

Goole Surgical Treatment Centre



Gastroscopy - *Guide to the test* Day Surgery Unit



*Welcome and thank you for making
Goole Surgical Treatment Centre your first choice*

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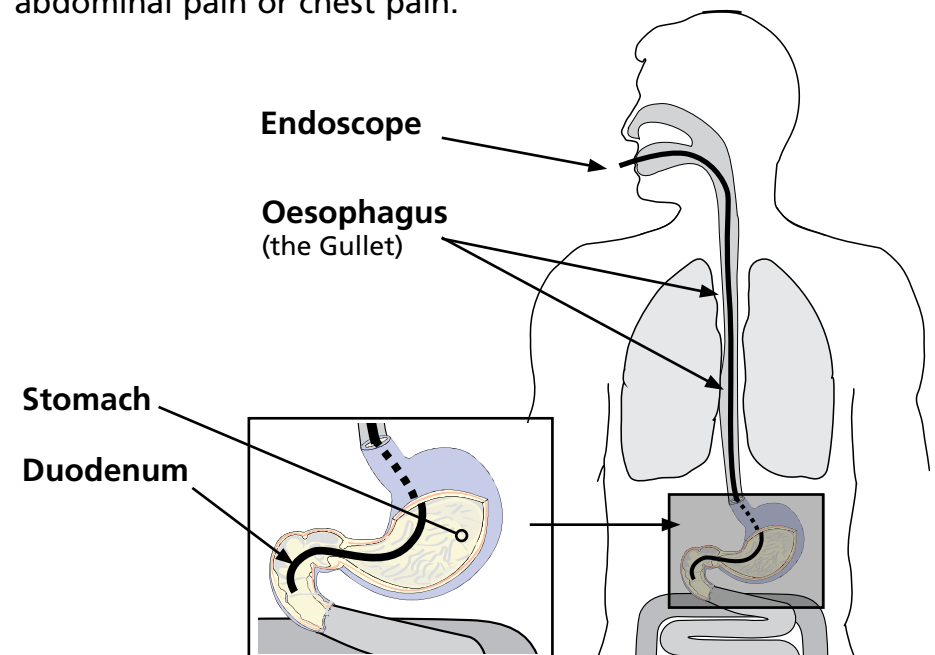
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What is a Gastroscopy?

A gastroscopy or upper GI endoscopy is a test which allows the doctor to look directly at the lining of the **oesophagus** (the gullet), the **stomach** and around the first bend of the small intestine – the **duodenum**.

During the procedure a thin flexible tube (endoscope) with a small video camera at the end is passed through the mouth into the stomach. The end of the endoscope contains a light and conveys images to a TV monitor allowing the doctor a clear internal view of the lining of the oesophagus, stomach and duodenum. The doctor can see abnormalities, such as ulcers, through the endoscope which are not easily detected on x-rays. As well as viewing the lining, tissue samples (biopsies) can be taken for analysis. The tissue is removed painlessly by forceps passed down the endoscope.

The test is usually carried out to investigate swallowing difficulties, nausea, vomiting, reflux, bleeding, indigestion, abdominal pain or chest pain.



What do I need to know before admission?

You will be asked to attend the Endoscopy Unit situated to the left when you come out of the lifts the 1st floor (B floor). You can expect to be in the Unit up to 2 hours.

A gastroscopy can be carried out either with or without sedation, please arrange for a friend or relative to accompany you to and from the Unit if you intend to have the sedation. Please try & keep to the time stated on your letter, thank you.

Also please be aware that your procedure may be **delayed** or have to be **cancelled** at short notice. In these cases we offer apologies for any inconvenience and aim to reschedule your appointment as soon as possible.

If you are taking prescribed medication please contact the Day Surgery Unit. You can then be advised what medication you can take on the day of your gastroscopy. Please bring a list of the medication you are taking with you.

