



ENDOSCOPY DEPARTMENT

Gastroscopy

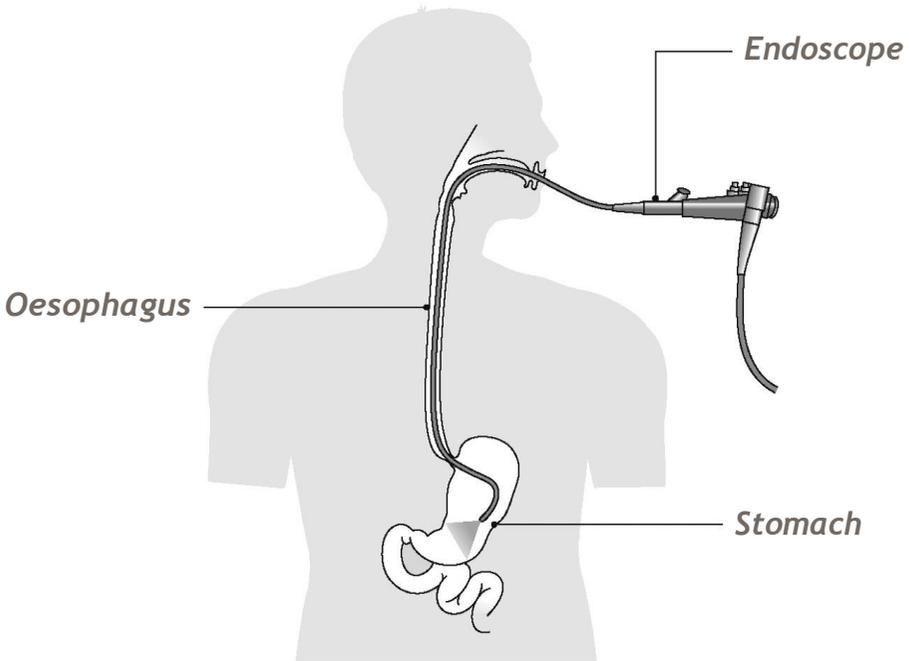


PATIENT
INFORMATION
BOOKLET



This information leaflet is for patients who are having an examination of the oesophagus, stomach and duodenum, known as a gastroscopy. The leaflet explains the reasons for the examination, what is involved and any possible risks or side effects.

A gastroscopy is an examination of the oesophagus (gullet), stomach and duodenum, using a long flexible instrument called a gastroscope. An image is projected from the tip of the gastroscope onto a screen.



Reasons for having this examination:

- Diagnostic – so that the doctor or nurse specialist can see any abnormalities
- Investigative - small samples (biopsies) can be taken from the lining of the oesophagus, stomach or duodenum for laboratory tests

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- Treatment – some polyps (small bumps in the lining) or other abnormalities can be removed
 - Surveillance – to re-examine any previous problems
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Preparation for the examination:

For this examination to be successful, the stomach must be as empty as possible. It is important to have had nothing to eat for 6 hours before the test but you can have sips of clear fluids up until 2 hours before your appointment.

Please note, milk is not a clear fluid and should not be taken 6 hours prior to your test.

If you have an afternoon appointment for your Gastroscopy procedure, please have a light breakfast only, no later than 6 hours prior to procedure.

If you have diabetes, or you are taking anticoagulants (blood thinning medication) such as Warfarin, clopidogrel, ticagrelor, dabigatran, rivaroxaban, edoxaban or apixaban, you will be given specific instructions in advance. Patients who continue to take Warfarin, or who have stopped Warfarin just before the test, will need to have a finger prick blood test on the day, in the unit.

Please read and complete your medical assessment form in advance of your procedure. You will also be sent a consent form which a nurse will discuss with you on the day. Before the procedure you should continue to take any other necessary medications.

For any medication queries please telephone 07815 178199 Mon-Sat between 10:30-11:30am and 14:30-15:30pm only. Outside of these hours, this telephone is for Emergency calls only.

On arrival at the hospital:

- Please go straight to the Endoscopy Unit and ring the doorbell to let the staff know that you have arrived
 - Procedure times can be unpredictable so you may have to wait a while, it is a good idea to bring something to read
 - A nurse will discuss your medical history with you, while also checking your pulse, blood pressure, oxygen levels, blood sugar (if diabetic) and clotting (if on anticoagulants). You will be asked any necessary additional questions and you will have the opportunity to ask anything you may want to know
 - The nurse will discuss your consent form with you, to confirm that you understand the procedure and agree to go ahead with it, and the form should be signed
 - Before the test is started you will be asked to remove dentures, spectacles and contact lenses
 - You do not need to undress but should remove your coat or jacket. You will then wait in the reception area until you are taken through to the examination room
 - A nurse will remain with you throughout the examination
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The examination:

You can choose from the following options having first discussed them with the nurse:

1. A local anaesthetic throat spray (that numbs the throat); OR
2. An injection of sedative into a vein to make you relaxed. Sedation may also make you feel sleepy but for most patients it induces sleep after the examination, rather than during it; OR
3. Both of the above

While you are lying on your left side on the examination bed, a small mouthpiece will be placed in your mouth and the doctor or nurse specialist will gently insert a small flexible tube into your stomach. This is not painful and will not make breathing or swallowing difficult.

The stomach will be gently inflated with air to expand it so that the lining can be seen clearly on a screen. Most of the air is sucked out at the end of the test.

A biopsy (a small sample tissue) may be taken during the examination and sent to the laboratory for further tests.

