

Patient advice sheet

Having a Gastroscopy – pre-procedure information

You have been advised by your GP or hospital doctor to have an investigation known as a gastroscopy.

Appointment

Please phone the endoscopy department at the earliest opportunity on **01296 315175** if the date or time is not convenient to you so that we can reschedule your appointment.

Consent

All procedures undertaken in hospital require your consent. This is a legal requirement.

Please read this information sheet carefully as it provides all the information you need to make an informed choice paying particular reference to the risks associated with your procedure.

During the admission procedure, one of the endoscopy specialist nurses will explain your procedure and go through the risks associated with it, giving you the opportunity to ask questions and have them answered. Once you are completely happy with the information given, you will be asked to sign a consent form. Please note you have the right to withdraw your consent at any time.

Some procedures require tissue samples to be taken for microscopic examination. Rather than destroying the samples after this examination we ask your permission to use these tissue samples for teaching and research purposes. All specimens are treated anonymously.

Your signed consent form is held in our hospital notes. Should you wish to have a copy we can organise a photocopy for your personal records.

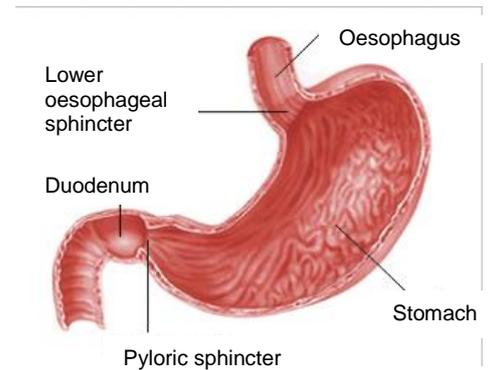
If you do not speak English, an independent translator must be available to ensure you properly understand the test. This should not be a member of your family or a friend. The procedure will be cancelled if a proper consent cannot be taken.

This information sheet enables you to make an informed decision before agreeing to the procedure.

What is a Gastroscopy?

This is a special examination of your oesophagus (gullet), stomach and duodenum (small bowel).

The instrument used in this investigation is called a gastroscop. It is flexible and has a diameter less than that of a little finger. Each gastroscop has an illumination channel which enables light to be directed onto the lining of your stomach and relays pictures back to the endoscopist onto a television screen. During the procedure, the endoscopist may take a small tissue sample to be analysed under a microscope. This is called a biopsy.



Why do I need to have a Gastroscopy?

You have been advised to undergo this investigation to try and find the cause for your symptoms, help with treatment and if necessary, to decide on further investigation.

There are many reasons for this investigation including: indigestion; anaemia; weight loss; vomiting; passing black motions, vomiting blood or difficulty swallowing.

What does the procedure involve?

It will not be necessary for you to undress for the gastroscopy. In the endoscopy room you will be made comfortable on a couch and asked to lie on your left side.

A nurse will stay with you throughout the test.

A plastic mouthpiece will be placed gently between your teeth or gums, to keep your mouth open. The endoscopist passes the endoscope through the mouthpiece and then the scope will be passed into your stomach. It should not cause any pain, nor will it interfere with your breathing at any time. During the test some air will be passed down the endoscope to distend the stomach. This is done to give the endoscopist a clear view and may cause some temporary discomfort. When the examination is finished, the endoscope is removed quickly and easily and the air is sucked out.

For your comfort, you will be given the choice of whether you wish to have the gastroscopy performed with throat spray and sedation or just throat spray.

Sedation is given through an intravenous cannula (a small plastic tube put into your vein). It is a sedative, not an anaesthetic, so will not make you sleep through the test but will make most people feel drowsy and relaxed.

Throat spray will numb the back of the throat and help to make it less sensitive.

What are the benefits of gastroscopy?

Viewing the lining of the gullet, stomach and duodenum directly is an excellent way to get a diagnosis of your symptoms or to reassure you that all is well.

Are there any risks involved?

A gastroscopy is a skilled procedure and is performed by a highly trained endoscopist who takes every care to reduce any risks. However, as it is an invasive procedure, by its nature it carries a small risk of complications. Although these complications arise very rarely we need to make you aware of them.

Risks associated with the procedure:

- **Perforation** of the stomach (a tear in the lining) is an extremely rare, but serious, complication that will mean staying in hospital. The incidence of this occurring is approximately 1 in every 2,000 procedures. The risk is greater if you are having a dilatation (stretch) procedure performed.
- **Bleeding** which is significant in volume (equal to more than a cupful) is a rare complication that usually requires admission to hospital. However a small amount of bleeding noticed in vomit is not unusual and should not cause alarm, especially following biopsy. It may occur up to several days after the procedure.
- **Mechanical damage to teeth or bridgework** - You will be asked to remove any dentures and a mouth guard will be inserted prior to the procedure which will protect your teeth in addition to reduce the risk of you biting the scope.

