Royal Devon University Healthcare NHS Foundation Trust

Having a Gastroscopy

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at rduh.pals-northern@nhs.net.

Why is a gastroscopy needed?

A gastroscopy is a procedure that allows us to examine the lining of the upper part of the gastrointestinal (GI) tract. This includes the oesophagus (the tube that carries food to your stomach), the stomach and the duodenum (the first part of the small bowel). The procedure is useful in diagnosing a range of symptoms and for monitoring pre-existing conditions.

What does it involve?

A gastroscope is a thin, flexible tube with a bright light at the end. It is passed through your mouth, down your gullet and into your stomach. The procedure may cause discomfort but should not be painful.

In order to improve views of the stomach, we may offer you a medication called Simeticone (Infacol). This is taken orally and is mixed with normal water. This medication is widely available in most pharmacies and is normally given to treat infants with Colic. It is not specifically licensed for use in endoscopy. Therefore, you will be asked to sign a consent prior to your gastroscopy.

During the test, photographs may be taken. Sometimes, the endoscopist will need to take biopsies. These are small samples of tissue that are removed painlessly, using small forceps that are passed through the endoscope. You will not feel this happening.

The procedure itself takes 5-10 minutes, although it can sometimes take longer.

What are the alternatives?

The main alternatives to the test are:

- A Nasal- Gastroscopy where the flexible scope is passed up the nose (via the nasal cavities) rather than through the mouth
- Barium studies. During this procedure, you drink a special liquid (barium) which allows images (pictures) of your oesphagus and stomach to be seen using X-rays. It is less accurate then endoscopy at detecting inflammation, ulcers and tumours of the oesphagus, stomach and duodenum. Unlike an endoscopy, you cannot take biopsies during a Barium study.

Please note: A capsule endoscopy (where a pill-sized video capsule is swallowed) is **NOT** an alternative to a gastroscopy, as it does not give enough pictures of either the oesphagus or the stomach and biopsies cannot be taken.

Special precautions

Instructions and important information relating to your test:

- It is extremely important that you **do not eat or drink anything for 6 hours** prior to your procedure. This includes chewing gum and boiled sweets.
- You may have sips of water only, up until **2 hours before** your test.
- This is extremely important as it ensures your stomach is completely empty when we perform the examination. We may have to rebook your appointment if it is not.
- Any regular medication may be taken on the morning of the procedure with a very small amount of water.
- Please bring with you a list of all current medications.

Anticoagulant advice: Warfarin

- Make an appointment to have your INR checked within 7 days of your appointment date and bring your results with you.
- If your INR is within the therapeutic range (the range specified for you by your doctor) then continue with the same dose of warfarin.
- If your INR is above your therapeutic range, then you will need to reduce your dose of warfarin to bring it back within its therapeutic range, please consult your GP for advice on how to do this safely. You do not need to stop taking your warfarin.

Anti-coagulants: Dabigatran, Rivaroxiban, Apixaban or Edoxaban

- Please do not take these on the morning of your procedure, unless you have been advised otherwise by your GP/Doctor.

Anti-platelets: Aspirin, Dipyridamole (Persantin), Clopidogrel (Plavix), Ticagrelor, Cangrelor or Prasugrel

- Please do not take these on the morning of your procedure, unless you have been advised otherwise by your GP/Doctor.
- If you have any questions relating to your blood thinning medications or you are unsure about stopping them, please feel free to contact us or speak to your GP for further advice.
- If you are taking **diabetic medication (insulin or tablets)** and need advice, please contact the Diabetic Liaison Nurse on 01271 322726.
- If you have any allergies or bad reactions to drugs or other tests, please tell the nurse on admission and/or doctor.

Your appointment time is NOT your procedure time

What happens before the procedure?

- When you arrive in the Endoscopy department, please report to reception.
- You will be asked to take a seat in the waiting area until the admissions nurse is ready to see you. Although we endeavor to see you at your allotted appointment time, we do sometimes experience a delay in our list. Thank you for being patient, the reception staff and admissions nurse will be able to keep you updated on any delays.
- In the admissions room, the nurse will take some information from you relating to your procedure and talk you through what to expect during your appointment. Once they are satisfied you understand what is going to happen, they will sign your consent form with you. This is a good opportunity to ask any questions you may have regarding the examination.
- Once the Admission process is complete, the nurse will show you through into the recovery area where you will wait for the procedure. If you have chosen to have sedation, a cannula will be inserted in preparation for the medication which will be administered by Endoscopist.
- Once you are in the procedure room, the endoscopist will talk to you about your reasons for having the procedure, you may want to tell them about any symptoms you have been having and how long they have been occurring.

What happens during the procedure?

