Having a Gastroscopy with variceal banding/injection

Information for patients and carers

*Important*
If you are unable to keep your appointment, please telephone the appropriate number as soon as possible, so that the appointment can be allocated to another patient.

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What is a Gastroscopy with variceal banding / injection?

You have been advised to have a Gastroscopy with variceal treatment to help find the cause of your symptoms and treat your oesophageal varices.

A Gastroscopy is a technique to look directly into your gullet (oesophagus), stomach and the first part of the small bowel (duodenum). During this procedure rubber bands can be placed over veins in the gullet (banding) or injection of chemicals into these veins can be performed in an attempt to eradicate the veins.

The instrument used for this procedure is an endoscope. The endoscope is a thin, flexible tube. It has a bright light on the end and is passed through your mouth and down into the stomach.

What are the benefits of this procedure?

You have been found to have oesophageal varices. These are swollen veins in your oesophagus (gullet), rather like varicose veins. These are formed when blood flow through the liver is compromised. These veins could bleed, causing you to vomit blood (possibly a large quantity), so it is important to try to reduce or shrink and obliterate them if at all possible. Treatment of your varices during your endoscopy can be done either by injecting them or by compressing them by banding. The method chosen will be decided by your endoscopist. There is no alternative means of eliminating these veins apart from major surgery.
What are the risks associated with this procedure?

The doctor who requested the procedures will have considered this and risks must be compared to the benefit of having the procedures carried out.

This is a very safe test but rare problems can arise:

- perforation of the gullet or stomach or duodenum (making a hole) is a very rare complication (less than 1 in 10,000). This may require an operation to repair the damage
- aspiration of fluid into the chest causing cough
- bleeding is also rare but can be serious enough for you to be admitted to hospital and treated with a blood transfusion or further endoscopic procedures. Rarely the veins bleed so profusely that a balloon on a tube has to be passed to prevent the veins from filling with blood (Sengstaken Blakemore tube). This may require a period of intensive care and death is rarely associated
- mechanical damage to teeth or bridgework
- sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems occur they don’t last very long. This risk is greater in people with liver cirrhosis
- very rarely a narrowing of the gullet may follow treatment by banding or injection through scarring. This can occur after many months and rarely requires endoscopy and stretching of the gullet

Like all tests, this procedure will not always show up all abnormalities and on rare occasions, abnormalities may not be identified. The person doing the test will discuss any questions you may have about the risks.
What are the side-effects of the procedure?
You may have bloating and abdominal discomfort for a few hours as air is used to inflate your stomach. You may have a sore throat for 24 hours.
You may have some retrosternal (behind the breastbone) discomfort for a few hours following the procedure. This usually settles with simple painkillers.

Preparing for a gastroscopy
Please read the following information carefully. If you do have any queries, contact the unit where you will be having your procedure. Also enclosed is a consent form. Please read this carefully and ensure you bring it with you to your appointment.

To allow a clear view, the stomach must be empty, so please ensure you follow these instructions:

• do not have anything to eat for at least six hours before the procedure
• do not drink milk for four hours before the procedure. This is because milk will line the stomach and not allow a clear view of the lining
• you may drink clear fluids (water, black tea or black coffee) up to two hours before the procedure

What about my medication?
Your routine medication should be taken.

If you are diabetic or are currently taking warfarin, or if you are pregnant, please contact the unit as soon as possible as you may need some further information.

Please bring any medication you are currently taking (including sprays and inhalers) with you to your appointment.
When you arrive at the endoscopy unit

Please report to the reception desk where a receptionist will check your details and direct you to the waiting area. The appointment time you have been given is the time you should arrive at the unit. Please inform us if you think you have a latex allergy or if you think that you may be pregnant.

- do not bring any valuables with you
- please do not wear any nail varnish, lipstick or jewellery.
  **Please note: tongue studs must be removed**

The procedure will be explained to you in detail, to make sure you understand the benefits and possible risks, as detailed in this leaflet. We want you to feel as relaxed as possible and will be pleased to answer any questions that you might have about the procedure. Provided you are satisfied for the procedure to be performed, you will be asked to sign the enclosed consent form confirming your understanding and acceptance of the procedure.

This form also asks for your consent to further procedures that may be necessary, including taking tissue samples (biopsies) that may be helpful in diagnosing your problem. Tissue may be used for research purposes but you can request that samples are not used for this purpose.

**Sedation or throat spray?**

This procedure can be performed with sedation or topical local anaesthetic spray. These improve your comfort during the procedure.

**Throat spray – local anaesthetic**

Throat spray will be applied to the back of the mouth to numb it and enable you to swallow the gastroscope. Many
people prefer this as you can stay awake and in full control during the procedure and leave the department as soon as the test is over. You are not allowed to eat or drink for about an hour after throat spray by which time the numb feeling has worn off.

