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every way*



# Having a Gastroscopy

An Information Guide

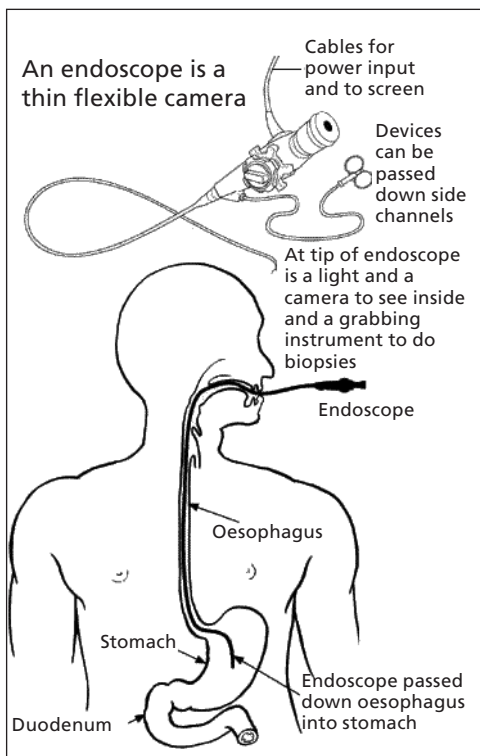


***Advice Leaflet***  
Medical Division

Please read this information leaflet carefully. It gives relevant information about your test and how to prepare for it. Please note that the test may also be called an endoscopy or a camera test.

This leaflet will help to explain the procedure and allay some of the anxieties that you may have about it. If you have any concerns or questions, the endoscopist or endoscopy nurse who assesses you before the procedure will be happy to discuss them with you.

## What is a Gastroscopy?



Your doctor has advised you to have a gastroscopy to help find the cause of your symptoms. The endoscope that is used is a thin flexible tube with a light at the end, which is passed into the mouth by the endoscopist and then swallowed once it is in the correct position. The test allows the endoscopist to look directly at the lining of your oesophagus (gullet), stomach and duodenum (the first part of the small intestine). During the test the endoscopist may take samples (also called biopsies) for analysis or to check for infection in the lining of the stomach with the bacteria *Helicobacter pylori*.

The samples are removed painlessly through the endoscope, using tiny forceps. The endoscope is removed once the procedure has been completed.

Photographs may be taken to assist the medical team in your treatment. If you have any objections please highlight this to the endoscopist or nurse prior to the procedure. You can be assured that all patient information is strictly confidential in accordance with the Data Protection Act 1998.

## **What are the benefits?**

- Diagnosis
- Reassurance
- Exclusion of some types of disease
- Guide treatment

## **Are there any significant risks?**

Gastroscopy is generally a safe procedure. Complications are rare but they can happen.

### **Perforation**

There is a 1 in 2,000 risk of making a tear in the oesophagus, stomach or duodenum. The risk is higher if there is an abnormal narrowing (stricture) that is stretched. If this occurred you would require admission to hospital for further treatment with antibiotics and/or surgery.

### **Bleeding**

There may be bleeding from a biopsy site or from minor damage caused by the endoscope. This usually stops on its own.

### **Sedation**

You may have a reaction to the sedative which causes breathing difficulties. Your oxygen levels are monitored throughout the procedure and oxygen is administered via a nasal cannula. There is also a small risk of inhaling secretions such as saliva; this risk is reduced by the nurse using a suction device to clear any secretions.

## **Discomfort / Bloating**

Mild discomfort caused by air blown into the stomach to allow it to be viewed. The endoscopist will remove most of this prior to withdrawing the endoscope.

You may have a sore throat for 24 hours following the procedure.

## **Damage to teeth and bridge work**

The nurse will place a plastic mouthpiece in your mouth to help protect your teeth. Inform the nurse/endoscopist if you have loose teeth.

## **Missed pathology**

A small lesion may be missed during the procedure.

## **Incomplete procedure**

This can happen due to a technical difficulty, food or a blockage in the upper digestive system, complications during the procedure, or discomfort.

A diagnostic gastroscopy is very safe, major risks are related to the amount of sedation when used which is adjusted to the individual. Heart rate and oxygen levels are monitored for safety and the risk of death (1 in 25,000) is very small.

