



Gastroscopy

A gastroscopy is the examination of the inside of the oesophagus, stomach and the upper part of the small intestine (duodenum).

You may also hear gastroscopy referred to as endoscopy or upper gastrointestinal endoscopy.

The gastroscopy will be performed while your child is asleep under anaesthetic, when a gastroscope (a long, thin, flexible tube with a light on the end), is passed through the mouth, into the oesophagus, the stomach and down into the duodenum.

These areas are carefully examined and small samples of tissue (biopsies) are obtained and sent for laboratory testing.

A sample of intestinal fluid may also be taken for testing.

The gastroscopy will take 20 to 30 minutes.

Why does your child need a gastroscopy?

The main reasons for having a gastroscopy are to evaluate symptoms of upper abdominal pain, nausea, vomiting, growth problems and diarrhoea.

Possible complications

Gastroscopy is an extremely safe procedure when performed by doctors with specialized training and experience, and when the anaesthetic is performed by a paediatric anaesthetist. Potential complications are:

- bleeding (from biopsy site).
- perforation (accidental hole in the wall) of the digestive tract
- complications relating to the anaesthetic

What preparation is needed before your child has a gastroscopy?

Your child must fast prior to having a gastroscopy to ensure that the stomach is completely empty.

Medications should still be taken as usual, unless your doctor instructs you otherwise.

What happens after your child's gastroscopy?

Following gastroscopy, your child will be taken to the recovery room for observation.

He / she will be able to go home when fully awake and able to drink.

Your gastroenterologist will speak to you before you leave to give a preliminary result, and to confirm that follow up arrangements have been made.

