

Endoscopy Department

Having a Gastroscopy

Patient Information

Specialist Support

This leaflet can be made available in another language, large print or another format. Please speak to the Ward Manager who can advise you.



It is important that you read this leaflet before attending your appointment.

PLEASE NOTE: You must not eat or drink for 6 hours before the procedure. You can have sips of water up until 2 hours before the procedure.

What is a Gastroscopy?

Also known as an Endoscopy or Oesophago-Gastro-Duodenoscopy (OGD).

A gastroscopy is a procedure that allows us to look at the upper part of your digestive tract; the oesophagus, the stomach and around the first bend of the duodenum (small bowel).

In order to do this, a thin flexible tube called a gastroscope is inserted through the mouth. You can breathe normally throughout the test.

Biopsies (small samples) can be taken if required and sent to the laboratory to be looked at under the microscope. The biopsies taken are about the size of a match head and will not cause you any pain. Photographs / recordings may also be taken and kept on your records.

How can I prepare for my gastroscopy?

In order to have clear views for this procedure, it is important that your stomach is completely empty.

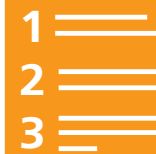
You must not eat or drink for 6 hours before the procedure. You can have sips of water up until 2 hours before the procedure.



You should continue to take your medications as normal unless you have been told otherwise by a doctor or nurse.

If you are taking any medication that thins your blood please contact the Endoscopy Unit at Queen Alexandra Hospital on **02392 286000 ex 5798** as soon as possible as these may need to be stopped.

We will need a list of any medications that you are currently taking and so it is important that you **bring this list with you to your appointment.**



If you are diabetic, you should have been given a separate information sheet on diabetes and endoscopic procedures. If you have not received this information, please contact the endoscopy department for advice.

Why should I have a Gastroscopy?

Your doctor / specialist nurse has recommended that you have a gastroscopy to find out the cause of your symptoms, or to help diagnose and monitor a long term condition such as:

- Inflammation
- Infection
- The presence of helicobacter pylori (bacteria that can cause inflammation and ulcers in the stomach)
- Coeliac Disease
- Cancer
- Barrett's oesophagus
- Varices

Will I be asleep for the procedure?

No. A gastroscopy can be performed under a local anaesthetic

or sedation via a cannula (small tube inserted into your vein).

PLEASE NOTE: it is sometimes not possible to give you the option of which medication you would like to have due to medical reasons.

Local anaesthetic spray - This is sprayed to the back of your throat before your Gastroscopy. The benefits of the throat spray are that it helps to numb the gag reflex. You can go home alone almost immediately after your procedure. You are able to drive / return to work and carry on your day as normal.

You are not able to eat or drink for one hour after having the local anaesthetic throat spray.

Gas and Air (Entonox) - can be offered alone or with the throat spray. This can help to relax and relieve anxiety. The benefit of Entonox when compared to sedation is that you will be back to your normal self and able to drive / return to work within half an hour.

Sedation may make you slightly drowsy and relaxed. You are **NOT unconscious** during the procedure and you will be able to respond and follow instructions. Sedation sometimes has an amnesic effect, meaning you don't remember the full procedure after it has happened.



You will be given additional oxygen, small prongs which sit in your nostrils.

PLEASE NOTE: after having sedation, you are not able to drive a vehicle, drink alcohol, operate any machinery, return to work or sign any legally binding documents for 24



hours following your procedure. You will also need a responsible adult to collect you from the Endoscopy Unit, drive you home and stay with you for 24 hours.

Are there any alternatives to a Gastroscopy?

- **Barium swallow** - In certain circumstances this test can be offered as an alternative and it involves swallowing a fluid under X-ray. It has the disadvantage in that biopsies cannot be taken. These samples may be vital for diagnosis, meaning you may still need to have a further gastroscopy. They are generally considered less accurate than a gastroscopy and involve radiation.
- **Not to have the procedure** - If you decide to not have this procedure then a potential abnormality may be missed. You are advised to speak to your specialist before making this decision.

What are the risks?

Gastroscopy is generally a safe procedure. Complications are rare but they can happen.



- **Perforation**
There is a small risk of making a tear in the lining of your oesophagus, stomach or small bowel. You may need further treatment such as antibiotics and / or surgery if this occurs.
- **Bleeding**
In rare cases where significant bleeding occurs a blood transfusion may be required.
- **Aspiration** (pneumonia)
Starving before the procedure helps reduce this risk.

- **Adverse reaction to the medications**

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur they are usually short lived

- **Discomfort / Bloating**

Mild discomfort is caused by medical air blown into the stomach. You may have a sore throat for up to 24 hours following the procedure

- **Damage to dental work and teeth**

- **Missed pathology**

Every effort is made to complete the procedure as thoroughly as possible but it is accepted that small lesions may be missed

- **Incomplete procedure**

On rare occasions, an incomplete procedure can occur for reasons such as;

- a technical difficulty
- food or blockage in the upper digestive system
- difficulties during the procedure
- Significant discomfort

Giving my consent (*permission*)

You will need to give consent to go ahead with the procedure. It is important that you are fully informed about all aspects of the procedure and understand the risks and benefits for consent to be valid.

There is a copy of the consent form printed in this booklet for you to read through. If you have any questions or concerns, or want to talk about giving consent or any part of the procedure, this can be done at the time admission. Your consent form will be completed with the admitting nurse on the day.

What happens when I come for my gastroscopy?



You will report to our reception desk at the endoscopy unit on D Level. The admitting nurse will in turn take you to a private room to complete the admission process.

You will be asked if you have read and understood this leaflet. The nurse will talk you through what to expect during the procedure and you will have an opportunity to ask any questions that you may have.

Your consent form will be completed at this point as well as checking that your observations are satisfactory.

