

Diagnostic Upper Gastrointestinal Endoscopy

Endoscopy Department



Patient information leaflet

This leaflet explains more about having a gastroscopy, including the benefits, risks and any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What is a gastroscopy?

A gastroscopy is an examination that allows us to look directly at the upper part of the gastrointestinal tract: the oesophagus (tube that food passes down to reach the stomach); the stomach and around the first bend of the small intestine (duodenum).

In order to do this, a thin flexible tube called a gastroscope or endoscope, which has a light at one end, is used. It is passed through the mouth, down the oesophagus and into the stomach by a specially trained doctor or nurse, called an endoscopist. The tube is thinner than your little finger. It will not get in the way of your breathing at any time, as it passes down your oesophagus and not your windpipe. Sometimes biopsies (small tissue samples) are taken and sent for analysis. The biopsies taken are about the size of a match head and will not cause you any pain.

Why should I have a gastroscopy?

Your doctor/specialist nurse has recommended that you have a gastroscopy to find out the cause of your symptoms, such as:

- Pain in the upper abdomen (tummy)
- Difficulty swallowing
- Recurring indigestion
- Vomiting
- Bleeding
- Recurring heartburn.
- Monitoring of a longer term condition.
- It can also be used to check a previously diagnosed gastrointestinal condition.

A gastroscopy can help to diagnose:

- Ulcers
- Inflammation
- Infection
- The presence of helicobacter pylori (bacteria that can cause ulcers, gastritis and gastric cancer)
- Coeliac disease (inability to digest gluten)
- Cancer.

What are the risks?

A gastroscopy is a safe test – serious complications are uncommon. Occasionally the gastroscope can damage the lining of the oesophagus, stomach or intestine. This can cause:

- Bleeding
- Infection
- Rarely, a tear in the oesophagus or stomach.

If this happens to you, you may need to have a blood transfusion, come into hospital or have surgery to treat the problem. Your doctor or specialist nurse will discuss the possible complications with you before you sign the consent form.

Are there any alternatives?

An alternative is to have a barium swallow. This involves having an X-ray after drinking some barium liquid. As X-rays can't go through barium, the outline of your stomach shows up on the X-ray picture. However, you may still need a gastroscopy if any abnormalities are found. A barium test involves radiation and is less accurate than an endoscopy. However, samples or biopsies of the gut or polyps cannot be removed during a barium test, so you may still need a gastroscopy.

How can I prepare for a gastroscopy?

To make sure the endoscopist performing the gastroscopy has a clear view, your stomach must be completely empty. Therefore, you must not eat or drink anything for at least six hours before the test, except clear fluids up to two hours prior to your procedure. Please withhold Aspirin on the day of procedure. Please contact the endoscopy unit on **01483 406606 / 406607** if you take any of the following medications for advice, as you may need to stop taking them before your procedure:

- Aspirin – see above
- Warfarin
- Vorapaxar
- Clopidogrel / Prasugrel / Ticagrelor
- Rivaroxiban / Apixaban / Dabigatran/ Edoxaban
- Fragmin
- Insulin
- Diabetes tablets – e.g. Metformin, Gliclize etc.

On the day of the test

When you arrive in the unit the receptionist will ask you to sit in the waiting area until you are seen by a nurse, who will ask you about your medical history. Please tell the nurse if you have had any reactions or allergies to other examinations in the past. If you would like to have sedation, the nurse will insert a small needle in the back of your hand.

You do not need to get changed for the procedure but we may ask you to put a gown on over your clothes to protect them.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what

it involves. You should receive the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask a member of staff caring for you for a copy.

What happens during a gastroscopy?

A local anaesthetic spray will be used to numb the back of the throat. You will be asked to lie on your left side, and a plastic mouth guard will be placed gently between your teeth. A nurse will stay with you throughout the examination.

Sedation?

If you choose to receive sedation, this will be administered through a small needle placed in the back of your hand. Rarely, using sedation can cause breathing complications. To minimise this risk, your pulse and oxygen levels will be monitored at all times throughout the procedure. You must have someone to collect and accompany you going home and stay with you for 24 hours. Failure to comply will result in cancellation of your procedure. Please contact the Endoscopy Unit if you have any problems.

No sedation?

You will need minimal recovery time and there is no restrictions regarding driving or requiring someone to stay with you for 24 hours.

The gastroscope will be gently inserted into your mouth and passed down into the stomach. If you have excess saliva in your mouth, the nurse will clear this using a sucker. The endoscopist will pass some air down the gastroscope to get a clearer view. This may make you feel slightly bloated but will not be painful. Sometimes a biopsy (a sample of tissue) will be taken for analysis in the laboratory. The tissue is removed through the gastroscope using tiny forceps. Very rarely this is uncomfortable, but the discomfort should pass quickly. The test usually lasts between five and fifteen minutes. When the examination is finished, the gastroscope will be removed quickly and painlessly.

What happens after a gastroscopy?

After the procedure you will be taken to the recovery area. If you have had sedation, you will need to rest quietly until the sedative has worn off. The nurse will check your blood pressure and pulse and offer you some tea and biscuits.

If you have not had sedation you will be taken to the discharge area where you will be given a copy of the test results and you will be able to leave the hospital straight afterwards.

If you have sedation, you must have someone to escort you home and stay with you for 24 hours. He/she should come with you for the appointment or be contactable by phone when you are ready to leave. If you do not have an escort or have not arranged for someone to collect you, then your procedure will be cancelled. If you are unable to arrange someone to collect you, please contact us to discuss alternative arrangements.

When will I get the results?

You will be given the results of your procedure before you leave the hospital. If you have had a sedative, it is a good idea to have someone with you when the results are being discussed, as you may not remember all of the details afterwards, due to the sedative. If you have had biopsies taken the results may take up to two weeks to become available.

Will I have a follow-up appointment?

If you have a follow-up appointment, this will be posted out to you for the next available clinic or if it is urgent, you will be given your appointment on the same day.

What do I need to do after I go home?

The sedation lasts longer than you may think and therefore you must not:

- drive or ride a bicycle
- operate machinery or do anything requiring skill or judgement
- drink alcohol
- take sleeping tablets
- go to the work
- make any important decisions, sign contracts or legal documents.

You should rest at home following your procedure and should be able to carry out your normal activities 24 hours after the test.

You should consult your GP, phone 111, phone the Royal Surrey County Hospital NHS Foundation Trust A&E department on **(01483) 571122** ext. **4293** or go straight to your nearest A&E department if you develop post procedure complications.

Reference sources

- JAG (Joint Advisory Group on GI Endoscopy)
- <https://www.nhs.uk/conditions/gastroscopy/>

Contact details

If you require further information or advice, please feel free to contact us.

Endoscopy Unit

Telephone: 01483 571122 **ext** 4409 (8am–6pm, Monday to Friday)

During out of hours, advice can be obtained from your local accident and emergency department or GP.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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