

## Patient information

# Gastroscopy – inpatients

You have been referred by your doctor to have a **gastroscopy**. This booklet has been written to explain the procedure. This will help you to make an informed decision before consenting to the investigation. Please read the booklets and consent form carefully.

Due to the limited space available and to maintain other patient's privacy and dignity, we only allow patients (and carers) through into the ward area. Relatives/escorts will be contacted once the person is ready for collection.

### Before your procedure

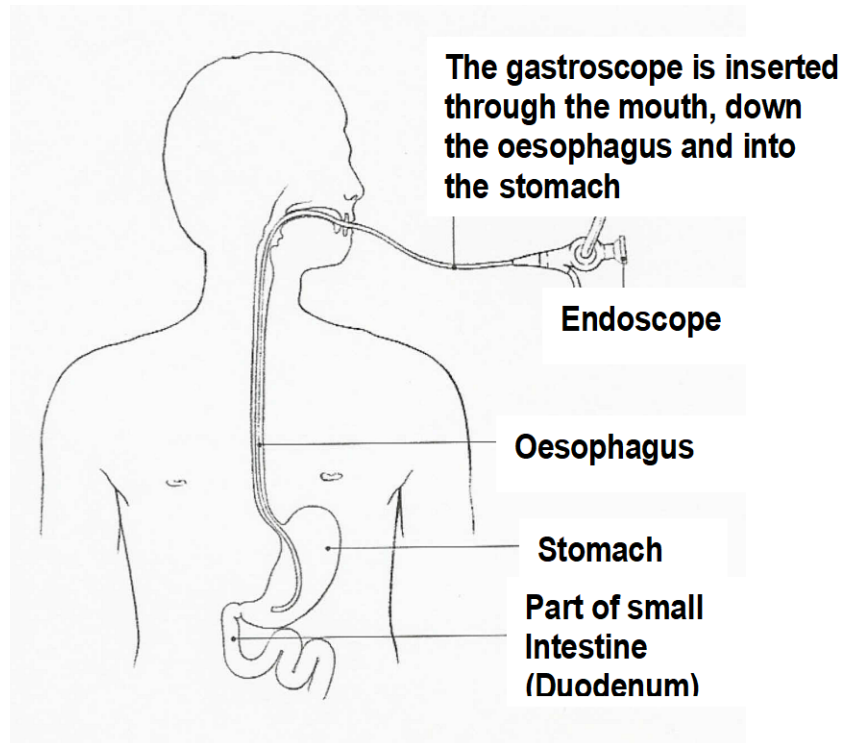
- All medication should be taken as normal with a little water.
- If you are taking **warfarin** or **insulin** please remind the nurses on your ward, as these may need to be adjusted.
- If you have any queries about the procedure, please do not hesitate to ask the nursing and medical staff looking after you.

### On the day

- The ward nurse will complete a checklist before you are brought to the endoscopy department.
- Have **nothing to eat or drink for six hours** before your appointment.
- You will be brought to the endoscopy unit on your bed.
- Make sure you keep your dentures in, leave your hearing aid in place and bring your glasses with you.

## What is a gastroscopy?

This is a test that allows the endoscopist to look at your oesophagus, stomach, and duodenum. This is done by passing a long flexible tube (gastroscope) through your mouth and gently passing over your tongue to the back of your throat and down into your gullet (oesophagus), stomach and the first part of your small intestine (duodenum).



The gastroscope is connected to a television system and has a mini camera built into the end. Pictures are then seen on a television monitor. By examining your stomach, the cause of your symptoms may be found, sometimes we are able to treat them during the test.

The test usually takes between 5 and 20 minutes.

## Why do I need a gastroscopy?

Your doctor is concerned about the symptoms you have been having with your upper digestive system. A gastroscopy is a good way of finding out whether there is a problem, or not. It also helps your doctor to decide on further treatment, if necessary.

A gastroscopy is used to investigate a variety of symptoms, for example:

- Abdominal pain
- Vomiting / vomiting blood

- Heartburn
- Inability to swallow
- Anaemia.

## Are there alternatives to a gastroscopy?

A gastroscopy is the best way of looking at your oesophagus and your stomach. However, a Barium swallow/meal examination is one possible alternative test. A Barium swallow/meal is an X-ray based test. It does not provide such detailed pictures of your oesophagus and your stomach, and it does not allow treatment to be performed at the same time. Therefore, you may still need to have a gastroscopy. If you wish to discuss this further, please contact your GP or doctor.

