

Gastroscopy and colonoscopy are very safe procedures. However, like every medical procedure there are potential unexpected complications that may occur that you need to understand and be informed prior.

General Risks with anesthetic

- Headache from fasting (common and will self-resolve)
- Bruising and pain at injection area (common and self-resolve)
- Nausea and vomiting after anesthetic (common)
- Damage to teeth (uncommon especially normal teeth)
- Abrasions or cuts to lips and mouth lining (uncommon)
- Aspiration of stomach contents into the lungs (rare)
- Drug reaction or anaphylaxis (rare)
- Heart attack, stroke or death (very rare)

Gastroscopy Risks

- Bloating and abdominal discomfort post procedure from air trapping (common)
- Perforation to esophagus or stomach or small bowel (rare)
- Aspiration of stomach fluids into the lung (rare)
- Bleeding from biopsy or polyp removal (uncommon)
- Dental damage (uncommon especially with normal teeth)

Colonoscopy Risks

- Headache from dehydration and intolerance to bowel preparation (common)
- Abdominal discomfort or pain after procedure due to air trapping in colon (common)
- Bowel not well cleaned despite bowel preparation (occasional)
- Excessive bleeding from biopsy or removing polyp (1/1000)
- Bowel injury or perforation (1/1000)
- Missed cancer or significant bowel polyp (1% to 5%)
- Damage to spleen (rare)
- Unable to complete the colonoscopy due to poor bowel preparation, unusual bowel anatomy or technical factors
- Barium enema or CT colonography are less invasive alternatives but are not considered first line investigations
- Polyps are removed at the time of colonoscopy but if polyps are large or complex, you will be referred to a larger hospital for removal on a different day

Outcome of complications

Most complications are minor and will self-resolve or are treated as outpatient.

Patients experiencing serious complications like excessive bleeding, lung aspiration and bowel perforation will likely be transferred to major hospital and may require surgery. You will be **responsible** for the ambulance transfer fee unless you have ambulance insurance coverage.

In signing the consent, I am stating that I have read and understood the above risk and complication information with regards to my procedure.

Patient Signature

Patient Name

Date