

Having a Gastroscopy



Endoscopy Patient Information

Please carefully read this leaflet immediately so you are fully informed about the proposed procedure and have time to contact us in advance with any queries.

It is important that you do not have anything to eat or drink for **6 hours** before your appointment including water, other than sips of water to swallow essential prescribed medication.

PATIENT NAME	
APPOINTMENT DATE	
ARRIVAL TIME	
DEPARTMENT	B57 – zone B, second floor

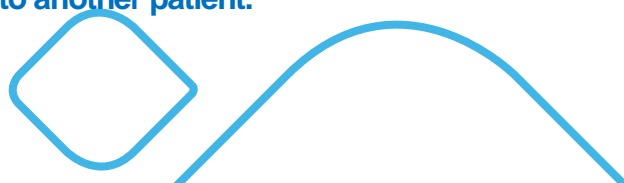
Please be aware that your arrival time does not reflect your procedure time. Every effort is made to see you promptly. Our sessions run from 09.00 - 13.00 and 13.30 - 17.30; please be prepared to be in the department for 2 - 3 hours.

This booklet has been designed by our endoscopy team, with input from former patients. If you have any questions about the information or instructions in this booklet, please do not hesitate to call the department on the numbers provided below.

To cancel or change an appointment: 01225 821412 (administrative staff)

To discuss your appointment or ask questions about the preparation and medications call: 01225 821425 or 01225 821788 (nursing staff)

If you cannot accept the appointment date, it is important that you telephone without delay so that your date may be offered to another patient.



Your Health

Please complete the following health questionnaire before you arrive for your appointment and bring this booklet with you. We will need it for the admission process.

Do you have any of the following problems, if so please give details?

Heart problems or cardiac devices e.g. pacemaker or automated defibrillator
Breathing problems
Diabetes
Liver problems
High Blood pressure
Seizures
Stroke
Arthritis
Other
Do you have any allergies ?
Have you ever been told that you are at risk of CJD or vCJD for public health purposes? If yes, please call to speak to the nursing staff on 01225 821425 or 01225 821788 .
Please list all medications you are currently taking and the doses:
Who is collecting you after your procedure?
Who is at home with you for 24 hours after the test?
Please give a contact telephone number:

Blood thinning medications

Do you take anticoagulant medications to thin your blood such as **Warfarin, Phenindione, Acenocoumarol, Dabigatran, Rivaroxaban, Apixaban or Edoxaban**?

If so, please write which medication and why you take it (if known) below:

If you have monitoring e.g. for warfarin, can you tell us about your most recent INR?

Date: INR result: If known, what is your target INR?

Do you take anti-platelet medications such as **Clopidogrel, Prasugrel, Cangrelor, Dipyridamole or Ticagrelor**?

Please give details:

Please phone 01225 821425 or 01225 821788 if you are diabetic or take any of the blood thinning medications listed above.

Aspirin and Dipyridamole treatment can continue unaffected, when having endoscopic procedures.

If you are allergic to Lidocaine (Lignocaine), Xylocaine please telephone the department on 01225 821425 or 01225 821788 as this may affect your suitability for the procedure, a trained nurse can advise you further with this or other queries.

Should I take my medications as normal?

If you take essential prescribed medication, you should take these with a little water prior to your gastroscopy. Specific information is available for those with diabetes about adjustments to their medications, please phone to request this information or use this QR code.



What is a Gastroscopy?

A gastroscopy or upper gastrointestinal (GI) Endoscopy is an investigation, which allows the endoscopist to look directly at the gullet (oesophagus), the stomach and around the first bend of the small intestine (duodenum). A slim flexible tube with a bright light at the end (called an endoscope) is passed from your mouth into your oesophagus (gullet), your stomach and part of the duodenum (small bowel). The width of the flexible camera is around 12mm. The camera sends images back to a monitor where they are viewed by the endoscopist (doctor or specialist nurse performing the test) throughout the procedure.

In some cases (and often routinely) it may be necessary to take biopsies (small samples of tissue), using tiny forceps. The samples are sent to the laboratory for analysis using a microscope. Taking

biopsies is painless and safe. It is routine for pictures taken during the test to be stored as part of your health record.

It is important to note that the flexible tube passes down your gullet avoiding your trachea (breathing pipe). You can breathe normally throughout the whole procedure.

Why has my referrer chosen a Gastroscopy?

A gastroscopy allows an assessment of the upper intestinal tract to explore your symptoms, make a diagnosis and guide treatment. This test may not be suitable for you if you have restricted mouth opening. Please call our administrative team on 01225 821412 if this is the case, and we will rearrange your appointment for a trans-nasal endoscopy (through your nose).

Are there any risks to the test?

For most people the test is simple and very safe. The endoscopy team will do everything they can to keep you as comfortable and safe as possible. However, a gastroscopy is an invasive procedure and complications can occur.