You will then be asked to take a seat in the waiting room, ready to be called in for the procedure. You do not need to get changed; you can wear your normal clothes.

It is our aim for you to be seen as close to your arrival time as possible. However, the Endoscopy Unit is very busy and your procedure may be delayed due to emergencies.

Please expect to be in the Unit for 2 - 5 hours.

What happens during the procedure?

You will have the opportunity to ask any final questions that you may have, whilst the Endoscopist asks you about the symptoms you have / the reason for the procedure. If you have any false teeth or glasses you will be asked to remove them at this point.

You will be asked to lie on your left side on the trolley (bed). A small probe will be put on your finger to monitor your oxygen levels and heart rate. We will also monitor your blood pressure.

A mouthpiece will be placed between your teeth or gums ready for the procedure to start. A nurse will stay with you throughout the procedure.

You will be able to breath normally at all times. You may gag / retch / belch, this is normal. The nurse can remove any saliva or fluid in your mouth with a small suction tube, rather like the one used at the dentist. The nurse and the Endoscopist will talk to you throughout the procedure explaining everything as it happens.

The procedure usually lasts between five and fifteen minutes.

Please note if your procedure is performed by a trainee Endoscopist, they will be under the close supervision of an experienced Endoscopist.

What happens after my gastroscopy?

If you have had sedation, you will be taken to the recovery area. **A nurse will check your observations and monitor you for around 30 minutes.** You will be offered something to eat and drink before leaving the department unless the Endoscopist has specifically asked for a fasting period. If you have had sedation, you must have a responsible adult to collect you from the Endoscopy Unit, to drive you home and to stay with you for 24 hours after the procedure.

Before you leave the department, the nurse or Endoscopist will explain the findings of your procedure to you, and give you basic after care advice.

Routine biopsies that have been sent to the laboratory can take up to 8 weeks to be processed. The Endoscopist will write to you with the results. If an urgent result is required, the

results are fast tracked and will be available in 2 weeks. Your GP will also receive a copy.

It is normal to have mild abdominal discomfort following a gastroscopy. This is due to the medical air that is inserted during the procedure but this should settle within a few hours.

If you have had throat spray, we often discharge you from the procedure room and you will be able to leave the hospital straight away. You will be advised not to drink or eat anything for an hour after the throat spray to allow the sensation of your mouth and throat to return to normal.

If you have had Entonox, you will be advised not to drive your car until 30 minutes has passed from the time you had the drug / gas. You are welcome to wait in the unit during this time or to go for a walk if you feel back to your usual self.

General points to remember

It is our aim for you to be seen as close to your appointment time as possible however we are also a busy unit which also looks after emergencies. How long you are in the Endoscopy Unit largely depends on whether you have sedation, but you should **expect to be in the department for 1 – 5 hours.** The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

What if I have more questions?

Please contact the **Endoscopy Unit** at Queen Alexandra Hospital on **02392 286000 ex 5798** if you have any urgent questions. Otherwise, please make a note of your questions and the nurse can answer them when you come for your procedure.



Consent Form 1

Patient Agreement to Investigation or Treatment

Patient details (or pre-printed label)

NHS Organisation Patient's first names
 Surname / family name Responsible health professional
 Date of birth Job title
 NHS number (or other identifier) Special requirements
 Male Female (eg other language / other communication method)

Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)

Gastroscopy

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits: Diagnosis +/- treatment of gastrointestinal conditions

Serious or frequently occurring risks: small risk of perforation/bleeding which may require hospitalisation/surgical repair. Adverse reaction to medication.

Damage to teeth / dental ware.

Aspiration pneumonia.

Missed pathology or failure of procedure.

Any extra procedures which may become necessary during the procedure

blood transfusion - In the event of bleeding

other procedure (please specify) - +/- Biopsy +/- medical photography/video (which may be used for teaching and research purposes) , +/- dye spray, +/- Coagulation therapy, +/- Injection of Adrenaline, +/- Banding, +/- Dilatation

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following leaflet/tape has been provided: Having a Gastroscopy.

The procedure will involve:

general and / or regional anaesthetic local anaesthetic sedation

Signed Date

Name (PRINT) Job Title

Contact details (if patient wishes to discuss options later)

Statement of interpreter

(where appropriate)
 I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed Date

Name (PRINT)

Copy accepted by patient: yes / no (please circle)

YELLOW COPY: CASE NOTES WHITE COPY: PATIENT

Statement of patient

Patient identification label

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion.

.....

Patient's signature Date

Name (PRINT)

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see notes).

Patient's signature Date

Name (PRINT)

Confirmation of consent (To be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date

Name (PRINT) Job title

Important notes: (tick if applicable)

See also advance directive / living will (e.g. Jehovah Witness form)

Patient has withdrawn consent (ask patient to sign / date here)

Consent – What does this mean?

Before any doctor, nurse or therapist examines or treats you they **must** have your **consent** or permission. Consent ranges from allowing a doctor to take your blood pressure (rolling up your sleeve and presenting your arm is implied consent) to signing a form saying you agree to the treatment or operation.

It is important before giving permission that you understand what you are agreeing to. **If you do not understand – ask.** More detailed information is available on request.

Data Protection Legislation – Privacy Notice

Further information on how we look after your personal information can be found on the Trust Information Governance webpage at www.porthosp.nhs.uk - or alternatively, please speak to a member of staff.

How to comment on your treatment

We aim to provide the best possible service and if you have a question or a concern about your treatment then the Patient Advice and Liaison Service (PALS) are always happy to try to help you get answers you need. You can contact PALS on **0800 917 6039** or E-mail: PHT.pals@porthosp.nhs.uk who will contact the department concerned on your behalf.

Working together To drive excellence in care for our patients and communities

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