

## Having a Gastroscopy – Information for Patients

### What is a Gastroscopy?

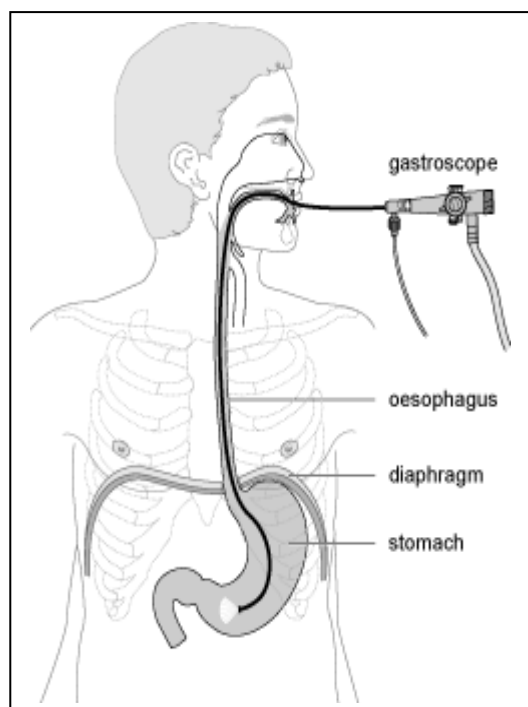
You have been advised to have a gastroscopy to help find the cause of your symptoms.

A gastroscopy is a technique to look directly into your gullet (oesophagus), stomach and first part of the small bowel (duodenum) to help find out what is causing your problems.

It also allows samples of tissue (biopsy) to be taken painlessly for testing later.

The endoscope is a thin, flexible tube with a bright light on the end that is passed through the mouth and down into the stomach.

### What are the risks associated with this procedure?



- Bloating and abdominal discomfort is not unusual for a few hours.
- You may have a sore throat for 24 hours.
- Bleeding or perforation of the oesophagus are a very rare complication (less than 1/10000) but may require an operation to repair the damage.
- Using sedation can cause breathing complications in up to 1 in 200 procedures, which usually are not serious.
- No test is 100% accurate and abnormalities may be missed, including cancers.
- Damage to dental work.

The person doing the test will discuss with you any worries you have about the risks associated with this procedure.

### What are the benefits of this procedure?

The procedure is to help diagnose your problem. Like all tests, this is not guaranteed to demonstrate all abnormalities and on rare occasions conditions are not identified.

### What are the alternatives?

This is the best form of examination of your stomach lining. Sometimes a barium swallow or barium meal is the alternative investigation ordered.

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## Preparing for a Gastroscopy

Please read the information enclosed carefully. If you have any queries, contact the unit where you will be having your procedure.

If this is your first procedure and you are currently taking any stomach tablets e.g.

- Ranitidine (ZANTAC)
- Cimetidine (TAGAMET)
- Nizatidine (AXID)
- Omeprazole (LOSEC)
- Lansoprazole (ZOTON)
- Pantoprazole (PROTIUM)
- Rabeprazole (PARIET)
- Esomeprazole (NEXIUM)

You should **stop taking** them for **two weeks** before your gastroscopy if time allows.

**If we are repeating your gastroscopy or you have been diagnosed with Barrett's Oesophagus, you should continue to take your tablets up to and including the day of your test**

You may continue to take antacids i.e. Gaviscon or Asilone if required but not within three hours of your test. You may continue to take any other medication.

If you are **diabetic, on blood thinners such as warfarin, clopidogrel, ticagrelor, prasugrel, rivaroxaban, apixaban, or dabigatran and edoxaban** please contact the unit for further information.

**IMPORTANT** – if you take medication for your blood pressure, please make sure you take this as usual prior to your procedure with small sips of water (at least 2 hours before)

Please bring any medication you are currently taking (including sprays and inhalers) with you to your appointment. If you are taking a number of tablets please bring in your repeat prescription sheet.

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

- Do not have anything to eat for at least **six hours** before the test
- Do not drink milk for four hours before your test. 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 time of the appointment

## When you arrive at the hospital

Please report to the reception desk where a receptionist will check your details and direct you to the waiting area.

Please be aware the appointment time you have been given, will be your admission time. Your procedure will be carried out as near to this time as possible however on occasions due to emergency patients being seen, this may be delayed.

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- Please do not bring any valuables to the hospital with you
- Please do not wear any nail varnish, lipstick or jewellery (tongue studs must be removed)
- Please bring a contact number of a relative or friend with you.

A nurse will then explain the procedure to you, to make sure you understand the benefits, and possible risks as detailed in this leaflet. The staff will want you to be as relaxed as possible and will not mind answering your questions.

Provided you are happy for the procedure to be performed, you will be asked to sign the consent form to confirm your understanding of the procedure. You will be offered a copy of this.

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 but you can request that no removed samples be used for this purpose on your consent form.

Just before the procedure you will also see the person who will be performing the test and provided you are happy for the procedure to be performed, they will ask you to confirm your agreement and they will also sign your consent form.

If you need the help of an interpreter to understand any of this information, or on the day of the procedure, please contact the unit where you will be having the test, as soon as possible.

Please note relatives/friends or children should not be used as interpreters when you are required to sign your consent form. You should contact the Endoscopy Unit who will arrange for an interpreter to be present.