The risks and side effects to be aware of, and consider before your procedure are:

- Aspiration e.g. infection of the lungs from inhaling gut contents
- Missed pathology (1 in 100), non-diagnostic biopsies or an incomplete procedure
- Risks associated with sedation e.g. slowing of breathing, lowering of blood pressure, allergic reaction
- Discomfort, damage to teeth / dental work

Rare serious complications include:

- A small hole can be produced in the wall of the gullet, stomach or duodenum. This is called a perforation and the risk of this is about 1 in every 3000 patients. If this were to happen, you would need to be admitted to hospital and it might require an operation to treat it.
- There is a small risk of bleeding from the gastrointestinal tract. This happens in about 1 in every 3000 patients. Bleeding usually settles spontaneously. You may require a blood transfusion and, in very rare circumstances, an operation.
- Death associated with an upper gastrointestinal endoscopy is incredibly rare with a risk of approximately 1 in 25,000 patients.
- There is a small risk of an allergic reaction to the local anaesthetic (numbing) spray administered prior to the procedure. Less commonly, there may be an allergic reaction to the endoscopy equipment or other chemicals and substances used within the endoscopy unit.

Is the procedure painful?

The procedure should not be painful. However, you may experience discomfort as the tube touches the back of your throat. Your stomach may feel slightly distended at times during the examination, but you should not feel unduly uncomfortable. We want you to be as comfortable as possible, so we use various methods to ensure this is the case. A nurse will talk you through the options and help you to reach a decision that you feel comfortable with.





Throat spray

Local anaesthetic spray can be given to numb the back of the throat and mouth, making it easier to pass the endoscope. Many people tolerate gastroscopy effectively with throat spray alone. The main advantage is a quick recovery time, and the ability to drive home immediately.

Sedation (with or without throat spray)

A small needle can be placed in the back of your hand and medication can be injected through it. These medications might make you drowsy but you will not be asleep. You may not remember the procedure, but it is not a general anaesthetic; you will not be unconscious, you will be awake and aware, just 'less bothered' by what is going on. After sedation for a gastroscopy, you will be cared for in our recovery area. Following sedation your thinking processes and movements will be slower than usual. There will be restrictions placed upon you for 24 hours afterwards, and you will need a responsible adult to take you home, and be present for 24 hours after sedation.

Entonox (in combination with throat spray)

After you have been administered throat spray, and are in position for your procedure, Entonox can be inhaled using a special mouthpiece. This helps you relax, and lasts for thirty to sixty seconds facilitating easy passage of the endoscope into your gullet. Throughout the procedure the nurse will talk to you and monitor you. It is likely the Entonox will wear off during your procedure, but not usually till the endoscope has passed the back of the throat. Entonox is out of your system 30 minutes later leaving no effect. It therefore means that you are free to leave the department sooner than with sedation, without the need to be supervised for the following 24 hours. You are also able to drive yourself and be independent.

Are there any alternatives to the test?

Upper gastro-intestinal endoscopy can also be performed though the nose (trans-nasal endoscopy). The advantages of having a trans-nasal endoscopy include:

- You are able to talk during a trans-nasal endoscopy
- As no sedation is used, you do not need a period in the recovery unit, you can drive home immediately, and do not require anybody to accompany you to your appointment

The upper gastro-intestinal tract can also be examined by a barium swallow or meal x-ray test:

- This involves drinking a thick milk-like mixture. The outline of the oesophagus, stomach and duodenum will be seen when x-ray pictures are taken
- Biopsies cannot be taken with this type of test
- It is considered to be less accurate than a gastroscopy; some problems such as mild inflammation and early disease could be missed

Many therapies, such as banding for varices in those with liver disease, can only be delivered with a gastroscopy, so some patients having a trans-nasal endoscopy need a gastroscopy thereafter. Sedation is only routinely available on gastroscopy lists.

Prior to admission

If you are suffering from a cold, sore throat or chest infection, you should contact our nursing team as it may be necessary to postpone your test.

It is important that you do not have anything to eat or drink for 6 hours before your appointment, including water.

Do not bring valuables or large quantities of money into hospital, as we cannot accept responsibility for them. You do not need to bring nightwear.

Working towards healthcare sustainability – Green Endoscopy

As a department we are highly focused on environmental sustainability and 'Green Endoscopy'. Endoscopy is recognised to generate the second highest level of plastic waste in a hospital. We would ask you to support our efforts by bringing your own water bottle along to your procedure. If you have false teeth, kindly also bring a suitable pot or bag to keep these in during your test.

Where are we?

The Endoscopy department is within the Grace Penwarden Gastroenterology and Surgical Unit on the second floor of Zone B. Our Department is B57.

Parking

If you intend to be driven to the hospital, parking may be quite difficult when you arrive. Please be prepared to wait at least half an hour for a space and allow for this when setting out for your appointment. Other travel options are described at www.ruh.nhs.uk/finding/



What should I expect?

On arrival at the unit, report to the reception desk. A nurse will take you from the waiting area to the consent room, with anyone accompanying you for support. They will check your details and discharge arrangements with you. The nurse will discuss the procedure and complete the consent form with you. If you have any questions, please ask as we want you to be as relaxed as possible.

