

# Gastroscopy

## GI Endoscopy Unit Patient Information Leaflet

### Introduction

This leaflet is for people who are having a gastroscopy. It gives information on what a gastroscopy is, the benefits and risks of this and what happens before, during and after the procedure.

### What is a gastroscopy?

It is an examination of the gullet (oesophagus), stomach and part of the small bowel (duodenum).

The instrument used to perform this procedure is called a gastroscope. This is a slim, flexible tube with a light at the tip which is passed through the mouth. The image from this instrument is transferred to a screen which allows the operator to closely inspect the lining of the gut in order to make a diagnosis.

The procedure is not painful but may be a little uncomfortable. Some patients experience a feeling of fullness and may want to burp. This is mainly due to air which is passed into the oesophagus, stomach and duodenum via a channel of the gastroscope.

The air is important as it inflates the gut slightly, allowing the operator to conduct a thorough investigation. Any feelings of bloating or discomfort will quickly pass once the procedure has been completed.

## **What are the benefits of a gastroscopy?**

Your GP or hospital doctor will have advised that you have your oesophagus, stomach and duodenum carefully inspected. This procedure is a good way to investigate such symptoms as heartburn, abdominal pain, difficulty in swallowing or anaemia.

There may be other reasons why your doctor has referred you for this test. You may already have had investigations in the X-ray department but a gastroscopy is a better way of inspecting the lining of the gut more closely.

Sometimes it is necessary to take small samples of the lining of the gut. This can be undertaken during the gastroscopy. The samples, or biopsies, are sent to the laboratory for analysis. This helps to make a diagnosis.

## **What are the risks?**

Gastroscopy is a safe procedure and therefore complications are rare. You may have some discomfort in your throat afterwards. This should settle quickly and without treatment.

You may get bleeding after having a biopsy but this is rare.

There is a small risk of perforation (damage) to the area being examined. If this happens, you will need to stay overnight in hospital for observation. This would mean that you would not be able to eat or drink anything, and would need a drip to prevent dehydration. In extreme cases, you may need surgical repair and a blood transfusion.

Complications are extremely rare and only happen in about one in 10,000 people. Your doctor has assessed such risks as being far less than the risk of not having the procedure.

## What are the alternatives?

A barium X-ray is sometimes used instead of a gastroscopy. During a barium meal, you have to drink a white liquid containing a metal called barium. Barium sticks to the lining of your gullet, stomach and duodenum, and these parts of your body show up as white on X-rays. X-rays can be viewed to see if there is anything unusual.

A barium X-ray is safer than a gastroscopy; however, it is not possible to take biopsies during this examination. Therefore, sometimes it is necessary to perform a gastroscopy after having a barium X-ray in order for tissue samples to be taken to diagnose the problem.

You should discuss the option of having a barium X-ray with your GP or the doctor who has referred you for gastroscopy. He/she will advise you and organise the appropriate investigation.

## What preparation will I need?

You should not have any food or drink for six hours before your appointment time.

## What about my medication?

You can take **essential** tablets, such as heart tablets or painkillers, with a sip of water as normal, providing you are allowed to take them on an empty stomach.

### Anticoagulants

If you are taking tablets to thin your blood such as **warfarin**, **aspirin**, **clopidogrel** or **rivaroxaban**, you should be advised on whether to continue or stop taking the medication before the procedure. If not, please contact the GI Unit for advice on 01384 456111 ext. 2731 (8am to 6pm, Monday to Friday).

**If you have a pacemaker, please ring the GI unit as soon as possible** before you come for the procedure. This is because we have to arrange for someone from Cardiology Department to see you at your appointment.

## Who will be treating me?

Your procedure will be carried out by a trained endoscopist. Within the GI Unit we have fully trained consultants, surgeons and nurse practitioners.

## Preparing for your gastroscopy

We prefer to give our patients two choices of preparation for gastroscopy. Without either of these, you may find the procedure uncomfortable.

The choices are:

- A local anaesthetic spray called Xylocaine at the back of your throat.
- Or an injection of a sedating drug called Midazolam into a vein in your hand or arm.

In making your choice, please read carefully and consider which of the following options will suit you and your personal circumstances.

### Midazolam – the injection

#### Advantages:

- The injection relaxes you and makes the procedure more comfortable.
- When you regain full awareness, you will be able to eat and drink normally at once.

#### Disadvantages:

- You may not be able to co-operate during the procedure.
- You may not remember information given to you afterwards by your doctor. Your memory may be affected for up to 24 hours after the procedure.
- You will need to stay in the recovery area after your procedure. The length of time may vary from half an hour to two hours, depending on how you respond to the sedation and how soon you return to your normal self.

