**WHAT IS IT?**
- Gastroscopy is an investigation that uses a flexible, fibre-optic endoscope to examine the oesophagus, stomach and duodenum. It is usually performed in an outpatient clinic, under light sedation.
- Videoscopes are now used. These consist of a camera-imaging tip that sends pictures to a high-resolution television screen.
- Trained nurse endoscopists are increasingly carrying out the procedure.

**WHY IS IT PERFORMED?**
- As a diagnostic tool for patients with symptoms such as gastrointestinal dyspepsia, heartburn or indigestion.
- To evaluate or follow up peptic ulcer disease.
- To perform a variety of interventions such as removing foreign bodies, stricture dilatation and stenting, banding or injecting oesophageal varices, and laser therapy.
- Contraindications: severe cardiac and chest complaints, abnormal coagulation, liver cirrhosis.

**PATIENT PREPARATION**
- Take a full medical history from the patient.
- Explain the procedure and gain informed consent.
- Patient is nil by mouth for four to six hours before the procedure.
- Remove false teeth.

**PERFORMING A GASTROSCOPY**
- Patients should be offered the choice of intravenous sedation or local lignocaine throat spray. Sedation is given in incremental doses with time given to assess the effect of the sedation.
- The patient is positioned in the left lateral position, head slightly flexed and a mouth guard is inserted.
- The equipment is checked. Oxygen is on hand if necessary.
- The endoscope is lubricated and inserted into the mouth guard, over the tongue to the oropharynx. The patient is asked to swallow to assist the advancement of the endoscope.
- The endoscope is passed down the oesophagus, through the lower oesophageal sphincter and into the stomach. Water may be passed down the endoscope to act as a wash and improve views. Air may be insufflated within the stomach, to aid views.
- The endoscope is passed via the pyloric sphincter into the duodenum.
- The endoscope is removed slowly, allowing full visualisation of the mucosa of the upper gastrointestinal tract. The endoscope is retroverted before leaving the stomach to visualise the cardia and fundus. Biopsies may be taken.

**DURING THE PROCEDURE**
- If sedated, monitor the patient’s level of consciousness.
- Monitor physiological signs such as heart rate and oxygen saturation.
- Ensure oxygen and suction is available at all times.
- Observe the patient’s tolerance of the procedure, for example, pain, excessive choking or wheezing.
- Provide reassurance, commentary and support.
- Watch out for unexpected events, such as vomiting, cardiorespiratory depression, vasovagal reactions.
- Document time, dosage and route of all medications.
- Assess and document patient’s status on completing the procedure.

**AFTER THE PROCEDURE**
- Assess and monitor the patient until he or she is fully recovered.
- Document all care given and any unusual events that occurred.
- Provide written instructions regarding diet, medications, activity restrictions, follow-up appointments and complications.
- Make sure the patient is accompanied home.

**POTENTIAL COMPLICATIONS**
- Major complications: oesophageal or gastric perforation; haemorrhage; over-sedation; and cardiorespiratory events.
- Minor complications: incomplete procedure due to poor patient toleration; abdominal discomfort; belching; and sore throat.

**REFERENCES**

The information given serves as a general reference. Nurses should consult their individual trust policies on clinical procedures.