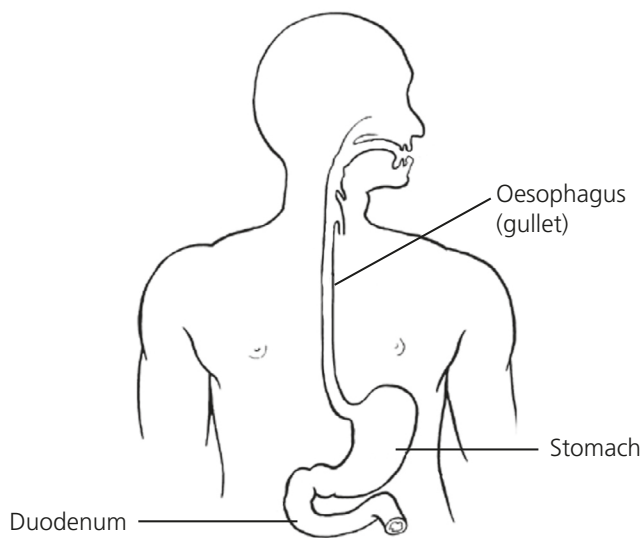


Your Child's Gastroscopy

Upper digestive tract



What is a gastroscopy?

A gastroscopy is a procedure in which the doctor uses an instrument called an endoscope to look directly at the lining of the oesophagus (gullet), stomach and duodenum (first part of the small intestine). A gastroscopy is also known as an OGD (oesophogastroduodenoscopy). An endoscope is a long, flexible tube, thinner than your little finger, which transmits a picture to a TV screen.

Your child's gastroscopy will be performed under general anaesthetic.

Sometimes the doctor will use the endoscope to take gut biopsies (small pinches of gut lining). The biopsies are sent to the lab to be analysed and looked at down a microscope.

What if my child is also having a colonoscopy under the same anaesthetic?

If your child has been booked in to have a colonoscopy under the same anaesthetic as the gastroscopy then you will need to carefully follow the instructions in the 'your child's colonoscopy' information sheet **as well as** the instructions in this information sheet.

What time will the gastroscopy happen?

The time of your child's arrival will be indicated on your letter. This is to allow time for your child's assessment and admission to be completed by the nurses. The actual procedure time will therefore differ from your child's arrival time. You may well be on the ward or in the Endoscopy Unit for the whole morning. We always try very hard to ensure your child's procedure happens as planned, however occasionally alterations to our list may be essential to treat emergency cases. If this occurs we will keep you informed. Bring a good book and/or toys with you!

Medicines your child takes normally

You are advised to bring all your child's current medication with you for his/her admission. Any current medication or tablets should be taken as normal unless your child is a diabetic, in which case you should contact the diabetic nurses (01392 403727) before your child's appointment.

Risks

Gastroscopy can result in complications such as reactions to medication, perforation (tear) of the intestine, and bleeding. These complications are very rare (less than one in 1,000 examinations), but may require urgent treatment, and even an operation. Gastroscopy may very rarely be fatal (less than 1 in 10,000 examinations). Be sure to inform your GP if you have any pain, black tarry stools, or troublesome vomiting in the hours or days after the gastroscopy.

The risks of a general anaesthetic are outlined in the infographic on the next page.

RCOA
Royal College of Anaesthetists
Association of Paediatric Anaesthetists of Great Britain and Ireland

Common events and risks
for children and young people having a general anaesthetic

This summary card shows some of the common events and risks that healthy children and young people of normal weight face when having a general anaesthetic (GA) for routine surgery (specialist operations may carry different risks).

Modern anaesthetics are very safe. There are some common side effects which are usually not serious or long lasting. Risk will vary between individuals, and will depend on the procedure and the anaesthetic technique used. Your anaesthetist will discuss with you the risks they believe to be most significant. You should also discuss with them anything you feel is important to you.

Very common
More than 1 in 10
Equivalent to one person in your family

- Sore throat
- Agitation on waking from GA (Mainly ages 1-6 years)
- Sickness
- Temporary changes in behaviour (eg. anxiety, sleep problems, bedwetting)

Common
Between 1 in 10 and 1 in 100
Equivalent to one person in a street

- Minor lip or tongue injury
- Discomfort at injection site

Uncommon
Between 1 in 100 and 1 in 1,000
Equivalent to one person in a village

- Breathing problems (Needing treatment)
- Skin damage (Mainly longer procedures)

Rare
Between 1 in 1,000 and 1 in 10,000
Equivalent to one person in a small town

- Need for Intensive Care (unplanned) (1 in 2,400. Risk is higher for children under 1 year)
- Injury to eye (eg. scratch on eye)
- Damage to teeth

Very Rare
1 in 10,000 to 1 in 100,000 or more
Equivalent to one person in a large town

- Anaphylaxis (1 in 40,000. Severe allergic reaction to a drug)
- Awareness during an anaesthetic (1 in 60,000)
- Death as a direct result of anaesthesia (1 in 100,000 to 1 in a million)
- Long-term disability (Less than 1 in 100,000)

More information
Our website has more on these risks as well as short videos to help children prepare for surgery.

