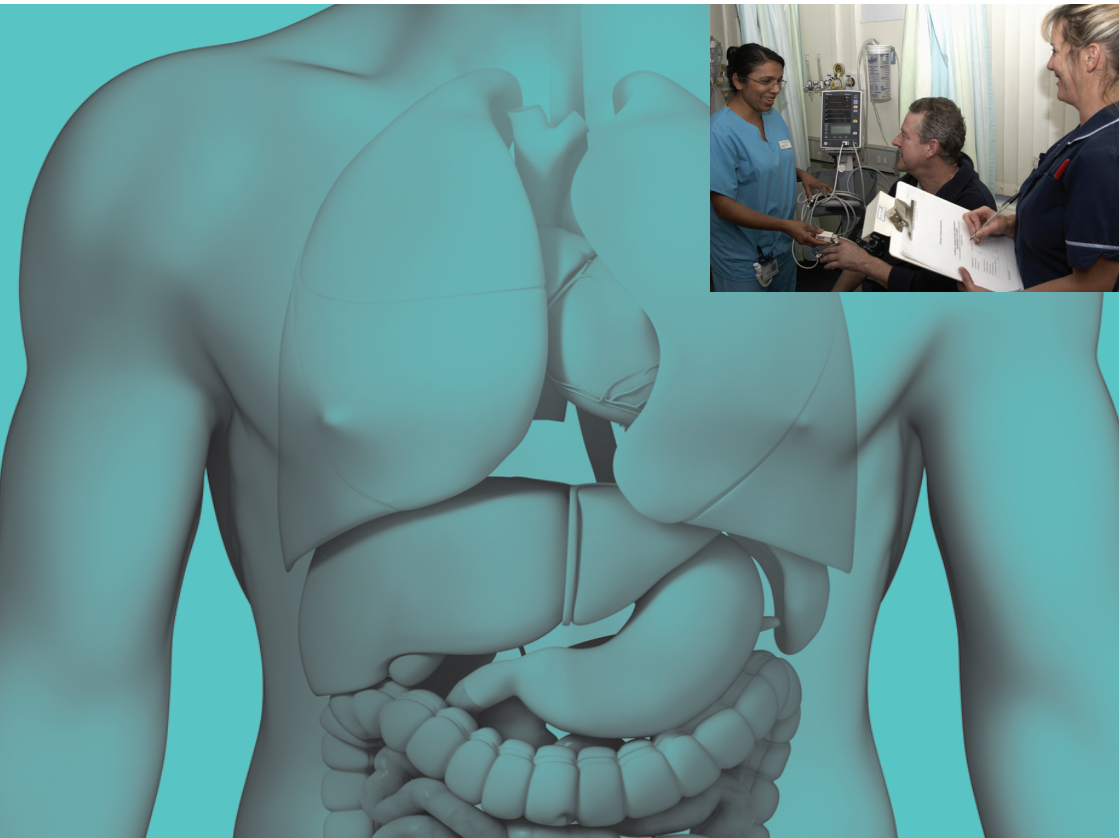


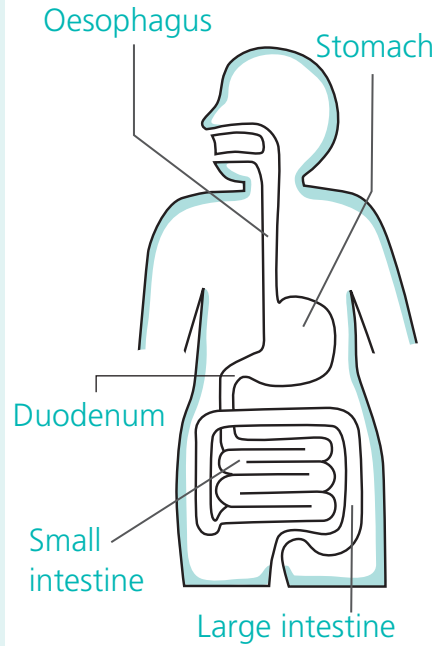
Having a Gastroscopy

Endoscopy Unit patient information booklet



What is a gastroscopy?

