

Endoscopy Unit

Patient information Gastroscopy

**THIS PROCEDURE REQUIRES YOU TO FAST AND STOP SOME
MEDICATIONS FOR 14 DAYS BEFORE YOUR PROCEDURE**
This document contains important information about your upcoming
investigation and should be read immediately.

Please contact the nurse helpline straight away if you:

- May be pregnant
- Have a pacemaker
- Have an implantable cardiac defibrillator
- Take Rivaroxaban, Apixaban, Edoxaban or Dabigatran

Useful contact numbers:

Endoscopy Nurses: 020 8934 3633/2363/3011 (2pm – 4pm)

Call for questions relating to your procedure/medication/preparation for your test, which is not included in this leaflet and needs to be answered before you attend your appointment.

To confirm, re-schedule or cancel appointments only.

Your appointment is valuable, if you need to re-schedule your appointment, please give as much notice as possible, preferably a minimum of 10 days' notice; this allows us to offer this appointment to another patient.

Please note the booking team cannot answer clinical questions relating to your procedure. Endoscopy Booking Team: **020 8934 2099 option 2**. Calls taken 09:30-11:30 only

Kingston Hospital NHS Foundation Trust
Gastroscopy
Information for patients

If you have any questions we will be happy to answer those when you come for your appointment, if you wish to discuss any aspect of your clinical care in private then please ask. We always endeavour to see you close to your appointment time to minimise any delays, this may not always be possible; we will keep you informed of any significant delays. Please allow up to 2 hours in total for your visit.

The procedure will be performed by or under the supervision of a trained endoscopist.

What is a gastroscopy?

It is a procedure to look directly at the lining of the oesophagus (gullet), the stomach and the duodenum (the first bend of the small intestine), using a flexible telescope. (see figure 1). It is useful for diagnosing a range of gastrointestinal conditions.

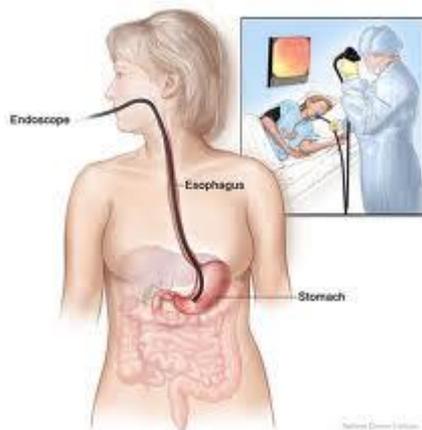


Figure 1

Are there alternative investigations?

Alternative investigations are possible using radiology e.g. barium studies or CT scans, however these can be less sensitive and have the disadvantage that biopsies cannot be taken for further investigation. If an abnormality is found using radiology investigations a subsequent investigation with gastroscopy may be required.

Are there any risks?

The investigation is safe, but there are some risks with this test. These include:

- Damage to teeth or dental work
- Intravenous sedatives can affect your breathing, heart rate and blood pressure; these problems are normally short lived and easily managed by the endoscopy unit staff. Rarely, these complications are more serious, and may need more intensive management.
- The gastroscope may cause damage known as a perforation (a tear/hole in the lining of the gullet, stomach or duodenum). The risk of this is approximately 1:3000 procedures. This is a serious complication and typically requires an operation to repair.
- Bleeding may occur following a biopsy.
- There is a small risk of developing a chest infection or pneumonia following a gastroscopy - this occurs mainly if there is food or fluid in the stomach, it is important to follow the fasting instructions before the procedure.

PREPARATION FOR GASTROSCOPY

14 days before the procedure

If you are taking:

- Omeprazole
- Lansoprazole
- Esomeprazole
- Pantoprazole
- Rabeprazole)

Stop this medication 2 weeks before your appointment, **unless** your doctor has advised otherwise. If you are known to have Barrett's or you're having this procedure to follow up ulceration healing **DO NOT STOP**.

Occasionally these tests are booked at short notice, if you do not have time to stop for 14 days, please stop this medication as soon as you receive your appointment date.

