

Gastroscopy and Endoscopic Mucosal Resection

Gastroenterology – Endoscopy

Introduction

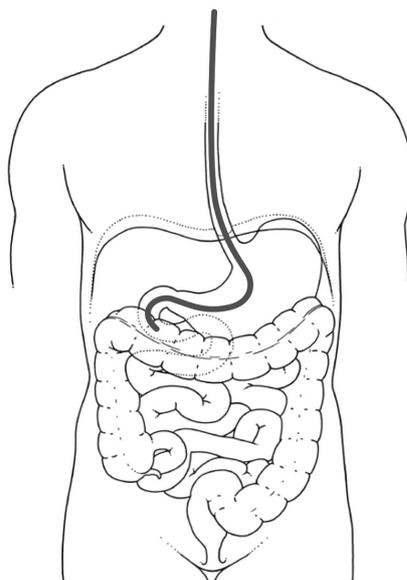
Your doctor has advised that you should have a Gastroscopy and Endoscopic Mucosal Resection.

This leaflet tells you why you need the procedure, how to prepare for it and what to expect on the day and immediately after. If you have any remaining concerns or queries once you have read the information, then please contact us on one of the telephone numbers found towards the end of this leaflet.

What is a Gastroscopy?

A Gastroscopy allows the Endoscopist to look into your gullet (oesophagus), stomach and the first part of the small bowel (duodenum).

The gastroscope 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.



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.

What is an Endoscopic Mucosal Resection?

An Endoscopic Mucosal Resection is a technique for removing polyps or areas of abnormal tissue within the oesophagus (gullet), stomach or small bowel in a way which reduces the risk of complications. There are two ways this may be undertaken:

- **Technique 1:** liquid is injected beneath the abnormal area, which is then sucked into a special plastic cap attached to the endoscope
- **Technique 2:** Another technique involves suction of the abnormal area into a plastic cap followed by placement of a strong rubber band around it. Some cases are performed without a cap attached to the endoscope. In all cases the abnormal area is removed by placing a small wire loop around it and applying a small electrical charge (diathermy). Specimens are sent to the laboratories for analysis

Consent

You will be required to sign a consent form to give permission to have the test done. The consent form may be completed in clinic, or be sent to you with the appointment details. Please read all the information on the consent form.

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 consent to having the procedure, but we also need your permission to retain and store in the laboratory any tissue samples removed at the time of endoscopy.

If you have no questions, it is important that you sign the consent form at home 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?

Removing polyps or abnormal tissue reduces the risk of developing cancer.

What are the risks of having a Gastroscopy and Endoscopic Mucosal Resection?

Following Gastroscopy you may suffer from a sore throat or feel some wind in your stomach. This will settle in a few days. Large studies have shown that serious complications of Gastroscopy and Endoscopic Mucosal Resection are infrequent. They include:

- Reactions to drugs
- Bleeding
- Perforation of the oesophagus, stomach or small bowel
- Missed lesions (unable to see an abnormality)

Bleeding:

Bleeding occurs in less than 5 in 100 cases.

Perforation:

Perforation may occur in less than 1 in 100 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 and Endoscopic Mucosal Resection?

An abnormal area of tissue or polyp will have been identified at a previous Gastroscopy. This may require repeated Gastrosopies with biopsies (tissue samples) to obtain a definite diagnosis, whereas this may be obtained on one occasion with Endoscopic Mucosal Resection. This technique might remove the need for a surgical operation in some cases.

What should I expect?

Preparation for the Gastroscopy and Endoscopic Mucosal Resection

Your stomach must be empty during the Gastroscopy. Please do not have anything to eat for 6 hours before your appointment. You can drink water until 2 hours before your appointment.

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 the Beynon Centre on 01902 694191 and speak to a nurse, as we may need to alter your medication.

You can take all other medication as normal with a sip of water.

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 including pain relief and sedation medicines you will be offered if appropriate. The nurse will also find out what arrangements you have made for going home. You will have the chance to ask about anything you are unsure of. You will also have the opportunity to confirm the details on your consent form with a nurse or your Endoscopist.

Please bear in mind 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.

In the examination room

Before the Gastroscopy is done you will be asked to remove glasses, (contact lenses can stay in) and to remove any false teeth (a denture pot can be provided). Outer clothing, for example coats and jumpers, will need to be taken off. The Gastroscopy is usually performed with a local anaesthetic spray to your throat and a sedative injection to minimise discomfort.

Local anaesthetic spray

This is sprayed to the back of your mouth and you are 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 through your throat. After the Gastroscopy you will have to wait 1 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.

The Gastroscopy and Endoscopic Mucosal Resection

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 nostril. Throughout the Gastroscopy a monitor is placed on your finger to check your pulse and oxygen levels.

The Endoscopist will pass the gastroscopie over your tongue to the back of your throat and will ask you to swallow. The gastroscopie will then pass into your gullet, stomach and duodenum.

You may feel the gastroscopie 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 the dentist, will remove any saliva collecting in your mouth. Tissue samples (biopsies) may be taken painlessly during the Gastroscopy.

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

After the Gastroscopy and Endoscopic Mucosal Resection

After sedation and local anaesthetic throat spray, you will have to wait 1 hour before you can be offered something to eat and drink. Please tell us of any specific dietary requirements at least 24 hours prior to your procedure.

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 1 and 2 hours.

You will have some written instructions to take 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, do not drive any vehicle, do not 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.

When will I receive the results?

The Endoscopist 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.

Information for Women of Childbearing Age

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 is a Regional Centre for Endoscopy Training. You may be asked prior to your procedure if you would consent to be examined by a Trainee Consultant 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 health care professionals to help 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, etc.

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

Contact Details

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

Endoscopy Booking Office:

01902 694052

8:30am to 4:30pm

Monday to Friday

Or visit the website:

<https://www.royalwolverhampton.nhs.uk/services/service-directory-a-z/gastroenterology/>

Useful External Agencies:

Guts UK - The Charity for the Digestive System

3 St Andrews Place

Regents Park

London, NW1 4LB

Telephone: 020 7486 0341

Fax: 020 7224 2012

Email: info@gutscharity.org.uk

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

PALS

(Patient Advisory & Liaison Services)

Patient Information Centre

New Cross Hospital

Wolverhampton, WV10 0QP

Telephone: 01902 695362

email: rwh-tr.pals@nhs.net

www.pals.nhs.uk

Open: Monday to Friday, 9:00am until 5:00pm

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。