A gastroscopy is a procedure that allows us to look inside the oesophagus (gullet), stomach and duodenum (first part of the small bowel). This is done by passing a long, thin, flexible tube, with a bright light and a tiny camera at the end (an endoscope) through the mouth, down the oesophagus (gullet) and into the stomach and duodenum. A gastroscopy usually takes 5 to 10 minutes.



What are the benefits of having a gastroscopy?

Having a gastroscopy will help us to discover the cause of your symptoms and prescribe any medication or carry out any further procedures that may be required.

Who will perform the gastroscopy?

An endoscopist – either a doctor, nurse or appropriately trained health care professional will carry out the procedure. Other health care professionals ie doctors, nurses or medical students wishing to learn more about endoscopy and digestive diseases may be present or assisting in the procedure room. Please tell your named nurse if you object, this will not affect your treatment in any way.

Will I be awake during the gastroscopy?

This will depend on what you choose to have, either sedation or a local anaesthetic (throat spray). The following information may help you decide which you prefer.

If you choose sedation

- You will have a small tube (cannula) placed into a vein – usually in the back of your hand. Any medicines you need will be given through this, so avoiding you having more injections than necessary.
- You will be given the medicine through the cannula, which will make you feel relaxed and some people feel a bit drowsy during the procedure, but you will not be fully asleep.
- One of the side effects of sedation is that you may not remember having the procedure done. You may also forget things that are said to you for a few hours afterwards. This is normal and nothing to worry about. You will be given a written summary of your gastroscopy findings to take home with you.
- You will need someone to take you home and look after you for 24 hours. You will not be able to get a taxi by yourself - and will need a relative or friend with you. For more information on the restrictions after sedation, please see the “Going Home” section.

If you choose throat spray

- The throat spray numbs your throat, making it easier for the endoscope to pass over the back of your throat.
- You will be fully awake during the procedure.
- You will not be able to eat or drink anything for one hour after having the throat spray.

- You will not feel at all drowsy and there are no specific restrictions on what you can do after the test, for instance, you will not need anyone to collect you or look after you when you arrive home.
- Most people tolerate a gastroscopy with throat spray well.

Is a gastroscopy painful?

A gastroscopy can be uncomfortable with some discomfort from trapped wind and bloating being quite common, but rarely severe. This should quickly settle afterwards. You may also have a sore throat, but this should settle within 24 to 48 hours.

How do I prepare for a gastroscopy?

To help us get good views of the stomach and to avoid the risk of vomiting during the procedure, it is important that your stomach is completely empty. It is therefore vital that you follow these instructions:

- If your gastroscopy is in the morning: Do not eat anything after midnight the night before your procedure, but on the day you may take your normal medicine with a sip of water before 7am.
- If your gastroscopy is in the afternoon you may have a light breakfast - (cereal or toast) and take your normal medication before 7.00am. Do not eat or drink anything after this time.
- If your gastroscopy is in the evening (appointment time is after 4.30pm) you may eat and drink normally (including your normal medication) until 10am on the day of your procedure. Do not eat or drink anything after this time.

If you have diabetes and take insulin you will require a morning appointment. If your diabetes is controlled with diet or tablets, your appointment can be at any time of the day.

Please ring the Endoscopy Unit on **01274 276393** for specific advice regarding your diabetic medication prior to your appointment.

If you are taking warfarin, clopidogrel or other blood thinning medication, you can continue taking your medication prior to your gastroscopy unless you are having a gastroscopy for Barrett's Oesophagus, when the endoscopist will often take multiple biopsy samples. In this case, please telephone the Endoscopy Unit prior to your appointment on **01274 276393** for further advice (you may continue to take aspirin prior to the procedure).

For all other medication, if it is due at a time when you are not allowed to eat or drink anything, please bring it with you when you come for your appointment and you can take it after your procedure. If your medication is due when you are allowed to drink, then you may take it as usual

Nail varnish (and artificial nails) should be removed from fingers and toes to allow us to use equipment that measures the oxygen in your blood and your pulse rate during the procedure.