- For your safety you will be asked to confirm the details taken during the admission process. You will be given the opportunity to ask further questions about the procedure before it begins.
- Once any medications have been administered, you will be asked to lie on the trolley on your left-hand side. The numbing sensation from the local anaesthetic spray can last 30-60 minutes. Monitoring equipment such as a finger probe will be placed in order to record your pulse and Oxygen saturations.
- If you have any dentures, you will be asked to remove them. A small plastic mouthguard will be placed between your teeth. The scope will be passed through the mouth guard, down the oesophagus and into your stomach.
- When the endoscopist passes the camera, it is very important to try and remain calm. If you want the procedure to be stopped at any time then you should say so or raise your hand. The endoscopist will stop the procedure and remove the camera (scope) safely.
- It may take up to 10 minutes to perform the procedure. During this time some air will be passed down through the scope to distend the stomach and will allow the endoscopist a clear view. This may make you feel a little bloated and uncomfortable. If you get a lot of saliva in your mouth, the nurse will clear it using a slim suction tube.
- A gastroscopy can stimulate the gag reflex.
- Sometimes the endoscopist may need to take biopsies, using small forceps that are passed through the endoscope. You will not feel this happening.

- A number of photographs are taken during the examination. Taking these does not mean there is anything wrong. These photographs are added to the endoscopy report.

What happens after the procedure?

- If you have had sedation you will be transferred to the recovery room on the trolley to rest and recover for approximately 15 minutes, while the nurse monitors your blood pressure and pulse.
- If you have had the local anaesthetic spray only, you may walk to the recovery room and rest in chair until your swallow reflex is back to normal.
- You will then be offered a cold drink to check your swallow is back to normal and the nurse will then decide when you are ready to go home. You will be offered a hot drink and biscuits, or fruit. **You are welcome to bring your own sandwich or snacks.**
- Biopsies are sent to a laboratory with results taking approximately 4 weeks to come back.
- You may experience mild bloating or even slight discomfort in your throat following your procedure.
- Once you have received a copy of your report and have spoken with the nurse, you will be free to go home. Where sedation has been given, your responsible adult will need to collect you from the Endoscopy reception. Please do not use public transport. You must also have a responsible adult stay with you at home for at least 12 hours.

Please note: Although the examination only takes 5-10 minutes you can expect to be at the clinic for 1-2 hours, due to the time it takes to get you admitted and then discharged after your gastroscopy. This does vary from clinic to clinic, but the admitting nurse will be able to give you a better idea on the day. Please bear this in mind when organising people to collect you.

What are the risks?

This is a safe procedure. However, there are some small risks.

- Perforation – The risk of a tear in the upper Gastro-intestinal tract is very small approximately 1 in 10,000.
- Bleeding – It is rare for us to cause significant bleeding in the upper GI tract.
- Missed pathology – We can miss abnormalities in up to 5% of cases, sometimes even important ones.
- Aspiration Pneumonia – inflammation of the lungs, caused by inhaling the contents of the stomach. This is why it is important that you follow the instructions about not eating or drinking for at least 6 hours before the test.

- Dental Damage –There would be a risk of damage to crowned/capped/loose teeth. Although a mouth guard is used, teeth or dental work such as crowns may be broken, chipped, loosened or completely removed by accident. Please inform the nurse on admission of any loose teeth or dental work they need to be aware of. You will be closely monitored throughout and if there is any cause for concern, the test will be stopped immediately

- **Sedation** – We call this conscious sedation. Which means you will be awake and aware. Some patients may experience brief periods of sleep. For most patients, they are able to speak and respond to verbal cues throughout the procedure. A brief period of amnesia may erase any memory of the procedure. Conscious sedation does not last long, but it will make you drowsy.

  Side effects of conscious sedation:

  - It may slow your breathing and the nurse may give you oxygen.
  - Your blood pressure may be affected and you may receive IV fluids to stabilize your blood pressure.
  - Because the effects of conscious sedation linger, you may have a headache, nausea and feel sleepy for several hours once you get home.
  - There is an increased risk of sedation related complications if you are Elderly, frail, or have a medical history of heart disease, cerebrovascular disease, lung disease, liver failure, aneamia and morbid obesity. The endoscopist carrying out the procedure will discuss the sedation or alternatives options on the day.

Follow up

If a follow-up is required, you will be informed on the day of procedure.

Further information

If you are not able to attend for your appointment, please contact the booking team as soon as possible, as we can offer your appointment to another patient.

Doctors and nurses training in Endoscopy at many different levels attend the unit or department and may be involved in your care under the direct supervision of experienced consultants and nurses. If you do not wish to be involved in training these experts of the future, please contact the booking team.

If you have any queries or concerns about your gastroscopy, please do not hesitate to contact the Gemini Endoscopy Suite.

You can access the Endoscopy services webpage on the Royal Devon University Healthcare NHS Foundation Trust website for more information at www.royaldevon.nhs.uk/services/endoscopy.

Useful telephone numbers

- Booking team 01271 370214 (for appointments and cancellations)
- Gemini Endoscopy Suite 01271 349180 (for general enquiries such as medications)

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

Tell us about your experience of our services. Share your feedback on the Care Opinion website www.careopinion.org.uk.

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