

Gastroscopy

Endoscopy Unit
New Cross Hospital and Cannock Chase Hospital

Introduction

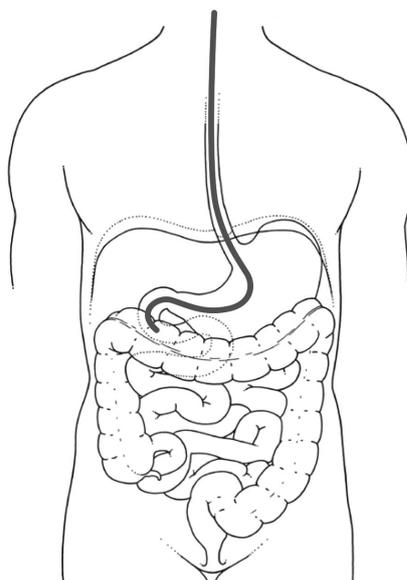
Your doctor has advised that you should have a test called a gastroscopy.

This procedure may be undertaken at New Cross Hospital, Wolverhampton or Cannock Chase Hospital, Cannock. Your appointment may not be at the site closest to where you live, but it will be the next available appointment based on how urgently your investigation needs to be done.

This leaflet tells you why you need the investigation, how to prepare for it and what to expect on the day and immediately afterwards. If you have any concerns or queries when you have read the information, please contact us using the telephone number you will find towards the end of the leaflet.

What is a gastroscopy?

A gastroscopy allows the doctor or nurse to look into your gullet (oesophagus), stomach and the first part of the small bowel (duodenum).



The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

The gastroscop is a long flexible tube (thinner than a finger) with a bright light at the end. It is passed through your mouth, down your oesophagus, into your stomach and duodenum.

During the test the doctor or nurse may need to obtain tiny pieces of tissue (biopsies) to help find the cause of your symptoms. The tissue will be sent to the laboratories for analysis. The tissue is removed painlessly through the gastroscop using a tiny grasper (forceps).

Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits, and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

You will be asked to sign a consent form to give permission to have the test done. The consent form may be completed in clinic, or it may be sent to you with the appointment details. Please read all the information on the consent form. You will be asked to consent to having the procedure. We also need your permission to retain and store in the laboratory any tissue samples removed at the time of endoscopy.

The risks, benefits and alternatives to the procedure will be explained before your written consent is obtained. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

If you have no questions, it is important that you sign the consent form at least one day before the test, otherwise this will be done prior to the test after you have spoken to a nurse or doctor.

Please bring the consent form with you to your appointment.

What are the benefits of the procedure?

The benefits of a gastroscopy include:

- To diagnose and treat a possible cause of your problems
- To review the findings of any previous endoscopy
- For screening or surveillance.

What are the risks of having a gastroscopy?

The majority of gastroscopies are safe and uncomplicated. However, as with any procedure there is a small chance of side effects or complications. You may suffer from:

- A sore throat
- Feel some wind in your stomach. This will settle in a few days

National studies have shown that serious complications are very rare. They include:

- Drug reaction
- Bleeding: occurs in less than 1 in 5000 cases
- Perforation: (a hole or tear in the gullet or stomach) occurs in approximately 1 in 5000 cases
- Missed lesions: Although this test has been recommended as the best test to detect any abnormalities, no test is perfect. There is a small risk that we may miss lesions including polyps and rarely cancers

Severe complications are rare, but may require emergency admission, repeat endoscopic procedure, surgery, blood transfusion or, in extremely rare circumstances, result in death.

Are there any alternatives to a gastroscopy?

In certain circumstances, your doctor may suggest that a barium swallow or barium meal X-ray could be done. This involves drinking a fluid which shows up on X-ray. A barium test does not allow the doctor to take a specimen of tissue for investigation, so a gastroscopy is performed when this is necessary. If there are any abnormalities, it is usual to have a gastroscopy so that biopsies can be taken.

What if I do not have a gastroscopy?

A gastroscopy has been recommended because you have symptoms, or have had other investigations, which suggest disease of the gullet, stomach or small bowel. If you do not have the gastroscopy then important disease may be missed. Alternative investigations can be performed, but a gastroscopy may still need to be done to confirm the diagnosis.

What should I expect before the procedure?

Your stomach must be empty during the gastroscopy. Please do not have anything to eat for six hours before your appointment. Avoid milk products; any drinks that you have should be without milk.

You can drink water up to two hours before your appointment.

What will happen on the day of the procedure?

When you arrive at the endoscopy unit please report to reception and you will then be asked to take a seat in the waiting area.

A nurse will invite you into an office to ask you questions about your health, explain about the gastroscopy and find out what arrangements you have made for going home. You will have the chance to ask any questions that you may have. You will also have the opportunity to confirm the details on your consent form with the nurse or your endoscopist.

Please bear in mind that there may be a slight delay before you are taken through for your procedure, however a relative or friend is more than welcome to wait with you.

