

Upper Digestive Tract Endoscopy

Introduction

Endoscopy is currently the best method in examining the lumen of the upper digestive tract. By using a flexible endoscope, it allows the doctor to examine the pharynx, esophagus, stomach and duodenum of the patient. The process of endoscopy only takes about 10-20 minute to complete. The main indication of upper digestive tract endoscopy in your case is the removal of the ingested foreign body. However, additional therapeutic procedures (e.g. polypectomy, biopsy and control of bleeding) can also be performed if necessary.

Indications

1. Foreign body ingestion
2. Dysphagia
3. Epigastric pain or peptic ulcer
4. Suspected or confirmed upper digestive tract bleeding
5. Suspected esophageal or stomach cancer
6. Anaemia
7. Follow up examination of gastric ulcer
8. Treatment of esophageal varices

Procedure

1. Patient should fast for at least 6 hours before the procedure
2. Local per-oral anaesthetic spray would be given
3. Endoscope would be introduced per-orally
4. The whole upper GI tract would be examined
5. Additional therapeutic procedures could be done depending on clinical findings

Potential Risks & Complications (not exhaustive)

1. Cardiovascular and pulmonary depression due to sedative if they are given
2. Aspiration pneumonia
3. Bleeding and Perforation of esophagus, stomach and intestine. (0.03%)
4. Primary bleeding of polypectomy / post biopsy site (<0.03%)
5. Secondary haemorrhage of previously bleeding peptic ulcer
6. If the complication is severe, it may be life-threatening and emergency surgery may be required. (0.001%)

Post-operation care

1. Patient should be observed for any complication. For outpatients, they can be discharged shortly after the procedure.
2. Emergency surgery may be required in case of complications such as bowel perforation

Remarks: Please consult the doctor for any further enquiry.

The list of complications are not exhaustive and other unforeseen complications may occasionally occur which may cause severe consequences, subsequent surgery and death. Patients should fully understand and accept the risks before agreeing for the procedure.