

## Patient information

# Gastroscopy with oesophageal dilatation

You have been referred by your doctor to have a gastroscopy, which may include oesophageal dilatation. This information booklet has been written to explain the procedure. This will help you to make an informed decision before consenting to the procedure. If you are unable to attend your appointment, please inform us as soon as possible.

**Please ensure you read this booklet and the enclosed consent form thoroughly. Please also complete the enclosed Health Questionnaire.**

You may be contacted by an endoscopy trained nurse before your procedure to go through the admission process and answer any queries you may have. If you are not contacted please come to your appointment at the time stated in your letter.

**Please note your appointment time is your arrival time on the unit and not the time of your procedure.**

***If you have any mobility issues or if there is a possibility you could be pregnant, please contact the appointment staff on 01284 713551***

Please remember there will be other patients in the unit who may arrive after you but are taken in for their procedure before you, this is for medical reasons or they are seeing a different doctor.

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

The Endoscopy Unit endeavours to offer single sex facilities, and we aim to make you stay as comfortable and stress free as possible.

## Medication

If you are having a gastroscopy for the first time and you are taking anti-ulcer medication please stop these TWO WEEKS before your gastroscopy date, examples of these medications are:

- Lansoprazole
- Omeprazole
- Esomeprazole
- Pantoprazole
- Rabeprazole

However, if you are having a repeat gastroscopy procedure it is very important that you **do not stop** these medications prior to the procedure.

If you are taking **WARFARIN, CLOPIDOGREL, RIVAROXABAN or any other anticoagulant (blood thinning medication)**, please contact the appointment staff on 01284 713551, your GP or anticoagulation nurses, as special arrangements may be necessary.

**Diabetic Patients** should contact their diabetic nurse or GP, please inform them that you are required to be nil by mouth for **6 hours** prior to your procedure (see section – How do I prepare for my Gastroscopy).

**Please ensure you bring your current medications with you when you attend for your procedure.**

***If you are in any doubt whether you should stop or continue your medication, please ring 01284 712653.***

## How do I prepare for the procedure?

It is necessary to have clear views and for this the stomach must be completely empty.

It is very important that you **do not** eat or drink for at least **6 hours** before your appointment or this could lead to the cancellation of your procedure. If your appointment is in the afternoon, please only eat light meals prior to your **6 hours** of being nil by mouth.

## What happens when I arrive?

On arrival to the Endoscopy Unit please report to reception where the receptionist will check your personal details. You will be asked to take a seat in the waiting area until you are collected by a nurse, and taken through to one of our admission rooms. Due to limited space we are unable to allow anyone to accompany you unless they are a carer. We will contact your relative/escort once you are ready to be collected.

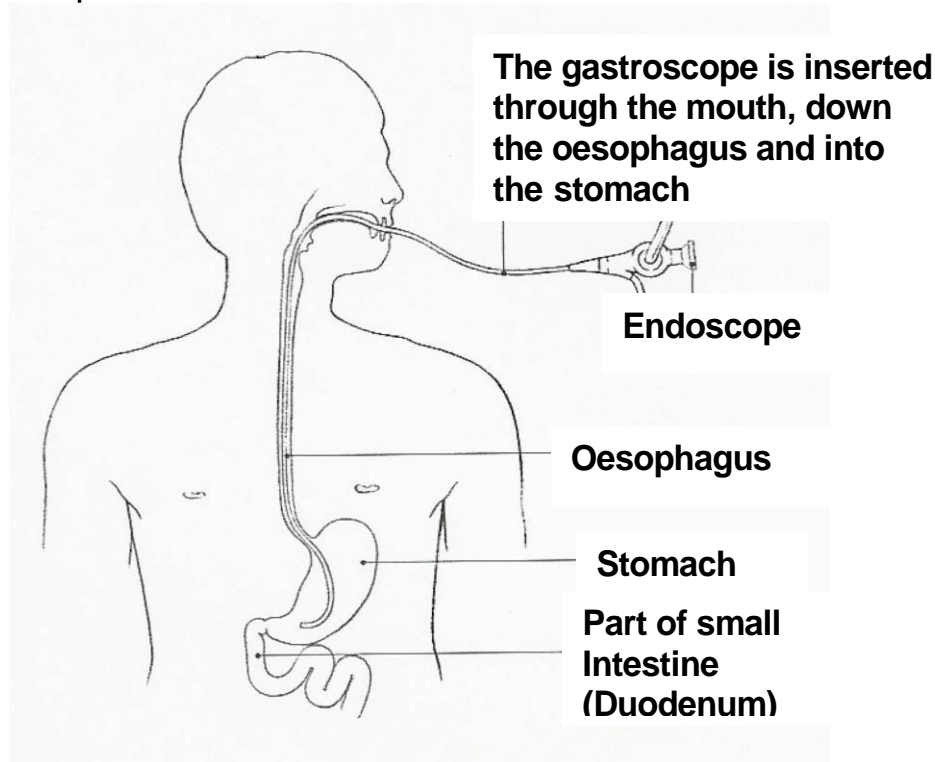
You will be taken into the admission room where a nurse will explain the procedure and they will ask you about your health, medications and allergies. They will take your pulse and blood pressure. If you are a diabetic your blood glucose level will be checked.