**The team in the endoscopy unit is highly trained in preventing and dealing with any complications.**

## **Are there any alternatives?**

A barium meal may be an alternative in some cases, but it is not possible to visualise the lining of the oesophagus, stomach and duodenum and tissue samples cannot be obtained.

# Before the Gastroscopy

## Medication

The gastroscopy may give more information if certain medication is stopped before the test, preferably for at least 2 weeks.

If you do not stop this medication, as requested, this may make the test less helpful in providing a diagnosis for your symptoms.

These medications are listed below:

- Axid (Nizatidine)
- Pepcid (Famotidine)
- Pariet (Rabeprazole)
- Zoton (Lansoprazole)
- Nexium (Esomeprazole)
- Zantac (Ranitidine)
- Tagamet (Cimetidine)
- Losec (Omeprazole)
- Protium (Pantoprazole)

Note that if the test is a follow up procedure to confirm healing of oesophagitis or an ulcer or reassessing Barrett's oesophagus, then you **should** continue your medications listed above.

You may take antacids or Gaviscon to control symptoms.

If you are taking any of the following medications please contact the Endoscopy Unit as soon as possible for guidance.

- Ticagrelor, Prasugrel, Dipyramidole and Clopidogrel
- Warfarin
- Apixaban, Rivaroxaban, Dabigatran and Endoxaban
- Any other blood thinning medication

**Aspirin does not need to be stopped for the procedure.**

These agents thin your blood out and you may have to discontinue them depending on the nature of the procedure that is planned.

**On the day of the test all other medication should be taken as usual e.g. for blood pressure, heart condition and epilepsy.** This should be with a small amount of water. If you are attending for a repeat procedure, you should continue with the above medication unless otherwise directed.

**If you are diabetic, please bring your medication/insulin.** If you have any queries regarding your medication please ring the endoscopy unit as soon as possible, as your appointment time may need to be changed.

If you have any loose teeth please attend the dentist for treatment before your gastroscopy. Failure to do so may result in your appointment being cancelled.

## **The preparation**

To allow a clear view the stomach must be empty. You must not have anything to eat or drink for at least 6 hours before the test, except for your usual medication which should be taken with a sip of water at least 2 hours before the test. Sips of water may be taken up to 2 hours before the test.

## **On arrival please report to the reception**

Please remember that your appointment time is not the time you will have your test carried out. There will be a waiting time between your admission and having your test done.

A nurse will check your personal details, explain the procedure and ask you a few routine questions. They will also want to know about any previous endoscopy you may have had, or of any other medical conditions which you may suffer from and any medication which you may be taking. Your nurse will take and record your blood pressure and pulse.

**Please inform the nurse if you have had any allergies or bad reactions to drugs or to other tests.**

If you have any worries or questions at this stage do not be afraid to ask. The staff will want you to be as relaxed as possible for the test and will not mind answering the queries.

There is no need to undress, but you will be asked to remove glasses and dentures immediately prior to the procedure. You will be asked to read and sign a consent form, so if you wear glasses for reading please bring them with you.

**Please do not bring any valuables to the hospital.**

## **Will I be awake during the procedure?**

You will have the opportunity to discuss the options of having the test performed while you are awake, with a local anaesthetic spray to the back of the throat and / or a sedative injection to make you feel relaxed and sleepy or both. Most people tolerate the procedure reasonably well without sedation, as modern endoscopes are now thin and easy to swallow.

### **Throat spray**

It means that you can stay awake during the procedure and you can leave the unit usually after 15 minutes but occasionally 1 hour after the procedure. Throat spray is a local anaesthetic which is sprayed onto the back of the throat to numb it. This will enable you to swallow the endoscope more easily.

### **Sedation**

A small needle will be placed in the back of your hand and the sedation will be injected through it. Sedation may make you sleepy and you may not remember much about the procedure. You will remain in the unit for approximately 1-3 hours, but the effects of the sedation persist for up to 24 hours. This is not a general anaesthetic.

## **During the Procedure**

In the endoscopy room you will be made comfortable on a trolley resting on your left side. Your nurse will be with you throughout the test. To keep your mouth slightly open, a plastic mouthpiece will be put gently between your teeth. When the endoscopist passes the endoscope into your stomach it will not cause you pain, nor will it interfere with your breathing at any time.

It may take up to 15 minutes (but usually 4 - 7 minutes) to examine all the areas of the stomach carefully. During this time some air will be passed down the endoscope to distend the stomach and allow the endoscopist to have a clearer view. This air may cause a sensation of bloating which is short-lived. The air is sucked out at the end of the test so that you are left feeling comfortable.

