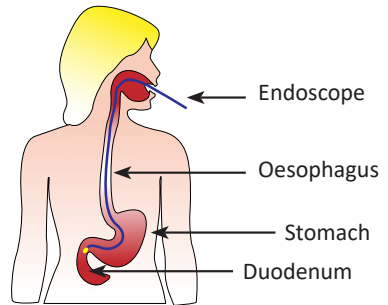


Upper Gastrointestinal Endoscopy

An Upper Gastrointestinal Endoscopy (gastroscopy) is a procedure to look directly at the lining of the oesophagus (food pipe), the stomach and around the first bend of the small intestine (the duodenum).

The gastroscope is a long flexible tube (thinner than your little finger) with a bright light at the end. This procedure can be performed with or without sedation. Sometimes tissue samples (a biopsy) may be taken.

These are taken through the gastroscope using tiny forceps and are sent to the laboratory for analysis.



What should I know before deciding?

The endoscopist will ensure you know enough information about the procedure to enable you to decide about your treatment. They will write this on the consent form as well as discussing choices of treatments with you.

Consent form

Before you can have the procedure, the endoscopist will need to gain your consent. This will be required in writing. Before going to the procedure room, the endoscopist carrying out the procedure will come and speak to you. They will explain the procedure again and the risks and benefits. If you are happy to go ahead with the procedure then you will be asked to sign a consent form.

If you later change your mind, you are entitled to withdraw consent, even after signing. A copy of the consent form will be offered to you. It is your decision whether or not to consent to the procedure. Ask as many questions as you like and please express any concerns about medication, allergies or past medical history.

On arrival to the Endoscopy Unit

When you arrive in the department you will be asked to wait in the waiting area. An admissions nurse will confirm all your personal details, check your weight and height, take your blood pressure, temperature and pulse and will check if you have any serious medical conditions. They will also check if you have any allergies and confirm your discharge arrangements with you. The procedures will then be explained to you and you will then be shown where to wait for your procedure.

Preparation for the procedure

To allow a clear view of the stomach please do not eat anything for **six hours**. You may drink clear fluids up to **two hours** prior to the procedure.

Please bring with you to your appointment:

- Your pre-assessment questionnaire.
- Any letters you have received from the hospital.
- Any medications or a list of medications that you are currently taking. It is important to remember any asthma inhalers, angina sprays, blood pressure medication or diabetic medication.
- Please remove any nail polish from your fingernails.

You should not bring valuables or large amounts of money into hospital, as we cannot accept responsibility for them. If you wish to have sedation during the procedure, please make sure someone is able to collect you.

Medication

You may continue to take your usual medication up to the day of your test, but you must stop taking certain tablets. In some instances, your doctor may have asked you to stop medication for your stomach for two weeks prior to your test.

If you are taking any blood thinning medication such as **Warfarin**, **Rivaroxaban** or **Clopidogrel**, or any other blood thinning medication, you should have been informed of what to do. Please take any blood pressure tablets as normal.

If you are diabetic and you have not received an information leaflet, please telephone the department to confirm if you are on tablets, insulin, diet or a combination. The department will then send you a leaflet providing you with guidance.

How long will I spend in the department

This will depend on your procedure and whether you choose to be sedated. If you choose to be sedated, please allow two to four hours. If you choose not to be sedated then your stay may be shorter.

The time on your appointment letter is for your pre-procedure assessment. Occasionally we sometimes have to deal with unexpected emergencies and this can prevent us seeing you as quickly as we would like. We apologise if this happens to you.

We will keep you fully informed and make sure you know the reasons for the delay.

Is there an alternative procedure I could have?

For some conditions it may be possible to perform a barium swallow or a CT examination. The disadvantages to these procedures is that a biopsy cannot be taken or the lining of the stomach cannot be seen. A gastroscopy is the most accurate procedure to have performed to detect serious abnormalities.

What happens during the procedure?

All your belongings will stay with you at all times. You will be taken to the procedure room. The nursing staff will introduce themselves to you. You may need to remove any false teeth just before the test begins.

Throat spray: This is a local anaesthetic spray to numb your throat. It has a slightly bitter banana taste. You may have the feeling of a 'lump' in your throat, but you will still be able to swallow.

This is normal following the throat spray. The sensation of the spray lasts about 15-20 minutes. You will recover quicker using the spray and there will be no delay in you going home.

Sedation: Midazolam is a sedative injection and may make you feel sleepy. It does sometimes have a short- term amnesic effect, which means you may not remember having the procedure. Please do not take any sleeping tablets on the day of your procedure if you have had sedation.

The endoscopist will spray your throat with a local anaesthetic throat spray and you will be asked to lie on your left hand side.