- You will need a responsible adult to take you home afterwards by car or accompany you in a taxi. You will also need a responsible adult to stay with you overnight for your safety.
- You may not, by law, be in charge of a motor vehicle or moving machinery for 24 hours afterwards.
- The effect of the sedation may be prolonged by other drugs you are taking.

## **Xylocaine – local anaesthetic spray**

### **Advantages:**

- You will be able to co-operate during the examination.
- You will remember information given to you by the doctor, nurse and endoscopist.
- You will be able to return home or go back to work immediately.
- You will not need to be accompanied.
- You will be able to drive and operate machinery straight after the procedure.
- There is no likelihood of interference from other drugs you may be taking.

### **Disadvantages:**

- For one hour afterwards, until the sensation in your throat returns to normal, you will not be able to eat or drink.

## **Safety**

The sedating drug (Midazolam) we use is very safe. There are trained nurses with you at all times who will monitor you during your procedure and in the recovery area afterwards. Oxygen is routinely given during the gastroscopy.

However, overall there are slightly more complications with sedation than the local anaesthetic spray. The risk of complications is also higher in the elderly or those with chronic chest or heart disease.

The local anaesthetic spray is completely safe.

## What is the effect of the preparations?

Gastroscopy is equally safe, fast and accurate, whichever of the preparation methods is used. However, with local anaesthetic spray, patients spend less time in the hospital and return home or back to work within a much shorter time.

If you are still unclear or worried about the procedure, please contact the GI Unit for further explanation and reassurance.

## What happens before the test?

- If you wear dentures or glasses, you will need to remove these before the procedure starts.
- We will ask you to slip off your outdoor shoes and lie on your left side on an examination trolley, with your head resting on a pillow.
- The nurse will place an absorbent cover loosely around your neck to catch any secretions.
- We will give you a local anaesthetic spray or sedation as chosen by you (for more information on this, please read section on 'Preparing for your gastroscopy').
- We will ask you to put a plastic guard between your teeth. This protects your teeth and prevents you from biting the gastroscope.

## What happens during the test?

The endoscopist will gently pass the gastroscope through your mouth. They may ask you to take a deep breath to allow the gastroscope to pass. The gastroscope will move down your gullet into your stomach and duodenum.

The endoscopist may take small tissue samples (biopsies) if necessary – this should not hurt. Once a full inspection has been carried out, the endoscopist will gently remove the gastroscope.

## How long does it take?

The procedure usually takes about five minutes to complete.

## Should I ask questions?

We want you to be fully informed at all times so you should always ask any questions you may have. The person you ask will do his/her best to answer your questions. If they do not know, they will find someone else who is able to discuss your concerns.

## Is there anything I should tell people?

If there is any procedure you **do not** want to happen, you should tell the people who are treating you. It is important for them to know about any illnesses or allergies which you have suffered from in the past.

Remember to tell the team about anything that concerns you or anything which might affect your general health.

## Consent for procedure

You will need to give your consent before the doctor or health professional examines or treats you.

As part of your treatment some kind of photographic record may be made – for example clinical photographs or video recordings. You will be told if this is likely to happen.

The photographs or recordings will be kept with your medical notes and will be held in confidence as part of your medical record. This means that they will normally be seen only by those involved in providing you with care, or those who need to check the quality of care you have received.

The use of photographs is extremely important for other NHS work such as teaching or medical research. However, we will not use yours in a way that allows your identity to be recognised without your permission.

We will ask you to sign a consent form once the procedure has been discussed with you. Health professionals must ensure that you know enough about the procedure beforehand, and that you are fully aware of the benefits and the risks of the procedure.

Once the consent form is completed, we will give you a copy to keep. If you later change your mind, you can withdraw your consent after signing.

## Aftercare

When your procedure has been completed, we will give you an aftercare information leaflet before you leave the department.

## When will I get the results of my gastroscopy?

Before you go home, the endoscopist will tell you the results of your procedure.

If tissue samples (biopsies) are taken, we will send them to the laboratory to be analysed. Your consultant may write to you with the results of the biopsies, or send you an outpatient clinic appointment in the post to receive them.

## Can I find out more?

You can find out more from the following website:

### **NHS Choices**

<http://www.nhs.uk/Conditions/gastroscopy/Pages/Introduction.aspx>



If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

GI Unit on 01384 456111 ext. 2731 (8am to 6pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dgft.nhs.uk/services-and-wards/gastroenterology/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta brosură poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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