

FACTSHEET

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Upper endoscopy

What is an upper endoscopy?

An upper endoscopy is a procedure where a doctor inserts a flexible tube with a lens and a light source, to look at the lining of the upper part of the gastrointestinal (GI) tract. The upper part of the GI includes the oesophagus, the stomach, and the duodenum (first section of the small intestine).

Why would my child need an upper endoscopy?

An upper endoscopy is used to look for inflammation (redness, irritation), bleeding, varices (enlarged veins), ulcers, strictures (narrowing) or polyps. It also allows the doctor to perform procedures such as biopsy (tissue sampling), dilatation of the stricture, or stop bleeding. It also allows the doctor to remove foreign bodies within the upper gastrointestinal tract.

How is it done?

- Your child will need to be asleep for the procedure. This means that s/he will need a general anaesthetic. The anaesthetists will review your child before the procedure to make sure s/he is well enough for such a procedure, and will explain the anaesthetics procedures to you. You will be informed about your child's fasting (not eating or drinking) time before the procedure.

- The endoscopy procedure normally takes between 10-20 minutes.
- A mouth guard will be used to protect the teeth.
- The endoscope will be passed through the mouth guard, gradually advanced into the oesophagus, stomach and duodenum.
- During the procedure, the doctor will gently pump air and sterile water through the scope to get a better view.
- Pictures will be taken with examination of each part of the upper gastrointestinal tract.
- In most cases, tissue samples called biopsies are needed, and are taken with small forceps. This is not painful and should not cause pain afterwards.
- Additional procedures such as dilatation, removal of polyps, treatment of bleeding, and removal of a foreign body may be performed. Your doctor will speak to you in detail both before and after the procedure.

Potential complications and risks

- Aspiration (inhaling) of food or fluids in the lungs. This is usually minimised by adequate fasting before procedure.
- Reaction to sedative medications.
- Bleeding can occur from biopsies. It is usually minimal and stops quickly on its own or can be easily controlled. If your child or any family member has a known bleeding or haematological problem (e.g. haemophilia, von Will brand's disease), please discuss it with your doctor.

- Sometimes, bleeding into the walls of the gastrointestinal tract may occur. This may cause obstruction of the gastrointestinal tract. This can be serious but rare. It is usually managed conservatively and resolves with time. Resting the bowel in hospital, and giving nutrition by other routes may be needed, until the bowel recovers.
- The endoscopy can cause a tear or hole in the area being examined. This is a serious complication but fortunately extremely rare. If it occurs, a surgeon will be consulted to manage it.
- Infection risk is very low.

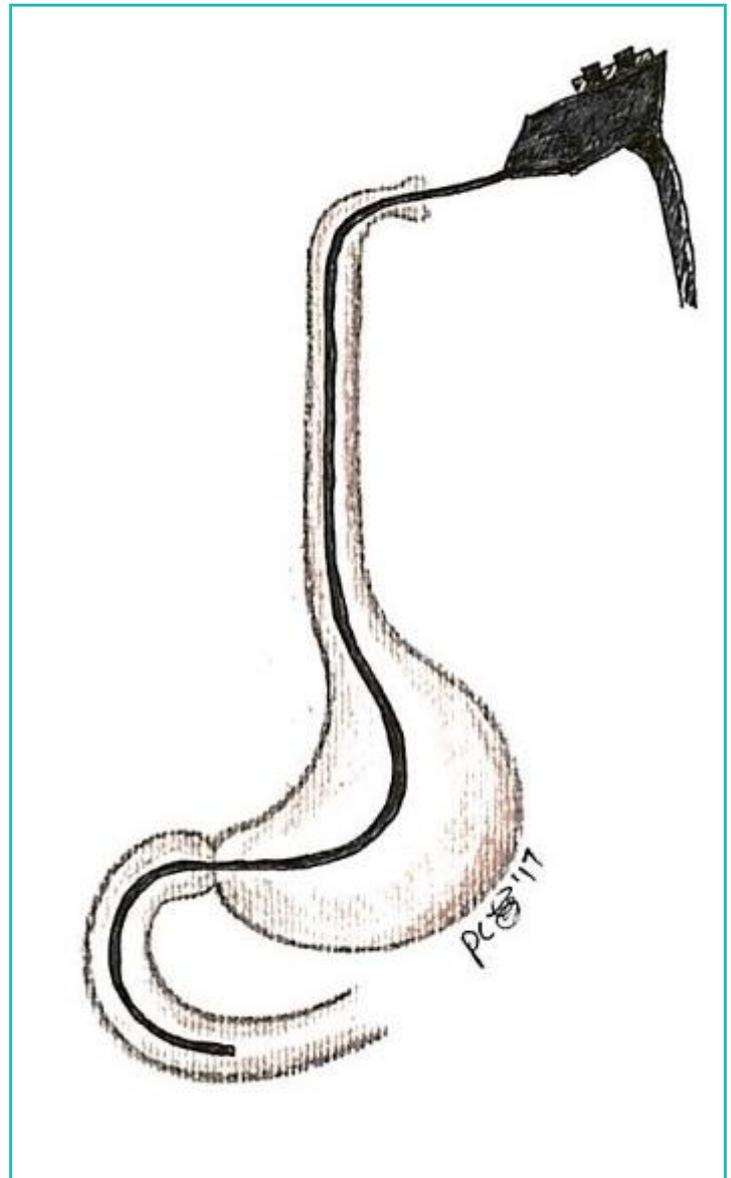
What happens after the upper endoscopy?

- Your child can usually go home on the same day once sedation wears off.
- If specific procedures have been performed, your child may be kept for observation with or without antibiotics in hospital.
- Your doctor will give you a report and explain the findings.
- If biopsies are taken or polyps are removed, further histopathology (microscopic) results will usually be available within one week.
- The most common discomfort after the procedure is bloating as result of air introduced during the examination. It usually resolves quickly.

When to contact the doctor after an upper endoscopy

The following signs and symptoms should be reported immediately, and your child should be taken to the nearest hospital for assessment:

- Severe abdominal pain (more than gas cramps)
- A firm, distended abdomen
- Vomiting, especially vomiting of green/bilious content
- Difficulty swallowing or severe throat pain
- Some children feel a crunching feeling under the skin of the neck and chest.
- Fever



Remember:

- Upper GI Endoscopy is an invasive investigation.
- Complications may occur.
- Contact the on call Gastroenterology staff if you have concerns.
- The procedure may be cancelled if:
 - fasting time is inadequate,
 - your child is unwell.