A cannula will be inserted into a vein, (if this has not been done previously) and the sedative injection will be administered through the cannula. You will feel relaxed and may not remember the test, but you will still be awake.

To keep your mouth open during the procedure, a plastic mouth guard will be placed between your teeth. When the endoscopist passes the gastroscope into your food pipe, it may feel uncomfortable, but should not cause you any pain; nor will it interfere with your breathing.

The procedure usually takes about five minutes and the endoscopist will thoroughly examine all areas of your stomach. During the examination air will be passed down the endoscope to gently inflate the stomach to ensure the endoscopist has clear views.

Sometimes it is necessary for some small tissue samples to be taken from your stomach lining. You are unlikely to feel this.

What happens after the procedure?

If you have chosen to have throat spray you will be able to go home straight away. The doctor or nurse will usually speak to you and advise you of the findings of your test and if any samples have been taken.

You will be asked not to have anything to eat or drink until you are able to swallow normally. This is usually after about 30 minutes.

The back of your throat may be sore for the rest of the day. You may feel a little bloated; this is because some of the air may still be in your stomach.

If you have chosen to have throat spray and sedation, you will have to stay in the department to recover. This usually takes about 30 minutes. Male and female patients are nursed in separate areas to maintain privacy and dignity at all times.

Once the nurses in the recovery area are satisfied that you have recovered from the sedation, you will be offered refreshments. The cannula will be removed after you have had a drink.

It is important that you do not:

- Drive any vehicles.
- Operate any machinery or gas or electrical appliances, as your reactions may be slower.
- Drink alcohol.
- Take any sleeping medications.
- Make any important decisions or sign any legal paperwork.

When can I get back to normal activities?

You should be ready to get back to your normal activities after 24 hours.

Getting your results

Before leaving the department, we will speak to you about the results of the procedure. The nurse or doctor will usually speak to you and advise you of the findings of your test and if you require any further procedures or follow up.

You may be given a copy of the procedure report, and a copy will be sent to your GP or referring doctor.

Can there be complications or risks?

As with most medical procedures, there are some risks involved. Your doctor will have felt the benefits of this procedure outweigh the potential risks.

The majority of procedures are straightforward. With any procedure there is a small chance of complications or risks.

Major complications occur in about 3% of patients nationally. This depends upon how fit you are before the procedure.

These can include:

- The sedative can affect your breathing making it slow and shallow. This is more of a risk if you already have a heart or lung problem. If this were to happen you may need to stay in hospital overnight.
- You may suffer from a sore throat or feel some wind in your stomach. These will settle after a few days.
- There is a small risk of damage to crowned teeth or dental bridgework.
- We also want to make you aware that this examination is not perfect and even with a skilled endoscopist some abnormalities may be missed.

Complications are more likely to occur as a result of more complicated procedures that can be done during a gastroscopy – for example, if the oesophagus is narrow and needs to be stretched.

If you are attending for this kind of treatment, the endoscopist will explain the specific risks before you have the procedure.

It is important to inform us if you have any persistent bleeding or pain in the hours or days after your test. Please telephone the department if you experience any problems.

Alternatively contact your GP. If it is out of hours, contact the out-of-hours GP service or Accident & Emergency.

Students

Occasionally there may be students observing procedures in the department or the doctor may be a trainee under the supervision of an experienced endoscopist.

In either case, you will be told of any student involvement beforehand.

You do not have to let students be part of your care; please tell us if you do not want them involved.

Frequently asked Questions and Answers

1. Will the procedure hurt?

You may feel some discomfort from the air that is pumped into your stomach which enables the endoscopist to view the lining adequately.

2. Will I get my results on the day?

When your procedure is completed and you have recovered, the findings will be discussed with you. We will be able to tell you any visual findings, however, any biopsies will need to be sent to the laboratory for testing, and this can take up to two weeks. You may be given a copy of the procedure report but a copy will also be sent to your GP or referring doctor.

3. Can my relatives / friends stay with me?

Your relative or friends can stay with you until you go for the procedure or into the recovery ward. They will be shown where to wait for you on the department or they can go and get a drink in one of our coffee shops.

4. Can I drive home after the procedure if I choose to have sedation?

If you have sedation you will not be allowed to drive home and must arrange for someone to accompany you and drive you home.

Medication given during the test will prohibit you from driving until 24 hours after your examination. Please do not plan to use public transport.

Contact details

If you are unable to keep your appointment or if you have any questions please ask a member of staff on the day or telephone the department:

Doncaster Royal Infirmary, Tel: 01302 644167

Bassetlaw Hospital, Tel: 01909 572017

Patient Advice and Liaison Service

The team are available to help with any concerns/complaints you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

The contact details are:

Telephone: 01302 642764 or 0800 028 8059

Email: dbth.pals.dbh@nhs.net