## How do I prepare for the test?

It is very important that you do **not eat, drink or take any tablets for at least six hours** before your appointment, or this could lead to the cancellation of your appointment.

## Choosing how to have the test

Many patients are concerned at the thought of swallowing the endoscope, we would like to reassure you that whilst you may experience some discomfort, the test is not painful. It is the practice of this Unit to offer a choice of throat spray **or** light sedation.

- **Throat spray:** Local anaesthetic will be sprayed into the back of your throat to make it numb. You will be aware of the procedure, and the endoscopist and nurse will be able to explain things to you during the procedure.
- **Sedation:** A light sedation is given through an injection in your vein. It helps you to relax and will take away some of the awareness of the procedure. **Please note this is not a general anaesthetic.**

## **What does a gastroscopy involve?**

- You will be introduced to the nurses and endoscopist who will be with you throughout your gastroscopy.
- The endoscopist will then check that you have a full understanding of your test and all that it means, and that you are willing to go ahead.
- To monitor your heart rate and breathing, the nurse looking after you will place a probe onto one of your fingers.
- A nurse will be with you at all times, giving guidance and support, you will be asked to remove any dentures and glasses and then lay on your left side. They will place a mouth guard in your mouth to protect your teeth and gums.
- The flexible tube will then be inserted gently into your mouth and pass over your tongue to the back of your throat. We would like to reassure you that although the test can sometimes be a little uncomfortable it is not painful, and you can breathe normally.
- The test should take about 5 - 20 minutes to complete. If small samples of tissue (biopsies) need to be taken, the test may take a little longer.

## **What is a biopsy?**

A biopsy is a small piece of tissue, which is removed through the flexible tube using tiny forceps. This procedure is painless, and you will probably not be aware of it being done.

## **Are there any complications?**

As with every medical procedure the risk must be compared to the benefit of having the procedure carried out. The doctor who has requested the test will have considered this very carefully. Gastroscopy is what is known as an invasive procedure and, therefore, carries risks/complications.

The major risks / complications include:

- Bleeding from the biopsy site or from where a polyp has been removed (less than 1 in every 100 tests carried out). This usually settles down on its own.

- Small tear or damage to the lining (less than one person in every 2,000 tests carried out). This risk is slightly higher if a polyp is found and removed. You may need an operation to repair any damage.
- Disturbance of your heart rate and breathing.
- A reaction to the medication used.
- A sore throat or abdominal tenderness. As the flexible tube passes down and around, it brushes against the lining and may cause a small amount of bruising.
- Incomplete gastroscopy occurs if the test is abandoned due to technical difficulty or because it was causing you distress. A further test such as a Barium swallow/meal may be recommended in the future.

## **After the procedure**

Following your gastroscopy, the back of your throat may feel sore for the rest of the day, and you may feel bloated if some of the air remains in your stomach. Both these discomforts will pass and need no medication. You may return to your ward immediately after the procedure.

## **If you have had throat spray**

You are advised not to have anything to eat or drink until the numbness has worn off; this usually takes about one hour. After this you can eat and drink normally.

## **If you have had sedation**

If you are discharged from hospital within 24 hours of your procedure, you are advised not to:

- Drive
- Operate machinery
- Drink alcohol or smoke
- Sign any legal documents
- Take care of young children.

You must also have a responsible adult stay with you for the next 24 hours.

If you have any of the following problems, you should let the staff on your ward know immediately:

- Severe abdominal pain (not cramp caused by wind)
- A firm and swollen abdomen
- High temperature or feeling feverish
- Black tarry stool/poo
- Vomiting / vomiting blood.

If you have had sedation and are still sleepy, when taken back to your ward, the doctors looking after you will tell you the result. A report will be filed in your hospital notes before you leave the endoscopy unit so that the information will be readily available for the medical team looking after you.

If samples have been taken, the result will not be available for a couple of weeks. Details of the results and any necessary treatment should be discussed with the doctor who requested you to have the procedure.

## Summary of important information

A gastroscopy is a safe procedure and a very good way to investigate your symptoms.

Risks and complications are rare, and the benefits outweigh the risks. However, it is your decision whether you wish to go ahead with the procedure or not and you are free to change your mind at any time.

Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

Training doctors and other health professionals is essential to the continuation of the National Health Service 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 will not affect your care and treatment.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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