You must not have anything to eat or drink for at least six hours before the procedure; it is essential that your stomach is empty, as you will be sedated. If your stomach is not empty there is a risk of aspiration (vomit inhaled into the lungs). This can be a very serious complication. Furthermore having your stomach empty allows a clear view during the procedure.

Please wear comfortable clothes.

Important information contact the Day Surgery Unit if any of the following apply to you:

- If you are a diabetic
- Taking warfarin or aspirin
- Allergic to latex

What happens on admission?

On the day of admission a nurse will complete an admission document with all your personal details. The nurse will check your medical history and any current medication with you.

They will explain the procedure to you, inform you of the potential risks and complications of gastroscopy. They will discuss with you whether you want a local anaesthetic (throat spray) or a sedative for the procedure and also answer any questions you may have. The nurse will then ask you to sign the consent form for the procedure once you have read it carefully and understood it in full.

You will not be asked to change into a hospital gown but if you want to you can. Dentures, spectacles and contact lenses can be removed later on; the nurses will tell you when.

What happens during the Gastroscopy?

You will be taken to an examination room for the procedure. Once sat on the trolley the nurse or doctor will spray your throat with a local anaesthetic. This makes your throat go numb quite quickly and you may start to feel as if you can't swallow, don't panic you can swallow just not feel it. The nurses will ask you to lie down in the correct position resting on your left side with your knees slightly bent. A nurse will stay with you throughout the test.

To keep your mouth slightly open, a plastic mouthpiece will also be placed between your teeth.

If you have chosen not to have the sedation the procedure will then start, a nurse will talk you through what is happening and tell you if you need to do anything e.g. when to swallow.

If you are having the sedation the doctor or the nurse will insert a cannula (thin plastic tube) into a vein in your hand or arm.

This provides a route for the drugs to be given before the procedure. A sedative drug will be injected via the cannula into your arm. This is not a full anaesthetic but it will make you very relaxed and sleepy. A fine soft tube will be placed into one nostril to give you a little extra oxygen to breathe and a small device will be attached to your finger or thumb to monitor your pulse rate and oxygen levels during the test.

Once you are sedated the procedure will be carried out.

1. Firstly, the endoscope is gently passed through your mouth into your stomach. This will not cause you any pain nor will it interfere with your breathing.
2. The lining of the gullet, stomach and duodenum will then be examined closely. Air may be passed through it to distend the stomach to give a clear view of the lining. This air is sucked out at the end of the test.
3. If the doctor finds any change in tissue a tiny piece may be removed (biopsy) using instruments passed through the endoscope. Any samples of tissues removed are sent to the laboratory for specialist examination.
4. If any bleeding is discovered, the doctor will use a special needle to inject certain medications through the endoscope to stop the bleeding.

When the procedure is complete, the tube is removed quickly and easily. The procedure lasts from 5-10 minutes.

What happens after the Gastroscopy?

If you have not had sedation, you will be able to walk back to the waiting area.

If you have had sedation you will rest for a while in the recovery area on the Unit. The nursing staff will check your pulse, and oxygen levels regularly and generally assess how you have recovered from the test. If you feel unwell at all please let the staff know.

You may feel a little bloated and experience wind pains, due to the air passed into the stomach during the test, although these usually settle quite quickly. If you are in pain, please inform the staff as soon as possible.

You will be given something to eat and drink when you feel ready. However if you had a local anaesthetic spray on the back of your throat, you will have to wait until your swallow reflex is back to normal. This usually takes about an hour. After this you can eat and drink normally. Your throat may however be sore for the rest of the day.

The nurse will speak to you about your gastroscopy, discuss the findings, and will issue you a copy of your discharge letter.

Most patients are well enough to go home the same day as having gastroscopy, but occasionally patients may be required to stay in hospital longer for observation or further treatment.

Discharge advice

After your gastroscopy if you have had sedation it is **essential that someone comes to collect you and stays with you for the rest of the day**. Once home, it is important to rest quietly for the remainder of the day. Sedation lasts longer than you think.