The nurse will discuss the consent form with you and answer any questions that you may have. We want to make sure you understand the procedure and its implications.

You can expect to be on the unit **2-4 hours**.

## What is a Gastroscopy?

A Gastroscopy is a procedure that allows the endoscopist to look at your oesophagus, stomach and duodenum. This is done by passing a flexible tube known as a gastroscope through your mouth and gently over your tongue to the back of the throat, down into your gullet (oesophagus), stomach and the first part of your small intestine (duodenum). The procedure takes between 5 - 15 minutes.



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 and photographs may be taken which are stored in your medical notes. By examining your upper digestive tract the cause of your symptoms may be found and sometimes we are able to treat them during your procedure. This procedure usually takes 5 - 10 minutes.

## What is oesophageal dilatation?

Oesophageal dilatation is the treatment of a symptomatic obstruction of the oesophagus which causes difficulty in swallowing due to a narrowing (stricture) of the oesophagus. The commonest reasons for its occurrence are Achalasia (a condition when the lower oesophageal muscle becomes very tight), scarring in the oesophagus caused by stomach acid damage (heartburn) or following oesophageal surgery.

Oesophageal dilatation is an endoscopic procedure, in which a gastroscope is used to inspect the oesophagus to assess the stricture. An inflatable balloon is then passed through the gastroscope and positioned central to the tightest point of the stricture. The balloon is then inflated to certain pressures, causing the balloon to expand and stretch the stricture. The procedure usually takes 10 - 20 minutes. Some patients may require further oesophageal dilatation in the future, following their first successful dilatation.

## Medications

**Intravenous sedation:** We will give you a sedative through the cannula to make you feel relaxed. The sedative **will not** put you to sleep, but it will take away some of the awareness of the procedure.

**Analgesia (pain relief):** Analgesia will also be administered through your cannula to help reduce any discomfort you may feel during the procedure.

Due to the effects of intravenous sedation and analgesia you will need a responsible adult to collect you from the unit and stay with you for at least 24 hours. You will not be able to drive, go back to work, operate machinery, drink alcohol or sign any legal documents for 24 hours following sedation.

## What does a Gastroscopy involve?

- You will be escorted to the procedure room and introduced to the nurse and endoscopist who will be with you throughout the gastroscopy.

- The endoscopist will check you have full understanding of your procedure and all that it means and that you are willing to go ahead.
- In order to monitor your blood pressure, heart rate and breathing, the nurse looking after you will place a cuff on your arm and a probe on your finger.
- A nurse will be with you at all times, giving you guidance and support. You will be asked to remove dentures, glasses and hearing aids from your left ear. You will be asked to lie on your left side; the nurse will place a mouth guard into your mouth to protect your teeth and gums. Intravenous sedation and analgesia will be given at this time.
- The gastroscope will then be inserted gently into your mouth and passed over your tongue to the back of your throat. We would like to reassure you that you can breathe normally throughout the procedure. Any saliva or secretions produced during the procedure will be removed using a small suction tube, rather like the one used at the dentist.
- Gastroscopy with oesophageal dilation usually takes between 10 - 20 minutes to complete. If small samples of tissue (biopsies) need to be taken, the procedure may take longer.
- If you have had oesophageal dilatation you will remain nil by mouth for a further four hours, you will then be offered a drink. It is usual to remain on a fluid only diet for 24 hours following oesophageal dilatation. The following day you may commence a soft diet.

