

PATIENT INFORMATION · PROCEDURE 13

Gastroscopy & Colonoscopy

Diagnostic and therapeutic upper and lower GI endoscopy.

Gastroscopy (upper endoscopy) and colonoscopy (lower endoscopy) are outpatient camera examinations of the digestive tract. They are the definitive tests for reflux, ulcers, coeliac disease, chronic diarrhoea, iron-deficiency anaemia, and colorectal cancer screening.

What it involves

A slim flexible camera is passed through the mouth (gastroscopy) or via the anus (colonoscopy) after light sedation. Biopsies can be taken, polyps removed, and bleeding treated in the same session.

Colorectal cancer screening from age 45 in average-risk adults, and earlier when there's a family history, dramatically reduces cancer mortality. Precancerous polyps found and removed at colonoscopy never become cancer.

Gastroscopy is the definitive test for reflux disease (grading oesophagitis, ruling out Barrett's oesophagus), peptic ulcers, coeliac disease (with biopsies), and gastric or oesophageal cancer.

Both procedures are done under conscious sedation — you sleep through it, you don't feel it, and you go home a few hours later. You can't drive that day; arrange a lift home.

When it's indicated

Reflux symptoms not settling on medication, unexplained upper-GI symptoms, iron-deficiency anaemia, change in bowel habit, rectal bleeding, family history of bowel cancer, or routine screening from age 45–50.

The approach

Both procedures are done under conscious sedation as day-case procedures at Johannesburg Surgical Hospital. Colonoscopy requires bowel preparation the day before — a low-residue diet and a laxative preparation.

Recovery

Same-day procedure. Two to three hours in recovery while sedation wears off. No driving that day. Back to normal activity and eating the following morning. Bloating and mild cramps for a few hours are normal.

Common questions

Is colonoscopy painful?

Under conscious sedation, most patients don't remember the procedure. Some experience mild cramping in the hours afterwards from residual air, which passes quickly.

Do I need to be screened for bowel cancer?

Yes — from age 45 in average-risk adults, or earlier if you have a family history, personal history of polyps, or inflammatory bowel disease. Screening finds and removes polyps before they become cancer.

What is the bowel prep like?

The day before, a low-residue diet and a laxative preparation (usually taken in split doses evening and early morning). It's the least pleasant part of the process, but a clean colon is essential for a thorough exam.

Can polyps be removed during the same procedure?

Yes — small and medium polyps are removed during the colonoscopy itself. Very large polyps or suspicious lesions may need a separate scheduled procedure or surgery.

This brochure is general information about a surgical procedure and does not replace a consultation. Every patient's circumstances are different — please discuss your specific case with Dr Marais before deciding on treatment.