The nurse caring for you during the procedure will then collect you from the waiting room and take you to the room where the gastroscopy will be performed. It is department policy that your family or friends do not accompany you to the procedure room as it is a theatre environment. We can contact them when you are ready to leave.

The ward and toilet facilities are single sex areas. In exceptional circumstances because of a significant clinical risk it may be necessary to have a mixed sex area. The staff are committed to ensuring your privacy at all times.

The consent form

The consent form gives the endoscopist and the hospital a formal indication that you are agreeing to undergo the procedure being offered as stated in the form. You will be offered a copy for your records.

If you have an appointment confirmed, a consent form is included with this booklet for you to familiarise yourself with; please bring it with you on the day of your test. As described, the consent process is carried out by a skilled nurse outside of the theatre environment, who will be happy to answer any questions you might have.





During the test

For your safety you will be asked to confirm the details taken during the admission process. You will be given the opportunity to ask further questions about the procedure before it begins.

You will be asked to remove any false teeth, plates or dentures. Just before the test, you will receive local anaesthetic spray into the mouth.

Most patients are then asked to lie on their left-hand side. The nurse looking after you will place an oxygen probe on your finger to enable your heart rate and oxygen levels to be monitored during the procedure. To keep your mouth slightly open, a plastic mouthpiece will be placed gently between your teeth.

When the endoscopist passes the camera, it is important to try to remain calm. If you want the procedure to be stopped at any time you can raise your hand. The endoscopist will stop the procedure and withdraw the camera safely.

It may take up to 10 minutes to perform the procedure. During this time some air will be passed down through the tube to distend the stomach and allow the endoscopist a clear view. This may make you feel a little bloated and uncomfortable, and you may belch. If you get a lot of saliva in your mouth, the nurse will clear it using a slim suction tube.

Occasionally it is not possible to pass the camera (endoscope) successfully through the mouth. If this happens the endoscopist will discuss alternative methods of investigation with you.

Several photographs are taken during an examination; taking these does not mean that anything is wrong. Abnormalities are often also photographed to inform those responsible for your care. These photographs are often added to the endoscopy report.

When will I get the results?

The results of the procedure will be explained to you immediately. A nurse will ensure you understand information given to you by the endoscopist and answer any questions you may have. You will be given a post-procedure advice sheet on aftercare, and symptoms to be aware of following your examination. Usually you will be offered a copy of your report to take home and separate copies will be sent to your General Practitioner and any other health professionals involved in your care. Further details of the test, results of any biopsies and any necessary treatments or medications can be discussed with your GP, or the specialist who requested the investigation. The nurse will tell you before you leave if an outpatient appointment is planned.

When can I go home?

If you have throat spray only, you can leave the department straight away. You will have to wait until the effects of the throat spray have worn off before you have anything to eat or drink, normally about half an hour. After sedation, we care for you in the recovery area for approximately one hour, to ensure you are ready to be cared for by an accompanying responsible adult. The department closes at 17.30.

Sedation specific instructions. For the next 24 hours you must not:

- You cannot legally drive. (this is a legal requirement, as per the DVLA)
- You must not use or operate machinery and electrical appliances.
- You must not drink alcohol.
- You should not sign any important documents or papers that you may not want to agree to at a later time.
- You must not look after anyone who needs your help to manage, such as young children or older members of the family.

- You must have someone to supervise you at home and accompany you during your discharge from the hospital for the following 24 hours.

Entonox specific instructions

- Allow 30 minutes from the end of your gastroscopy before driving.

Your throat may feel slightly sore for the rest of the day, but it will settle without treatment. You may also feel a little bloated due to air remaining in your stomach following the test, but all will soon settle and does not require any treatment or medication. You will be able to breathe and swallow as before, but do not eat or drink anything for 30 minutes after the gastroscopy. There are no restrictions on activities once you are discharged home if you have not been sedated. When you get home we advise you rest quietly for the remainder of the day, and do not go to work, with someone to look after you for 24 hours afterwards if you have been sedated.

Training in Gastroscopy

Training future endoscopists is essential. All our endoscopists in training are in a structured training programme within the national guidelines, and all are experienced doctors or specialist nurses. Your treatment may provide an opportunity for such training under the supervision of a senior endoscopist. You may decline to be involved in this training without adversely affecting your care and treatment. If you wish to let us know you are not happy to have a supervised endoscopist in training perform your procedure, please inform us **at least a week in advance** of the procedure, so we can ensure you are not booked on a training list. The endoscopy administrative team are on **01225 824069**.

What if I change my mind?

If having read this leaflet you have decided not to go ahead with the investigation, please telephone the endoscopy administrative team on **01225 824069** in good time so we can offer your appointment to another person. We recommend you discuss your decision with your GP or the specialist who arranged your gastroscopy.

Comments, compliments, concerns or complaints

The Royal United NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care. However, we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Support and Complaints Team (PSCT)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf. Please ask a member of staff for further information.

Please contact the Patient Support and Complaints team (PSCT) if you require this leaflet in a different format or would like to feedback your experience of the hospital. Email ruh-tr.psct@nhs.net or telephone 01225 825656 / 826319