**Sedation**

Sedation helps to relax the most anxious people. If you have sedation, it will be given through a small needle in your hand or your arm. It will make you relaxed and sleepy and you may not remember the procedure taking place. After sedation, you must remain in the unit to rest for about 2 hours until we are satisfied that it is safe to send you home. If you opt for sedation it is essential that a responsible adult accompanies you home by car or taxi – public transport is not suitable.

**The procedure**

In turn, you will be taken into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions. You will be asked again whether you understand the information and explanation and are willing to proceed with the test. The endoscopist will also sign the consent form.

You will be asked to remove any dentures at this point. Any remaining teeth will be protected by a small plastic mouth guard, which will be inserted immediately before the procedure commences. If you are having local anaesthetic this will be sprayed onto the back of your throat whilst you are sitting up. It has a bitter taste and may feel hot on the back of the throat when you are asked to swallow it. The effect is rapid and you will notice loss of sensation to your tongue and throat.
If you have opted for sedation a small plastic cannula (tube) will be placed into a vein in your hand or arm. You will be given oxygen during the procedure though small plastic tubes which sit just inside your nostrils. The nurse looking after you will ask you to lie on your left side and will then place the oxygen monitoring probe on your finger. This measures the amount of oxygen in your blood and also your heart rate.

The sedative (if chosen) will be given at this time. Any saliva or other secretions produced during the procedure will be removed using a small suction tube, like the one used at the dentist.

The endoscopist will introduce the endoscope into your mouth, over your tongue, down your oesophagus (gullet) and into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing will not be affected. During the procedure, samples may be taken from the lining of your digestive tract for analysis in our laboratories. These will be retained.

To inject the veins a small needle will be passed through the endoscope and introduced into the tissue of the veins in the gullet. This is painless. If banding is to be undertaken the endoscope is removed from the mouth and then the procedure is repeated with a small plastic fitting attached to the endoscope which allows the rubber bands to be applied. Any photographs taken will be recorded in your notes. The procedure usually takes between 5 – 15 minutes.
How long will I be in the endoscopy department?

This depends on whether you have had sedation and also how busy the department is. You should expect to be in the department between 1 – 3 hours. The department also takes emergencies and these can delay out-patient lists. We will endeavour to keep you informed of any expected delays.

Sometimes a person who has arrived after you may be taken through to a procedure room before you. Do not be alarmed. We perform different procedures on various lists throughout the day and their appointment may be for a different list. It does not mean that they have been given priority over you.

Going home after the procedure

You will be able to go home as soon as you are ready after the procedure if you do not have any sedation. The bloating should have settled. When home you can get back to normal.

If you had sedation you should rest for the remainder of the day. You must be accompanied home and someone should stay with you overnight. It is advisable to have the next day off work. During the first 24 hours following sedation you must not:

- drink alcohol
- drive any vehicles (including riding a motorcycle or bicycle)
- take sleeping tablets
- operate machinery or electrical items (including a cooker or kettle)
- sign any legally binding or important documents
- work at heights (including climbing ladders or onto chairs)

Please note that sedation can impair your reflexes and judgement for up to 24 hours even when you feel wide awake.
When will I know the results?

Before discharge, you will be given a brief outline of the test results. If a biopsy or polyp has been removed, the laboratory results will take longer, about 14 – 21 days. The nurse will advise you to discuss the details of the results and any necessary treatment with your GP or hospital specialist. You will be given a copy of the endoscopy report to take to your GP and a copy for your own information. You will also be offered a copy of your consent form.

General points to remember

• if you can not keep your appointment please notify the department as soon as possible

• it is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is sometimes very busy and your procedure may be delayed. Emergency patients will obviously be given priority over less urgent cases

• if you are having sedation, please arrange for a responsible adult to collect you and stay with you overnight

• please note that the unit is a mixed sex environment. However, every effort will be made to ensure your privacy & dignity whilst you are in the department

• following the procedure, if you have any problems with persistent abdominal pain or bleeding please contact your GP immediately, informing them that you have had an endoscopy

• if you are unable to contact or speak to your doctor, you must go immediately to the Accident & Emergency department
To contact us by telephone before your appointment:

Queen Elizabeth Hospital Birmingham, Endoscopy Unit
Monday to Friday 09:00 to 17:00 – 0121 371 3838

Please keep this information safe in case you wish to refer to it in the future.
The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk or call 0121 627 7803

Contact telephone numbers:
Booking team 0121 627 2209
Queen Elizabeth Hospital Birmingham
Endoscopy unit 0121 371 3838