You may have a sore throat, which should not last longer than 24–48 hours.

Furthermore if you have had sedation you should avoid the following activities for at least 24 hours after the procedure:

- going to work
- driving
- operating machinery
- drinking alcohol
- signing any legally binding documents
- carrying out any activities involving heights
- caring for young children (sole responsibility)

If you start to feel unwell or develop severe abdominal pain, you must contact the Unit, your GP or the Out of Hours GP as soon as possible.

What are the risks and complications of Gastroscopy?

It is very important that you are aware of the potential risks and complications of gastroscopy before giving your consent to the procedure. These include:

- **Internal bleeding (haemorrhage)**

This may occur at the site of a biopsy. The bleeding is usually resolved without any treatment but in a minority of cases may be serious.

- **Perforation**

Damage to the lining of the oesophagus or stomach (perforation) may result in admission to hospital and further tests. This can be a potentially serious complication, and may need to be surgically repaired.

- **Reaction to sedative**

- **Damage to crowned teeth or dental bridgework**

- **Aspiration pneumonia**

The risk of any serious complication occurring in a diagnostic gastroscopy is less than 1:10,000

NB: There is no evidence that the complication rates after gastroscopy at the Goole Surgical Treatment Centre are different from the averages quoted.

Every effort is made to reduce the risk of these complications occurring.

If you are concerned about any of these risks and complications, please discuss this with the consultant or member of their staff **before** the procedure.

Are there any alternatives?

In some cases, depending on individual factors such as, the symptoms present and the condition being investigated.

There may be alternatives to having a gastroscopy, such as a **Barium Meal**, but this X-ray based test tends to provide less information than a gastroscopy.

Do you need further information?

If you have any questions or concerns, please contact:

Department of General Medicine Endoscopy Unit

Normal Hours

Telephone the Day Surgery Unit direct on **(01724) 290040** between the hours of 8am until 8pm, Monday until Friday

Out of Hours

Contact your GP.

Concerns and Queries

If you have any concerns/queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

Goole & District Hospital

Alternatively you can contact the Patient Advice & Liaison Service (PALS) On 01724 290172

Sources of further information/support

Digestive Disorders Foundation

3 St Andrew's Place, London, NW1 4L

Tel: 020 7486 0341

Fax: 020 7224 2012

www.digestivedisorders.org.uk

Coeliac Society

PO Box 220, High Wycombe, Bucks, HP11 2HY

(Please enclose a stamped addressed envelope with your enquiry)

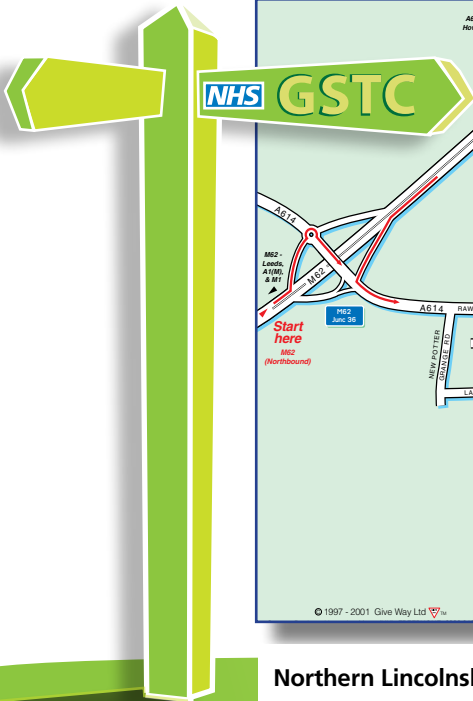
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www.medical-legal.co.uk/patient_info/investigate.htm

National Digestive Disease Information Clearinghouse (1998)
Upper Endoscopy. www.niddl.nih.gov

Contact Numbers:

Day Surgery Unit: 01724 290040



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