

# Gastroscopy and dilatation/stent insertion

## GI Endoscopy Unit Patient Information Leaflet

### Introduction

This leaflet is for patients who need dilatation of the oesophagus, which means stretching of the food pipe, or insertion of an oesophageal stent which is a tube to improve swallowing. It gives information on what happens during the procedure and the benefits and risks of it.

### 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 this procedure?**

If you have been having difficulty swallowing, with food sticking on its way down to your stomach, it is very important to find out why this is happening. This can be done by having a gastroscopy or barium swallow examination.

During the examination, we can see whether there is any narrowing in your oesophagus and tissue samples (biopsies) can be taken to help with diagnosing the problem.

If we do find that your oesophagus is very narrow in places, we may need to stretch these areas and sometimes we put in a stent to keep it open. We will only do this if it is completely necessary. It is important that you understand why you need this treatment and the doctor performing the procedure will explain this to you.

If the narrowed area has been caused by acid reflux (where the acids from your stomach leak up into your oesophagus), you will probably need to take long term medication to help with the problem. Some patients may need more endoscopy treatments.

## **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.

If the doctor puts a stent in, they will choose one suitable for your problem. You should be able to swallow food much better afterwards although it is important that you follow the advice given to you about diet and other instructions when you get home.

## **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. It is also not possible to have dilatation of the oesophagus, or insertion of an oesophageal stent during a barium X-ray.

You should discuss the options with your GP or the doctor who has referred you for this procedure.

## **What preparation will I need?**

Do not have any food or drink for six hours before your appointment time as it is important that your stomach is empty so that the whole area can be seen clearly.

**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.

## What about my medication?

You may 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).

## 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 (false teeth) or glasses, you will need to remove these before the procedure starts.
- We will ask you to take 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 procedure').
- We will ask you to put a plastic guard between your teeth. This protects your teeth and prevents you from biting the gastroscop.

## What happens during the test?

Nurses looking after you during the procedure will monitor you and make sure you are comfortable.

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

The doctor performing the procedure will examine your oesophagus very carefully. They will also decide whether you need to have your oesophagus stretched or a metal stent put across the narrowed area to open this area up.

Small tissue samples (biopsies) may be taken if necessary. This should not hurt. Once a full inspection has been carried out, the endoscopist will gently remove the gastroscop.

## How long does the procedure take?

The procedure takes about 30 minutes. Once it is completed, we will take you to the recovery area where you will stay for about two hours. After this you will be able to go home.

## Aftercare

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

## 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 that 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.

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

Before you go home, we will tell you the results of the procedure. If tissue samples (biopsies) are taken, we will send these to the laboratory to be analysed. The results of this usually take several days to process. Therefore, we will inform you of these results either by post or at a clinic appointment.

## Consent for procedure

You will need to give your permission before the doctor or nurse endoscopist examines you.

As part of your treatment, some kind of photographic record may be made, for example: clinical photographs or recordings. We will tell you if this is likely to happen.

The photographs or recordings will be kept with your notes and will be held in confidence as part of your medical records. 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 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.

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 broșura 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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