If you take anticoagulant tablets (such as Warfarin, Rivaroxaban, Dabigatran Apixaban or Edoxaban), or antiplatelet drugs (such as Clopidogrel, Prasugrel or Ticagrelor), or if you are a diabetic, please telephone 01902 694191 (New Cross) or 01543 576736 (Cannock) and speak to a nurse, as we may need to alter your medication

You can take all other medications as normal.

Antihypertensive medications (for blood pressure) **should** be taken as normal as there is a risk that your procedure could be cancelled if your blood pressure is too high.

What happens in the examination room?

Before the gastroscopy is done you will be asked to remove your glasses, (contact lenses can stay in) and to remove any false teeth (a denture pot is provided). Outer clothing including coats and jumpers will need to be taken off. The gastroscopy is performed after you have chosen whether to have a local anaesthetic spray to your throat and/or a sedative injection.

What are the options for pain relief and sedation?

Local anaesthetic spray

This is sprayed to the back of the mouth and you will be asked to swallow. After a few seconds it will start to make your throat feel numb.

Having the spray makes it more comfortable when the gastroscope is passed down your throat. After the gastroscopy you will have to wait one hour before you can eat or drink. You may be able to go home sooner than this, the nurse will advise you.

Sedation

This is an injection given into a vein in your hand or arm to make you feel drowsy and relaxed. Some people do not have any memory of the gastroscopy being done. After the gastroscopy you will be kept in the recovery area lying on a trolley until you are fully awake. You will be offered a drink and something to eat before you go home.

It is very important that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. It is strongly recommended that you do not drink any alcohol, drive any vehicle, operate any machinery, sign any legal documents, or return to work for 24 hours. This is because the effects of the sedation last this long.

Sometimes sedation may not be advisable because of other health problems.

What will happen during the procedure?

A nurse will stay with you throughout the gastroscopy. You will be made comfortable lying on your left side on a trolley. A mouth guard will be placed between your teeth (or gums); this keeps your mouth slightly open and prevents you from biting the gastroscope. The nurse will hold this in place. You will be given some oxygen to breathe through a small plastic tube in your nostrils. Throughout the gastroscopy a monitor is placed on your finger to check your pulse and oxygen levels.

The doctor or nurse will pass the gastroscope over your tongue to the back of your throat and will ask you to swallow. The gastroscope will then pass into your gullet, stomach and duodenum. The gastroscopy only takes a few minutes.

You may feel the gastroscope move inside you and you may feel full of air and bloated. This is because air is blown into your stomach to ensure good views are seen.

During the gastroscopy the nurse, using a sucker similar to that used at the dentist's, will remove any saliva collecting in your mouth. Tissue samples (biopsies) may be taken painlessly during the gastroscopy.

As soon as the gastroscope is removed, the mouth guard is taken out of your mouth and the test is finished.

What will happen after the gastroscopy?

If you have had local anaesthetic throat spray, you will have to wait one hour before you can eat and drink. You may be able to go home sooner than this; the nurse will advise you and give you some written information to take home.

If you have had sedation you will be cared for in the recovery area on the trolley until you are fully awake and it is safe for you to go home. This may be between one and two hours. You will have some written instructions to take home and you will need to have an adult to accompany you.

When will I receive the results?

The doctor or nurse will usually give you the results before you go home. If you have had sedation, you may not remember all that has been said to you, however, the test results can be given to you by your general practitioner or at clinic. The nurse will advise you how to obtain your results.

What if I am pregnant?

If you are pregnant or think that there is a possibility you could be pregnant, please contact the endoscopy unit on the telephone number at the end of this booklet.

We will need to discuss your individual circumstances as it may be necessary to cancel or delay your appointment.

Training

The Royal Wolverhampton NHS Trust endoscopy unit is a regional centre for endoscopy training. You may be asked if you would be willing to be examined by a trainee consultant or trainee nurse endoscopist.

All trainees are under the direct supervision of an expert consultant trainer until they are fully competent; the consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Clinical photography

Clinical photography is the visual recording of clinical conditions for use in your patient record. They are used by healthcare professionals to monitor your clinical condition and are often used in the treatment planning process along with other tests such as X-rays, scans and blood tests.

With your permission, clinical photographs can also be used to teach doctors, nurses and other medical professionals, as well as for research, audit and quality assurance purposes.

If you require any further information, please contact us on these numbers:

Endoscopy Booking Office:

Tel: 01902 694052

Monday to Friday 08:30 until 16:30

Useful external agencies:

Guts UK

The Charity for the Digestive System
3 St Andrews Place

London

NW1 4LB

Tel: 020 7486 0341

Email: info@gutscharity.org.uk

<https://gutscharity.org.uk/>

PALS

(Patient Advisory & Liaison Services)

Patient Information Centre

New Cross Hospital

Wolverhampton, WV10 0QP

Tel: 01902 695362

email: rwh-tr.pals@nhs.net

www.pals.nhs.uk

Open: Monday to Friday - 09:00 until 17:00

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。