Scan to find out more:
rcoa.ac.uk/childrensinfo

Things we all do in normal life, such as road travel, involve higher risks than the **Very Rare** risks above.

Leave your feedback on this resource at: surveymonkey.co.uk/r/testrisk or by scanning this QR code:

Churchill House, 35 Red Lion Square, London WC1R 4SG | patientinformation@rcoa.ac.uk | March 2022

What happens on the day of the procedure?

Nothing to eat or drink – fasting ('nil by mouth')

Your child can eat until 6 hours before the anaesthetic/arrival time. He/she can drink clear, non fizzy drinks (e.g. water or squash...but not milk) until arrival at the hospital. If your child is less than 1 year old he/she can have a breast feed or formula feed, which must be finished by 4 hours before the anaesthetic/arrival time. Please encourage your child to drink.

IF YOUR CHILD IS ALSO HAVING A COLONOSCOPY, PLEASE FOLLOW THE INSTRUCTIONS FOR EATING BEFORE A COLONOSCOPY.

The procedure

Your child's gastroscopy will be done under general anaesthetic so your child will be completely asleep and unaware of the procedure.

When you arrive on Bramble Ward, Blue Team (Area H ground floor), or onto the endoscopy suite (Area F, level 2), the staff will explain the procedure and you will be given the opportunity to ask questions before signing the consent form if you had not already been asked to do this.

Your child may be offered *magic cream* which is a local anaesthetic cream, that is put on the back of your child's hand or on their arm before injections, so it doesn't hurt. It works well for 9 out of 10 children. This cream is also called EMLA or Ametop.

Your child can wear his or her own clothes, or he or she can wear a hospital gown. Your child will be able to keep underwear on.

Your child may travel to the anaesthetic room on a bed or a trolley, walking or being carried.

One parent may accompany your child to the anaesthetic room should you wish. If you prefer not to accompany your child, a ward nurse from Bramble Unit will accompany him or her.

In the endoscopy room

Your child will be anaesthetised in the endoscopy room.

Usually you can stay with your child until they are anaesthetised. Your anaesthetist will explain what to expect and will explain the reasons why. The safety of your child is the deciding factor.

A nurse from the ward will accompany you, and will take you back to the ward when your child is asleep.

Your child will either have an anaesthetic gas to breath or an injection through a cannula. It might be possible to do this with your child sitting on your knee. Some children prefer gas, and some prefer injections. If both methods are safe for your child, you and your child might be able to choose which is used.

If an injection is used your child will usually become anaesthetised very quickly. Some parents/carers are surprised at how little time this takes.

If anaesthetic gas is used it will take a little while for your child to be anaesthetised, and your child may appear to become restless while the gas takes effect. The gas is administered through a face mask, or by the anaesthetist cupping a hand over your child's nose and mouth. When your child is anaesthetised the anaesthetist will insert a cannula for safety, and in order to give your child medicines or painkillers.

After the procedure

Your child should recover quickly, and should not experience any pain or discomfort.

Most children will go to the recovery room. Each child is cared for by a specialist nurse until he or she is awake, and is ready to go back to the ward. Usually a ward nurse will bring you to the recovery room, as soon as your child wakes up.

Some children are very distressed when they wake from the anaesthetic. This is common in children under 3 years and sometimes in children who are upset before they are anaesthetised. It is not related to pain. Your child may take a little while to calm down, but usually will settle after returning to the ward, having food and drink, and playing with their toys or watching TV.

Your child will normally be able to go home 1-3 hours after the procedure. Your child may have a mild sore throat for 24 hours afterwards but this should soon ease. They should eat and drink normally.

Results

Sometimes the doctor, will be able to give you the results as soon as your child has had the procedure. Sometimes the doctor will need to wait for the biopsies to be analysed, which takes about 2 weeks before they will be available. Once these results become available the doctor will let you know, normally in your outpatient appointment.

For further information on any aspect of the test, please contact: The Endoscopy Unit - 01392 402400 or Bramble Blue Ward - 01392 402681.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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