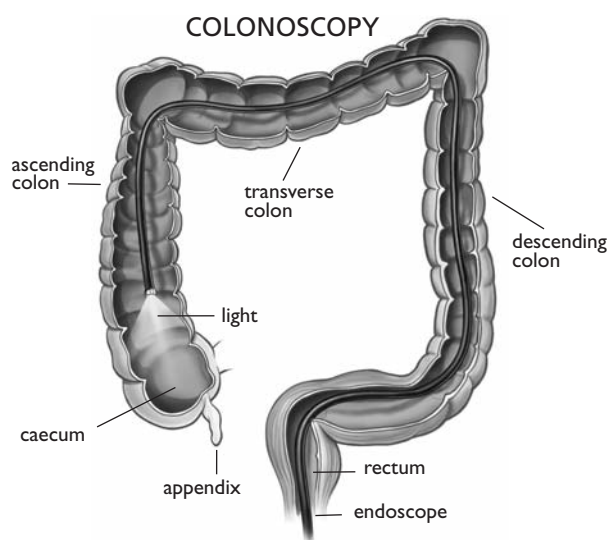
Do not eat or drink before the procedure. Bring your medication with you so you can take it, if needed, after your procedure.

If you have any questions, ask your anaesthetist.

Gastroscopy

The anaesthetist will administer the anaesthetic intravenously, usually in your hand or forearm. Sometimes, local anaesthetic will be sprayed onto the back of your tongue before the procedure commences. After the anaesthetic takes effect, the gastroscopy is passed through your mouth, down the oesophagus, and into the stomach and duodenum (the first part of the small intestine).

A gastroscopy is a relatively short procedure. Although anaesthesia is maintained throughout the procedure, it will wear off soon afterwards. You will usually be awake within minutes.



Colonoscopy

The anaesthetic drugs are administered through a vein, usually in your hand or forearm. Patients may be lightly sedated until they have been asked to shift their position, after which anaesthesia can be deepened as needed.

A colonoscope is passed through the rectum into the colon (large intestine), then to the caecum (see figure), and often into the small intestine. Passage of the colonoscope can be difficult in some patients.

As the duration of a colonoscopy can be unpredictable, the anaesthetic is usually given in multiple small doses. Administration is usually timed so the patient awakens very soon after the procedure. Your anaesthetist may allow you to awaken near the end of the procedure as this period is usually not uncomfortable.

Recovery after endoscopy

You will remain in bed for a short period. Most patients doze.

You will be transferred to another area where you can eat and drink, if appropriate. As anaesthesia is likely to interfere with judgment, do not drive a vehicle, operate any mechanical equipment, or make any important decisions on the day of your procedure.

Possible risks and complications

Modern anaesthesia is safe but does have risks of side effects and complications.

If you are particularly concerned about being aware of the passage of the endoscope, please discuss this with your anaesthetist.

Although uncommon, complications are possible. These are more fully outlined in the complete ASA patient education pamphlet and should be discussed with your anaesthetist. ©