Do I need to bring anything with me?

- A list of the medication you are currently taking.
- Any medication you may need whilst you are with us eg inhalers.
- You may also want to bring a book or magazine to read whilst you wait.
- Please do not bring any valuables into hospital with you.

What happens when I arrive at the Endoscopy Unit?

On arrival at the Endoscopy Unit, you will be met at reception and a nurse will ask you some questions and explain the procedure.

Important please tell the nurse or doctor if you:

- Have had any allergies or bad reactions to drugs or other procedures.
- Have any medical conditions such as chest or heart conditions, epilepsy, diabetes etc.
- Are suffering from an acute illness eg cough, cold, sore throat
- Are fitted with a pacemaker.

When you are in hospital it is essential to wear a wristband at all times to make sure you are safe during your stay. The wristband will show accurate details about you on it including all the information that staff need to identify you correctly and give you the right care.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

You will be asked to sign a consent form to indicate that you are satisfied with the information you have been given, you understand what the procedure involves, the benefits, risks and alternatives and that you agree to the procedure. If you have any worries or queries at this stage, please ask: we want you to be as relaxed as possible for the procedure and will be happy to answer any questions.

Expect to be on the Endoscopy Unit for up to 4 hours to allow time for your admission, consent, the procedure itself and recovery afterwards.

What happens during the gastroscopy?

During the procedure you will be resting comfortably on a trolley on your left side in the procedure room, where a nurse will be with you throughout. If you are having throat spray, your throat will be sprayed with a local anaesthetic to numb the back of your throat. If you are having sedation, a small plastic tube (cannula) will be placed in a vein on the back of your hand. The sedative will be injected through the cannula, and you should start to feel relaxed almost immediately.

A probe will be placed on one of your fingers to measure the oxygen in your blood and your pulse rate. You will be given oxygen to breathe via a small tube placed in your nostrils. A mouth guard will be placed in your mouth to protect your teeth and the endoscope (if you have dentures they will be removed and kept in a denture pot).

The endoscope is slipped to the back of your throat and you will be asked to take a swallow, the endoscopist will then guide the endoscope into your oesophagus and into the stomach and duodenum. The endoscope usually goes down easily and the procedure usually takes 5 to 10 minutes.

Tiny samples (biopsies) may be taken for analysis from the lining of the oesophagus, stomach or duodenum. This is painless. Photographs or video may be taken through the endoscope for the purpose of diagnosis and treatment. These photographs or video may be used for teaching purposes, if so your personal details will be removed.

Is there a risk with a gastroscopy?

A gastroscopy is generally a safe procedure. Complications are very rare occurring in less than 1 in 500 cases. Possible complications are:

- Perforation or tear through the wall of the gut which may require surgery.
- Bleeding.
- Allergic reaction to the sedation or throat spray.
- Damage to loose teeth, crowned teeth or dental bridge work - although your mouth will be well protected with a mouth guard.
- Heart and breathing difficulties such as a chest infection or a heart attack.
- Very rarely, despite our best care, a complication such as perforation, bleeding, heart attack or allergic reaction, can be so serious that it is life threatening. However, death due to a gastroscopy is extremely rare and occurs in less than 1 in 12,000 cases.
- As with any procedure, there is always a risk of hospital acquired infections including COVID 19; however, please be reassured that we have a high number of safety measures in place to help reduce any such risks. This includes increased use of personal protective equipment for our staff, effective handwashing and robust infection control procedures.

If you are worried about any complications you can discuss these with the nurse or doctor when you come for the procedure.

Are there any alternatives to a gastroscopy?

Barium meal (an X-Ray procedure) may be an alternative. However, this is not always suitable. In addition the results of a barium meal may not be as accurate and it does not allow us to take biopsies. The other alternative is to do nothing but this may result in your symptoms becoming worse and their cause will remain unknown.

What happens after the gastroscopy?

Once the gastroscopy is complete, the endoscope will be removed.