Risks associated with having sedation:

Sedation in a small number of patients may cause problems with slower breathing, low blood pressure and a slow heart rate. Careful monitoring of these vital signs during the procedure by your nurse will detect any changes early and these can be treated rapidly.

Is there an alternative?

An X-ray, such as barium meal, may show the cause of your symptoms. However, biopsies cannot be taken.

Other tests may be necessary to confirm a diagnosis. If you are unsure about this examination, please seek more information from the doctor who referred you.

General information

Although the test itself only takes around 15 minutes, there is an admission and discharge process and often a waiting period, as it is not possible to predict accurately how long each of the different procedures carried out in the endoscopy unit will take. You should be prepared to be in the unit for between 2-4 hours. The units close at 6pm.

Please note: appointment times are not exact. The unit has to respond to unexpected emergencies and therefore occasional delays are inevitable.

The results will be discussed with you before you leave.

Please stop taking **proton pump inhibitors (PPIs)** two weeks before your gastroscopy unless this is a follow up procedure to check on healing of an ulcer, an area of inflammation or Barretts oesophagus. PPIs include lansoprazole (Zoton), omeprazole (Losec), esomeprazole (Nexium), pantoprazole (Protium), and rabeprazole (Pariet).

If you are **asthmatic**, please bring your inhalers with you and let the nurse know.

If you have **diabetes**, please inform the clerk when booking your appointment and bring your diabetes tablets or insulin with you on the day. If you need advice about controlling your blood sugars before and after the procedure, please contact your Diabetes Nurse Specialist or GP.

If you have sleep apnoea, please inform the nurse as you may not be able to have sedation for the test.

If you are taking **Warfarin**, (or any other blood thinning tablets eg. Rivoroxaban, Dagibatran, Apixiban) or **Clopidogrel** (or other “antiplatelet” drugs), please inform the endoscopy booking clerk or pre admissions nurse when making your appointment.

Aspirin should be continued

Please bring a list of your medication with you.

Please do not bring any items of value / or jewellery.

Preparation

If your appointment is in the morning

- **Do not have anything to eat or drink from midnight of the night before the examination**, otherwise food or liquids will obscure the view of the endoscope and the examination will not be possible.
- You may, if you wish, have a small glass of water no later than 2 hours before your appointment time.
- If you take regular medication, please bring it with you and you will be able to take it after your procedure.

If your appointment is in the afternoon

- Have a **light breakfast** before 8am, toast and tea recommended (**do not eat porridge or eggs**).
- Your last drink should be around 2 hours prior to your appointment. Please avoid milk drinks.
- If you take regular medication in the morning, please take it as usual.

On arrival at the unit

The receptionist will book you in and a member of the endoscopy nursing team will collect you from the reception area. If you have not already been seen for a pre-assessment discussion, you will be taken to a private room where a brief medical history will be taken. The nurse will also explain the risks involved in the procedure and you will have the opportunity to ask questions - if you have not already signed your consent form this can be done at this point.

Family friends and relatives

Following the pre-assessment, persons accompanying you will be asked to return back to the reception area until after your procedure. Refreshment facilities are available:

- **Stoke Mandeville Hospital:** A restaurant is available within the main entrance (entrance 3), there is also a Costa Coffee inside the A&E entrance (entrance 4) adjacent to outpatients.
- **Wycombe Hospital:** Within reception at main entrance (ground floor of the main tower block).

After the examination

Your throat may feel slightly sore. After resting, you will be given a drink and some biscuits. You may feel a little bloated due to air blown in through the tube. This will quickly pass. The discharge nurse will explain your results before you go home and if you wish, with your family member. You will also be given an aftercare leaflet.

If you have had a sedative injection, your mental ability to think clearly and make decisions may be affected for up to 24 hours after the procedure even though you feel wide-awake. For

this reason, you must have someone who can collect you from the Unit, take you home and look after you for the rest of the day. However, you may resume eating as normal.

If you have had sedation, for 24 hours after your procedure you must not:

- Drive
- Operate potentially dangerous machinery
- Sign any legal documents
- Drink any alcohol.

In addition, for **8 hours** after sedation, you **should not**:

- Use potentially dangerous appliances such as a cooker or kettle
- Have a bath unsupervised
- Look after dependants on your own
- Go to work
- Take sleeping tablets or recreational drugs

Useful Links:

Buckinghamshire Healthcare NHS Trust Website www.buckshealthcare.nhs.uk/gastro
Guts UK Charity for patient information <https://gutscharity.org.uk/>

If you would like a copy of this information sheet on audiotape, in large print or translated, please call 01296 315175 (SMH) or 01494 425288 (WH)

Legal Notice

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

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