If you get a lot of saliva in the mouth, the nurse will clear this for you using a small suction tube. When the examination is finished the endoscope is removed quickly and easily.

## **After the Procedure**

If you have had sedation, a nurse will take you to the recovery area on a trolley and another nurse will take over your care. Your blood pressure, pulse and oxygen levels will be monitored at regular intervals for a period of time. You will be left to rest for at least 1 hour. When you are fully awake you will be given a drink and a snack. The back of the throat may feel sore for the rest of the day. You may also feel a little bloated if any air remains in the stomach. Both these discomforts will pass.

If you are on a special diet for a medical condition we may not be able to meet your dietary requirements and would advise you to bring a sandwich/biscuits with you.



## Results of the Procedure

In many cases the doctor or the nurse will give you the results of the test both verbally and in writing before you leave the unit. However, if a tissue sample or biopsy has been taken for examination under the microscope, the results of this will take several days.

Details of the results and any necessary treatment should be discussed with your General Practitioner or Hospital Consultant.

## Going home

If you have had throat spray only, you may make your own way home. You will be advised at what time you may have a drink and eat as normal.

**If you have sedation:** It is essential that a responsible adult comes to collect you from the unit. They must stay with you for 24 hours to make sure you do not have any problems. If you have no-one to stay with you, you must contact the Endoscopy booking office on the telephone number stated on your appointment letter. Once home, it is important to rest quietly. By the next day you should feel fine but sedation lasts longer than you think.

**For twenty-four hours following sedation you should not:**

- Drive a car
- Drink alcohol
- Operate machinery
- Sign any legally binding documents

## **Contact numbers**

If you have any questions regarding the test please ring the Endoscopy Unit at the hospital where you are going to have the test.

**Burnley General Teaching Hospital                      01282 804661 or 805117**

**Rossendale Primary Health Care Centre                      01706 235360**

**Royal Blackburn Teaching Hospital                      01254 733191**

If you have problems after the procedure when you have gone home, we will provide you with contact information for advice at the time of discharge.



## English

### Our Service

If you have any further questions about your condition, treatment or procedure please telephone:

Emergency Department Telephone:	01254 734023
Urgent Care Centre Telephone:	01254 734023
Urgent Care Department Telephone:	01282 804050
Minor Injuries Unit Telephone:	01254 359036
Main Hospital Switchboard:	01254 263555

Royal Blackburn Teaching Hospital
Royal Blackburn Teaching Hospital
Burnley General Teaching Hospital
Accrington Victoria Hospital
East Lancashire Hospitals NHS Trust

## URDU اردو

اگر آپ کے پاس آپ کی حالت، علاج یا طریقہ کار کے بارے میں مزید سوالات ہیں تو ٹیلی فون

ایمرجنسی ڈیپارٹمنٹ ٹیلی فون	01254 734023
ارجنٹ کیئر سینٹر ٹیلی فون	01254 734023
ارجنٹ کیئر محکمہ ٹیلی فون	01282 804050
معمولی زخموں کی یونٹ ٹیلی فون	01254 359036
مرکزی ہسپتال سوئچ بورڈ	01254 263555

رائل بلیک برون ہسپتال
رائل بلیک برون ہسپتال
Burnley جنرل ہسپتال
Accrington وکٹوریہ ہسپتال
مشرق لنکاشائر ہسپتالوں NHS ٹرسٹ

## POLISH

### Nasz serwis

Jeśli masz jakieś pytania na temat stanu, leczenie procedury prosimy o kontakt telefoniczny:

Emergency Department telefon	01254 734023
Telefon Urgent Care Centre	01254 734023
Departament Urgent Care telefon	01282 804050
Drobnych urazów telefon	01254 359036
Główny Szpital Centrala	01254 263555

Szpital Królewski Blackburn
Szpital Królewski Blackburn
Burnley General Teaching Hospital
Accrington Victoria Hospital
East Lancashire Hospitals NHS Trust

The **Patient Advice and Liaison Service (PALS)** can be contacted by patients, carers and their families who require help with problems or have concerns about services provided by East Lancashire Hospitals NHS Trust. Please telephone: 0800 587 2586 – there is a facility to leave a message on this number.

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<https://www.elht.nhs.uk/services/endoscopy>



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