At some point the nurse may need to clear saliva from your mouth with suction. If you are having sedation, oxygen may be given through a soft flexible nose tube if necessary.

Afterwards the gastroscope is removed quickly and easily.

After the examination:

- If you had a sedative injection you will rest for about an hour in the unit and then be offered refreshments
- If you had the local anaesthetic throat spray you can have refreshments as soon as your swallowing is back to normal (usually after 20 minutes).
- The nurse will tell you the result of the examination before you go home, and then you may be given a paper copy of it. Any biopsy results will take longer.
- A report will be sent to your GP with the results and we will send you any biopsy results.
- Individuals are unable to donate blood for 4-6 months following any endoscopic procedure. (British Society of Gastroenterology guidance; Updated February 2020)

Going home:

If you had the sedative injection, you must have a responsible friend or relative to take you home and stay with you for 24 hours. If this is a problem, please telephone the department as soon as possible (phone number in your appointment letter).

You must not drive, drink alcohol, operate machinery or make important decisions for 24 hours following the test.

OR

If you only had the local anaesthetic throat spray, you may return to your normal activities straight away

- You may have a mild sore throat but this will pass and is nothing to worry about
- You may feel a little bloated from some air left in the stomach. Again, this will pass and you should not need to take any medicine.
- You can eat and drink as normal.

The risks

A gastroscopy (OGD) is a very safe examination for most people. Serious problems are rare, but life threatening complications are possible. However you need to weigh up the benefits against the risks of having the procedure. There can be risks from having the examination itself, as well as from the sedation. The main risks are;

- A tear (perforation) in the lining of the gastrointestinal tract: Nationally this happens to approximately 1 in 10,000 people. The risk is higher if there is an abnormal narrowing (stricture) which is stretched (dilated). You would need to be admitted to the hospital for further treatment.
- Risk of a missed lesion: Although gastroscopy has been selected as the best test to diagnose your symptoms, no test is perfect. There is a risk of 1 in 100 that we might miss an important finding during your test.
- Bleeding: where we take a sample (biopsy) or have removed a polyp happens very rarely, but this is usually minor and often stops on its own.
- Short term problems with breathing, heart rate and blood pressure (related to sedation): 1 in 100. We will monitor you carefully so that if any problems do occur they can be treated quickly. Older people and those with significant health problems (for example, people with serious breathing difficulties) may be at higher risk.
- Heart attack or Stroke (related to sedation): 1 in 5000.
- There is a slight risk of damage to your teeth, crowns or bridgework (this is very rare) so please tell the nurse if you have crowns, bridgework or loose teeth. The plastic mouthpiece used during the procedure will protect your teeth.

- **Infection:** It is possible to get an infection from the equipment used. The equipment is disinfected so the risk is low.
- **Sore throat:** This gets better quickly.
- **Allergic reaction to the equipment, materials or medication:** Let the team know if you have any allergies, or if you have reacted to any medication or test in the past.

If you have any concerns about these risks, please speak to the Endoscopy staff before the examination.

There is no alternative test of similar quality to a gastroscopy.

Air travel

If you have undergone a therapeutic procedure, you should not undertake any air travel for 2 weeks after your procedure. You will be advised on discharge which procedure you have had.

Sleep Apnoea

Please bring your CPAP machine with you for your appointment. If you choose to have a sedative injection, due to its possible side effects, it might be necessary for it to be used to ensure your safety.

Pacemaker Device or Implantable Cardioverter Defibrillator (ICD)

Please bring your pacemaker device or implantable cardioverter defibrillator manufacture information card with you because a cardiac technician might be required to check your device and will need that information to make sure your device is safe for you during this procedure.

Medication

Please do not stop taking any prescribed medication prior to the procedure, unless you have been advised by the doctor, including blood pressure tablets.

Having a Procedure with a Training Endoscopist

Endoscopy Training at Luton and Dunstable Hospital

Luton and Dunstable Hospital contributes to the training of endoscopists and as a result has several trainees working in Endoscopy; this leaflet is provided to inform you about how this may affect your Endoscopy procedure, and support your decision as to whether you are happy to have a trainee perform the procedure.

Although the idea of a trainee may be unnerving it is often a very positive experience. All our Endoscopy trainees are in a structured training programme within the national guidelines.

Will they be supervised?

Under no circumstances are trainee Endoscopists unsupervised. Depending on the experience of the trainee, an experienced Consultant will be present, and supervising your Endoscopy procedure throughout or will be immediately available in the endoscopy department. If at any time you or the trainee has any difficulties the trainer can intervene. All the Endoscopy trainers at Luton and Dunstable Hospital are accredited Endoscopy trainers and we regularly monitor their training skills.

Is it safe?

We carefully monitor our complication rates for Endoscopy and there is no difference in safety with a trainee Endoscopist.

Will it be more uncomfortable?

We carefully monitor patient comfort and have not found any suggestion it will be more uncomfortable.

Will it take longer?

While learning a trainee may be slower than an independent Endoscopist, however, our trainers are experienced in monitoring the length of a procedure and will take over if procedure seems prolonged. On a training list we allow a longer time for the whole Endoscopy experience, and patients often find this makes for a more relaxed atmosphere.

What should I do if I don't want a trainee?

If you wish to let us know you are not happy to have a supervised trainee perform your procedure please inform us at least one week in advance of a procedure, so we can ensure you are not booked on a training list. The Endoscopy Booking Office can be contacted on 01582 497273.

For further information

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