## **What is a biopsy?**

A biopsy is a small piece of tissue, which is removed through the gastroscope, using tiny forceps. This procedure is painless and you will probably be aware of it being done.

## **Are there any risks or complications?**

As with every medical procedure, the risk must be compared to the benefit of having the procedure. The doctor who has requested the procedure will have considered this very carefully.

Gastroscopy with oesophageal dilatation procedures carry a small risk of perforation (tear) or haemorrhage (bleeding) of the gut, following which surgery may be necessary. There may be a slight risk to teeth, crowns or dental bridge work. You

should tell the nurse if you have any of these. Other complications include aspiration pneumonia (inflammation of the lungs, caused by inhaling or choking on vomit) and an adverse reaction to any medications used.

## After the procedure

We will tell you as much as possible about what was found after the procedure. However biopsy results will take a few weeks to arrive.

## Following having sedation

You will be given time to recover quietly until the immediate effects of sedation has worn off. You will require an escort to take you home. **This person must come to the Unit to collect you. You must have supervision by a responsible adult at home for at least 24 hours following sedation.**

Before you are discharged, the nurse will tell you what was seen during your procedure and what to do next. You will be given a printed sheet with this information on for you to take home.

The sedation lasts longer than you imagine, so it is very important that after your procedure you do not do any of the following for at least 24 hours:

- Drive a car
- Operate machinery
- Drink alcohol or smoke
- Sign any legal documents

## After you have been discharged

Serious side effects from this procedure are rare but the rest of the day you may have a sore throat. You may also feel a little sore and a little bloated following gastroscopy with oesophageal dilatation.

If you experience any of the following problems please contact your GP immediately informing them you have had a gastroscopy with oesophageal dilatation:

- Severe abdominal or chest pain
- A firm and swollen abdomen
- Breathlessness

- Fast heart rate
- High temperature or feeling feverish
- Vomiting blood

If you are unable to contact or speak to a GP and you are experiencing any of these symptoms we would advise you to attend your nearest Accident and Emergency Department.

**If you have any queries post procedure you can contact the Endoscopy Unit during opening hours: 8.00am to 9.30pm Monday to Thursday and 8.00am to 6.00pm Friday. Telephone number: 01284 713952. Out of hours, you can contact West Suffolk Hospital on 01284 713000 and ask to be put through to the on-call endoscopy nurse for advice.**

**Please be advised that patients are unable to donate blood for four months following an endoscopy examination as directed by the NHS Blood and Transplant Service.**

## **Summary of important information**

As with every medical procedure, the risk must be compared to the benefit of having the procedure. The doctor who has requested the procedure will have considered this very carefully. 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.

**It is our aim for you to be seen as soon as possible. However, the unit can be busy and your procedure may be delayed. If emergencies occur, these patients will obviously be given priority over less urgent cases.**

Due to limited space available and to maintain other patient's privacy and dignity, we only allow patients and carers through into the ward area. Relatives and escorts will be contacted once you are ready to be collected from the unit.

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.

**If you are unable to keep your appointment, please notify 01284 713551 as soon as possible.**

Training doctors and other health professionals is essential to the continuation of the National Health Service and improving the quality of care. Your procedure may provide



an important opportunity for such training under careful supervision of an experienced endoscopist. You can however, decline to be involved in the formal training of medical and other students; this will not affect your care or treatment.

## Checklist

### Things to remember before your procedure:

- Read the booklets carefully
- Fill in the health questionnaire
- Do not have anything to eat or drink for at least six hours before your procedure.
- Check for specific medication instructions
- Transport arrangements have been made

Bring this booklet, health questionnaire and consent form with you to the appointment. Do not sign the consent form, but please bring it with you on the day of your appointment.

*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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