It is appreciated that some patients will find it difficult to stop this medication, and may be reluctant to do so. You may take Rennie's and Gaviscon.

On the day of your procedure

- You may have a light meal 6 hours before your appointment; you may **SIP water only up to 2 hours before your procedure, after this you must not have anything by mouth.**
- On the morning of the test, please take your regular medications with water (up to 2 hours before your test), unless advised not to.
- Please bring a list of any medications you are currently taking. If you use asthma inhalers or angina sprays it is important to bring these with you.
- **Anti-Coagulation. If you are taking Warfarin** we will check your INR with a finger prick test before your procedure.

Diabetes

- If you have diabetes it may be necessary to adjust your treatment whilst preparing for this test. Please discuss this with your GP or Diabetes nurse specialist at least 3 days before your test.
- If you take **Insulin**, you should have an early morning appointment do not take your Insulin before your procedure.

On arrival at the hospital

- Please report to the reception of the Day Surgery Unit.
- A nurse will check your details, blood pressure and pulse.
- The endoscopist will explain the procedure and check you have signed your consent form, which is attached to this information leaflet – please remember to bring these with you.
- You will be asked to remove any spectacles, contact lenses or dentures just before the investigation.

Will I be awake?

- You will be awake during the procedure. The test is not painful or suffocating but the test may make you want to gag.

You can choose to have either local anaesthetic throat spray or intravenous sedation:

Local anaesthetic throat spray will numb the back of your throat and numb the nerve-endings that cause gagging. It helps to reduce the sensation of the scope in the throat, although it does not take away all of the feeling.

Intravenous sedation is intended to relax you. It may make you drowsy, but not asleep during and immediately after the investigation. It will not 'knock you out'. **You must have a responsible adult to take you home and stay with you for 24 hours if you chose intravenous sedation.**

During the procedure

- Your heart rate and oxygen levels will be monitored through a clip attached to your finger or ear.
- You may be given oxygen via a small sponge in your nostril.
- You will lay on your left side for the procedure.
- You will be given a small plastic mouth guard to bite on. The endoscopist will insert the gastroscope through this into your mouth and down into your stomach and duodenum. This is not painful and will not make breathing or swallowing difficult, but it can feel uncomfortable and unpleasant.
- Air will be passed into your stomach this may make you feel bloated. Most of the air is removed from the stomach at the end of the investigation.
- Biopsies (small samples of tissue), which are painless, may be taken during the investigation to be sent to the laboratory for further tests. Photographs may be taken and kept for your hospital records.

After the procedure

- If you had sedation you will need to rest for 30-45 minutes. After recovery you can eat and drink as normal.
- If you had the local anaesthetic throat spray only you can normally leave within 15 minutes of the test. You can have a drink as soon as your swallowing is back to normal (usually within 1hr)
- You may have a mild sore throat for 24 hours after the test - this is nothing to worry about and will pass.
- You may feel bloated due to air left in the stomach- this will pass naturally.

Going home

After intravenous sedation:

- You must have a responsible adult to take you home and stay with you for 24 hours after the sedation, as the drugs remain in your system for up to 24 hours.
- Your escort will need to be available upon us contacting them, please arrange for them to be close to the hospital whilst you are having your procedure.
- You may not travel home on public transport
- For 24 hours after the sedative you cannot drive, return to work, operate machinery (including cookers and kettles), drink alcohol, sign legal documents or be responsible for small children.

After throat spray

- If you have the throat spray only, none of the above restrictions apply and you can usually leave the unit within 10-15 minutes of your procedure.

Reviewed by Kim Drawwater March 2019

Next review: March 2020

Consent

This procedure requires your formal consent. This booklet has been written to enable you to make an informed decision about agreeing to the procedure.

The consent form is a legal document, therefore please read this booklet carefully.

If having read the information you do not wish to go ahead with the procedure, or want to consider alternative methods of investigation, please discuss this with your GP or hospital doctor as soon as possible before the date of your appointment