

Information about endoscopic examination

An endoscopic examination is performed when the doctor needs to examine the hollow organ under examination from the inside, assess the condition of the organ under examination, take mucosal tissue for examination and/or perform therapeutic procedures. With the help of an endoscopic examination, the following can be performed: endoscopy of the upper gastrointestinal tract - esophagogastroduodenoscopy (**gastroscopy** for short): this procedure examines the esophagus, stomach and the initial part of the small intestine (duodenum). Endoscopy of the lower digestive tract - colonoscopy: this procedure examines the rectum, large intestine and the distal part of the small intestine.

1. Gastroscopic examination



Gastroscopy, otherwise **esophagogastroduodenoscopy (EGD)** or **fibrogastroduodenoscopy**, is a test in which a flexible endoscope is inserted through the mouth into the upper part of the digestive tract (esophagus, stomach, duodenum), the inside of the digestive tract is examined and, if necessary, biopsy material is taken for examination, polyps are removed / possible precancerous

lesions, stopping internal bleeding from gastric and/or duodenal ulcers. Most often, this test is prescribed when it is necessary to clarify the diagnosis or perform a therapeutic procedure.

There are cases when complications or "unexpected findings" occur during the examination. In this case, regardless of whether the procedure is performed for diagnostic or treatment purposes, the doctor performing the procedure can change the goals and course of the procedure, i.e. bleeding is stopped, biopsy material is taken for examination, etc.

Preparing for a gastroscopy examination:

- In order for the test to be safe and for food particles in the stomach not to block the image, you should **not eat on the day of the test**.
- **6 hours do not drink any liquids (even water) until the test. 2 hours it is recommended not to smoke** before the examination, as the color of the gastric mucosa may change.
- **It is necessary** to inform the doctor who will perform the procedure about the medications you are taking, especially if you are taking blood clotting or other steroidal/non-steroidal medications (eg Aspirin, Warfarin, etc.).
- **It is important** to remove dental plates and glasses before the gastroscopy examination.

2. Colonoscopic examination



Colonoscopy - an endoscopic examination procedure, when using a flexible endoscope the exit opening, rectum, coiled intestine, large intestine, distal part of the small intestine are examined and/or additional actions are performed - pieces of tissue are taken for examination (biopsy), bleeding is stopped, mucous membranes and/or submucosal formations. Due to the specificity of the test,

when the large intestine spasms and air is blown into the intestine, you may feel bloating, nausea, and weakness.

These sensations are short-lived and pass on their own.

Anoscopy (examination of the mucous membrane of the exit opening), **rectoscopy** (examination of the mucous membrane of the rectum), **sigmoidoscopy** (examination of the colon) - are prescribed less often when there are very specific indications. Usually, a colonoscopy is prescribed for more detailed results.

Preparation for the colonoscopy examination: good bowel preparation is a prerequisite for accurate diagnosis and safe treatment. Even a minimal amount of fecal matter in the intestine can mask small lesions of the mucosa.

- **5-7 d. DO NOT take iron supplements** before the test. If you are taking blood-thinning drugs, before the planned test, you must consult your family doctor about the possible temporary discontinuation of the drug or its replacement with other drugs.
- **3-5 d. follow a low-fiber diet (less than 7-10 g) until the test. DO NOT eat thermally unprocessed fruits and vegetables, corn, various seeds, nuts** (bread products with grains, fruits, jams).
- **Do NOT eat solid food 1 day before the test.** You can drink clear and transparent liquids: water, weak tea, broth without additives. Avoid red colored fluids as they may be mistaken for blood or mask mucosal defects. Do not consume milk or alcoholic beverages.
- **Medicines for INTESTINAL CLEANSING are STARTED the day before the examination.** Special bowel cleansing solutions or osmotic laxatives are prescribed (e.g. *Eziclen (active ingredients Natrii, Kalii et Magnesii sulfas)*). For many patients, bowel cleansing preparations are unpleasant. Medicines are easier to take if the doses are divided (in half in the evening, mid-morning - before the procedure), and the solution is cooled. It is advisable to drink the solution through a straw, it can be flavored with lemon juice or by sucking on lemon slices, sugar-free mint candies. Finally, if possible, use preparations in a smaller volume.
- Read the **information leaflet** of the medicine carefully. **Regarding the use/dosage of specific drugs, it is necessary to consult with the doctor prescribing the procedure.**
- Medicines normally used on the day of the test (if the doctor allowed them to be taken on the day of the test) **should be taken with a minimum amount of liquid (one sip) in the morning.**
- It is **necessary to have a blood coagulation index (INR) test.** Inform the doctor who will perform the procedure about the medications you are taking, especially if you are taking anticoagulants or other steroidal/non-steroidal medications (eg *Aspirin, Warfarin*, etc.).

Preparation for anoscopic, rectoscopic, sigmoidoscopic examination:

A day before the test, it is recommended to eat in moderation and make e.g. 1 *Clisma-Lax* rectal enema or 2 *Micro Lax* rectal enemas. Do not eat in the morning before the visit.

24 hours after the endoscopy examination is not recommended:

- Heavy workouts
- Visit pools, saunas.

If bleeding/fever/abdominal and pelvic pain starts - go to the Emergency Department immediately!

At the request of the patient, gastroscopy and/or colonoscopy examinations can be performed under general intravenous anesthesia.

You must come to the endoscopy procedure, during which anesthesia will be applied, with a person accompanying you, to whom, with your consent, the endoscopist will pass on information about your state of health.

Bring with you the tests performed no earlier than 10 days ago: general blood test; potassium; sodium; urea/creatinine; blood glucose level; blood coagulation indicators (INR); electrocardiogram.

24 hours after anesthesia is not recommended:

- Drive a vehicle;
- Work with mechanisms or dangerous work;
- Make responsible decisions;
- Sign important documents.

You will need to sign your consent with the information presented in this document before the procedure F-LC-LT-062 Patient consent for the performance of an endoscopy examination.