### **Important information for patients arriving by ambulance:**

To ensure you do not miss your appointment and arrive home in a timely fashion, please when booking your transport, give the following instructions:

#### **For morning appointments:**

**Please arrange for the ambulance to collect you at 9 am**

#### **For afternoon appointments:**

**Please arrange for the ambulance to collect you at 12 noon**

On occasions medications are used during this procedure, which are known as 'off shelf'. This means medicines that are used for clinical situations which fall outside of the terms of their Summary of Products Characteristics. The use of medicines in this way is seen as a legitimate aspect of clinical practice and is often necessary in many areas of medicine. For further information concerning the use of 'off shelf' drugs, please log onto the Medicines and Healthcare product Regulatory Agency (MHRA) website.

### **During the test**

You will not have to undress but you must remove dentures, glasses or contact lenses and loosen tight clothing around the neck.

In the examination room you will be made comfortable on the couch resting on your left side.

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A nurse will stay with you throughout the procedure. To keep your mouth slightly apart, a plastic mouthpiece will be put gently between your teeth. When the person doing the test passes the endoscope into your stomach it will not cause pain, nor will it interfere with your breathing. The whole examination usually takes less than 10 minutes. You can have the procedure done using either a local anaesthetic (throat spray) or sedation.

### Throat spray (local anaesthetic)

This procedure is usually carried out using a throat spray, which will be sprayed onto the back of the throat to numb it. As the gastroscopes have become thinner, many patients are happy for the procedure to be carried out without sedation and to have throat spray instead. The benefit of choosing throat spray is that you are fully conscious and aware, and you can go home unaccompanied almost immediately after the procedure. You are permitted to drive and carry on your day as normal.

**You will not be able to have anything to EAT or DRINK for about an hour, until the effects of the spray have worn off.** After this you will be able to eat and drink normally.

### Sedation and oxygen

The procedure is normally done without sedation. However, should you choose to have sedation this will be given through a small needle in the back of your hand or in your arm. Sedation will make you slightly drowsy and relaxed but not unconscious. You will be in a state called co-operative sedation. This means that although drowsy you will still hear what is said to you and you will be able to follow simple instructions during the procedure.

You will be given oxygen through small tubes placed gently in your nostrils or through the plastic guard in your mouth. A clip will be attached to a finger or ear-lobe so that the levels of oxygen in the blood can be monitored. Your blood pressure may also be measured automatically during the procedure using a small cuff around your arm.

Please note that we will not be able to give you sedation if you do not have a responsible adult to collect you and stay with you for 24 hours following your procedure.

### Going home after you have received sedation

After the test you will remain in the unit to rest for about an hour. It is essential that a responsible adult comes to pick you up from the unit and accompanies you home by car or taxi – **public transport is not suitable.**

Please note the unit closes at 6pm. Your relative/friend should arrive no later than 5.30pm to collect you.

When you arrive home, it is important to rest quietly for the remainder of the day, with someone to look after you for 24 hours. It is advisable to have the following day off work but in any event for the first 24 hours following sedation **DO NOT:**

- Drive a car
- Drink alcohol
- Take sleeping tablets
- Operate any machinery or electrical items – even a kettle
- Sign any legally binding documents
- Work at heights (including climbing ladders or onto chairs)

**Sedation can impair your reflexes and judgement.**

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## When will I know the results?

Before discharge from the unit, the nurse who has been looking after you will be able to give you a brief outline of the test results. If a biopsy has been done, the laboratory results will take longer, about 4 – 6 weeks. You will be given a Patient Centred Report with the outcome of your test written on it.

The nurse will advise you to discuss the details of the results and any necessary treatment with your GP or hospital specialist. If you have any questions about the test, please contact the unit where you will be having your gastroscopy.

## Privacy & Dignity

Delivering same-sex accommodation is a long standing commitment in the NHS as part of the drive to deliver the best possible experience for all patients (DOH 2007). Endoscopy Units within the Heart of England NHS Foundation Trust, maintain these standards either by operating single sex areas or single sex days.

Eliminating mixed sex accommodation is our priority except where it is in the overall best interests of the patient, i.e. in an emergency (they have a life threatening condition) or where delays to that patients treatment would mean deterioration in their condition. Should a patient of the opposite sex require such urgent care during your visit, we will ensure your privacy and dignity is maintained by screening off the patient of the opposite sex

## Further information

Training doctors and other health professionals is essential to the continuation of the NHS, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can, however, decline to be involved in the formal training of medical and other students - this won't affect your care and treatment.

To contact us by telephone before your appointment **(NOTE this number should NOT be used for booking enquires):**

### Solihull Endoscopy Unit

Monday to Friday 8.30am to 5.30pm

Excluding Bank holidays

**0121 424 5394**

An answer phone is available for you to leave your name, telephone number and message. We will return your call.

### Heartlands Endoscopy Unit

Monday to Friday 8:30am to 5.30pm Excluding Bank holidays

Nursing/Medical enquiries

**0121 424 0438**

### Good Hope Hospital - Scoping Suite Treatment Centre

Monday to Friday 8:30am to 5.30pm

Excluding Bank holidays

**0121 424 9506**

### Queen Elizabeth Hospital Endoscopy Unit

**Monday to Friday 8.30 am to 5.30 pm – Excluding Bank holidays      0121 371 3833**

For non-urgent messages an out of hour's answerphone is available. If you leave a message and your contact details a member of staff will contact you when the department re-opens.

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If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email [interpreting.service@uhb.nhs.uk](mailto:interpreting.service@uhb.nhs.uk)