

Gastroscopy

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 food pipe (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 endoscopist to closely inspect the lining of the gut to make a diagnosis.

What are the benefits of a gastroscopy?

Your healthcare professional will have advised that you need to have a gastroscopy to investigate your symptoms.

Symptoms such as:

- Heartburn.
- Upper abdominal pain.
- Difficulty swallowing/food sticking.
- Anaemia.
- Weight loss.
- There may be other reasons you have been referred for this test.

You may have had other investigations such as scans, 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 procedure. The samples are then sent to the laboratory for analysis. This helps to make a diagnosis.

Will it hurt?

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

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

What are the risks?

Most gastroscopy procedures are very straightforward. However, as with any procedure, there are complications.

Some complications are very rare but can be very serious leading to an admission to hospital or an operation.

These serious complications include:

- Perforation (making a hole or tear to the lining of the gut).
- Bleeding.

Other risks to be aware of include:

- Incomplete procedure.
- Missed pathology.
- Damage to teeth or dental work.

Are there any alternatives?

A barium swallow can be performed instead. This is done in the X-Ray department.

During a barium swallow, you 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-ray images are viewed to see if there is anything unusual.

A barium swallow is less invasive 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 swallow for tissue samples to be taken to diagnose the problem.

You should discuss the option of having a barium swallow with whoever has referred you for gastroscopy. He/she will advise you and organise the appropriate investigation.

What preparation will I need?

You **must not eat or drink for six hours** before your appointment time.

Food stops the endoscopist getting a clear view of the lining of your stomach. There is also a risk of inhaling stomach contents into your lungs, this can cause severe pneumonia.

If you have eaten or drunk a significant amount of fluid in the run up to your procedure, it will be cancelled.

What about my medication?

If you cannot wait until after your procedure to take essential tablets, such as heart medication or painkillers, you may take them 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 **clopidogrel, prasugrel, ticagrelor, warfarin, rivaroxaban, apixaban, edoxaban or dabigatran** you must be advised on whether to continue or stop taking the medication before the procedure. Please contact the Endoscopy Unit for advice on 01384 456111 ext. 2731 (8am to 6pm, Monday to Friday).

You may continue to take Aspirin.

Diabetic medication

If you are a diabetic and need advice on management, you should contact the Endoscopy Unit or your Diabetes Nurse as soon as you get your appointment.

Please check your blood glucose level before you leave the house to have the procedure.

If you have a pacemaker, please ring the Endoscopy Unit as soon as possible before you come for the procedure. This is because for certain procedures we need someone from the Cardiology Department to see you before your appointment.

Sedation or throat spray?

A sedative injection can help you relax if you are anxious. Local anaesthesia can make the procedure more comfortable. You will be offered the choice of sedation or local anaesthetic throat spray.

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

Midazolam – the injection

Please note sedation used for endoscopy is a light conscious sedative. It is not general anaesthetic; you will not be knocked out. You will still be aware of and feel the procedure, you will be able to hear the endoscopist and nurses reassuring you.

Advantages:

- The injection relaxes you.
- You can eat and drink normally after the procedure.

Disadvantages:

- You may not be able to co-operate during the procedure.
- You may not remember the results or information given to you after the procedure. Your memory may be affected for up to 24 hours after.
- 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, drive a motor vehicle or operate 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:

- The procedure will be more comfortable.
- 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.

Complications from sedation

Overall, there are more complications with sedation than local anaesthetic spray.

There can be short term problems with heart rate, breathing and blood pressure. We will monitor you carefully so that if any problems occur they can be dealt with quickly.

Older people and those with significant health problems may be at higher risk.

What happens when I arrive for my appointment?

Once you have reported to the Endoscopy Unit reception, an endoscopy nurse will take you through to the unit. They will:

- Take your blood pressure.
- Check your pulse.
- Write down your medical history and any other relevant information.
- Explain the procedure to you and obtain your consent for the procedure.

Who will be treating me?

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

What happens during the test?

- The nurse who will be taking care of you during your procedure will collect you from the waiting area and take you to the endoscopy room.
- You will be introduced to the endoscopist and the nurses in the procedure room.
- Depending on your choice you will be prepared for either your sedation or local anaesthetic spray.
- If you wear dentures, glasses, or hearing aids, you will need to remove these before the procedure starts.
- You will be asked to 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 place a plastic mouthguard between your teeth. This protects your teeth and prevents you from biting the gastroscop.

- 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.
- Nurses looking after you will monitor your pulse and oxygen levels throughout the procedure.
- 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.

Will I need to stay in hospital?

Usually, you will only be in hospital for a short time when having a gastroscopy. However, if you have bleeding, perforation or suffer severe effects from the procedural medication, you may need to stay overnight in hospital for observation.

What happens after the test is over?

After the procedure, you will go to the recovery area. If you have had sedation you will remain there for a period of observation, if you have had throat spray you will be able to leave more quickly when you have received all results. You will be given aftercare information before you leave the department.

When will I hear my results?

The endoscopist will tell you the results of your gastroscopy before you go home and give you a printed copy of the results.

If we have taken biopsies, we will send them to the laboratory to be analysed. The results of this may take several days to process.

Your consultant may write to you with the results of biopsies, or send you an appointment to discuss results in an outpatient clinic.

Should I ask questions?

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

Consent

You will need to give your consent before your gastroscopy. 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.

As part of your consent and treatment you must understand that photographs will be taken which form part of the endoscopy report.

Photographs are kept in your medical record and will be held in confidence. This means that they are seen only by those involved in providing you with care, or those who need to check the quality of care you have received.

Once the consent form is completed and you have signed, we will give you a copy to keep.

If you change your mind, you can withdraw your consent after signing at any time.

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

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

Russell's 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

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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