- If you have had throat spray only, then you may be discharged home immediately following your procedure.
- If you have had sedation, you will be taken to a recovery area, where a nurse will look after you while you recover. When it is safe to do so, you will be offered something to eat and drink, and then discharged home.

When do I get my results?

The results of the procedure and any follow up arrangements will be discussed with you before you leave the Endoscopy Unit. You will be given a written summary of your gastroscopy findings to take home with you. Laboratory results from biopsies will not be available on the day, but will be sent to your GP or Specialist. This will take 2 to 3 weeks.

Going home

If you have had sedation, your judgement and/or coordination may be impaired for the next 24 hours. There are a few simple precautions that you should follow for 24 hours after your gastroscopy:

- Do not drive or operate machinery.
- Avoid alcohol and non-prescribed drugs.
- Avoid signing legal or important documents.
- You need a responsible person to take you home and stay with you overnight.
- Do not lock the toilet door, or make yourself inaccessible to the person looking after you.
- Do not undertake activities involving heights.
- Do not undertake sporting activities.

If you choose to have sedation it is very important that you do not drive yourself home after the procedure but must arrange for someone to collect you at the time specified by the Endoscopy Unit. A friend or relative must accompany you, even if you are travelling home by taxi. You must also ensure that you have somebody to stay in your home with you overnight, following this procedure.

If you have had throat spray, you may go home unescorted. You will not be allowed to eat or drink anything for 1 hour after your throat spray; otherwise there are no restrictions after a gastroscopy with throat spray.

When to seek medical advice

If you develop any of the following symptoms following discharge, you should seek urgent medical advice from the Endoscopy Unit, NHS 111, your GP or Emergency Department:

- Severe chest, neck or abdominal pain.
- Persistent vomiting.
- If bowel motions turn black.
- Fever / high temperature (38°C or more)

Useful telephone numbers

If you have any problems within 48 hours of discharge please ring the ward / department that you attended. If the ward/department is closed please contact Ward 5 at Bradford Royal Infirmary (BRI).

- Endoscopy Unit BRI – **01274 276393** (Mon to Fri 8.30am to 5.30pm)
- Ward 5 BRI – **01274 364413** (24 hours)
- If you are presently an inpatient on one of the wards at Bradford Royal Infirmary or St Luke's Hospital and you have further questions about the proposed procedure please ask the ward staff to ring the Endoscopy Unit and they will make arrangements for a member of staff to speak to you
- Appointment enquiries – **01274 273073** (Mon to Fri 8am to 4.00pm)

By Textphone: You can contact us using the Relay UK app. To contact us ring **18001** before the number to be contacted (Appointment enquiries).

Interpreters: If you require an interpreter please arrange for someone to contact **Appointment enquiries on 01274 273073**. We use professional interpreters rather than family and friends.

Smoking: Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.



Frequently Asked questions?

- 1 Will it hurt? *See page 3*
2. Why can't I be put to sleep? To put you to sleep for a procedure involves giving a general anaesthetic. This is not available routinely and it increases the risk associated with the procedure. It is not required for the vast majority of patients because the procedure is so quick and uncomfortable rather than painful.
3. How long will it take? *See page 6*
4. When do I get my results? *See page 8*
5. Do I need somebody with me afterwards? Only if you have had sedation, *see page 8.*

If you have any further questions or have any difficulty reading this information and would like to discuss the content, please ring the Endoscopy Unit or, write your questions down and ask them when you come for your procedure.

If you require a version of this booklet in large print please ring Appointment enquiries on 01274 273073 and arrangements will be made to send you one.

This information has been developed using comments / feedback from patients who have previously had this procedure.

If you need this information in another format or language, please ask a member of staff to arrange this for you.

Updated Sept 2023 by Dr Jowett, Consultant Gastroenterologist and Endoscopy Lead with patient involvement, based on the 2018 version. Review date: December 2026

This leaflet was designed and printed by Medical Illustration for further copies please ring 01274 365160 and quote MID ref: 23080906