

Therapeutic gastroscopy

This booklet contains information about the examination and preparation.

PLEASE READ THIS LEAFLET CAREFULLY, AS FAILURE TO FOLLOW THE INSTRUCTIONS MAY RESULT IN YOUR PROCEDURE BEING CANCELLED ON THE DAY.

Your appointment time is the planned time of your admission in to the endoscopy unit not your procedure time.

CHECKLIST (tick off as completed)

- - Note appointment date and time.
 - Read all procedure information.
 - Telephone the booking number straightaway
 - if you have not been advised about anticoagulation: If taking anticoagulation (blood thinners) you will need to be advised by an End professional before your procedure.
 - If you have a pacemaker.
 - If tablet controlled diabetic.
- - Contact your diabetic nurse if taking insulin.
 - Arrange for someone to drive you home and stay with you for 24 hours if having sedation.
 - Bring this booklet and consent form with you to your appointment.
 - If planning to go abroad, seek advice about air travel.

Your appointment

Please write in your appointment date and time here

Date:

Time:

Salisbury District Hospital, Endoscopy booking office telephone 01722 345543

(8am – 5.30pm Monday – Friday)

If we are unable to answer your call please leave a message and we will call you back.

- If after reading this leaflet you have decided not to go ahead with your procedure please telephone the booking office immediately to cancel your appointment and contact the medical professional who requested your appointment to discuss your decision. Patients who do not attend their appointments cost the NHS approximately £450 per procedure. Please help us to use our NHS resources wisely. If you fail to attend without notifying us then you may not be offered another appointment.
- Please telephone the above number if, due to unexpected circumstances, you are unable to keep your appointment. This will enable staff to arrange another date and time for you and give your appointment to someone else.
- Your procedure may be **observed** by students. If you prefer not to have a student involved in your care please let us know.
- Salisbury NHS Foundation Trust is an endoscopy training centre. We regularly have trainee endoscopists working on the unit. Please discuss any concerns or issues you may have with the admitting nurse.

- On occasion company representatives may be present in the department for development purposes. If this is the case, you will be informed by the nursing staff when you are admitted. If you do not wish a representative to be present during your care please tell the admitting nurse.

Introduction

You have been advised to have a therapeutic gastroscopy to treat your upper digestive tract condition. **A formal written consent is required before we can carry out your procedure.** This booklet helps explain how the procedure is carried out and what the risks are. This will help you to make an informed decision when agreeing to the procedure and about whether to choose conscious sedation or throat spray. The consent form is included with this booklet.

If there is anything you do not understand or anything you wish to discuss further, please discuss this with the admitting nurse. Bring the consent form with you and you can sign it after you have spoken to the admitting nurse.

The consent form is a legal document- please read it carefully.

What is a therapeutic gastroscopy?

The examination you will be having is called a gastroscopy. This is an examination of your gullet, stomach and first part of the small bowel through your mouth. It is carried out by (or under the direct supervision of) a trained healthcare professional called an Endoscopist.

A gastroscopy is a very accurate way of looking at the lining of your upper digestive tract, to establish whether there is any disease present. The instrument used is called a gastroscope (scope) and is a thin flexible tube. The scope has a light and small camera in the tip which sends live images to a screen where it is viewed by the Endoscopist as the scope is passed around your digestive tract.

During the examination the Endoscopist may need to take some small tissue samples, called biopsies; this is painless. The samples will be looked at under a microscope by a special doctor called a Pathologist. The tissue sample and associated clinical information will be kept. Excess tissue may be used for teaching or research purposes aimed at improving diagnosis and treatment of digestive diseases. This may benefit other patients in the future. If you do not wish us to keep the excess tissue for this purpose or have any questions or concerns, please ask the admitting nurse before signing the consent form. Images from the gastroscopy will be retained in your healthcare notes.

During your procedure the endoscopist can perform treatment aimed at alleviating or treating your condition. You will usually know in advance which procedure you are going to receive. These are as follows;

A dilatation which involves stretching the narrowing in the gullet to improve your swallowing. This is carried out either with a balloon passed through the scope and gently inflated across the narrowing or a thin wire is passed through the scope, the scope is then removed leaving the wire in place and a dilating tube is placed over the wire and passed through the narrowing.

It is sometimes necessary to do this with the aid of an x-ray.

Injection of Botox which involves injecting very small amounts of Botox into an area in your gullet or stomach to alleviate your symptoms.

Banding of oesophageal varices which involves placing small bands over the ends of any enlarged blood vessels within your gullet to reduce the risk of these causing bleeding in the future.

The treatment you receive can occasionally need to be repeated on a regular basis. You will be informed if this is the case.

What are the alternatives to therapeutic gastroscopy?

There is no alternative procedure that can be done to treat your symptoms or condition. You may decide that you do not want any treatment but this will mean that you have to live with your condition. Your treatment today will normally have been discussed with you previously either at a previous gastroscopy or at an outpatients appointment.

What are the risks?

A therapeutic Gastroscopy is a safe procedure for most people. Serious problems are rare. However, you need to weigh up the benefits against the risks of having the procedure. There can be risks from having the examination itself as well as from the sedation. If you are elderly, frail or have certain pre-existing medical conditions these risks may be increased.

The main risks are:

- If a biopsy is taken it can lead to bleeding or a perforation (a tear) of the gut. It might be necessary to admit you to hospital for treatment. This happens in less than 1 in 3,000 cases and rarely blood transfusions and/or surgery is needed. If surgery is needed it will be a major operation.

- These risks are increased 1 in 250 with a dilatation and 1 in 500 with variceal banding.
- If having Botox injection- allergic reaction, may introduce infection/abscess at injection site, may worsen reflux, may cause chest pain after procedure.
- Aspiration – gastric juices or saliva entering the lungs. A small suction tube is used to minimise this risk.
- Short term problems with breathing, heart rate and blood pressure (related to sedation or procedure). This happens to less than 1 in 200 people. We will monitor you carefully so that if any problems do occur they can be treated quickly. Older people and those with significant health problem (for example people with serious breathing difficulties or heart conditions) may be at higher risk of complications.
- Heart attack or stroke (related to the sedation or procedure) – though this is rare.
- Damage to teeth or bridgework.
- The overall chance of missing something important such as a cancer is less than 1 in 2,500.
- Pain after the procedure – This is related to the treatment of your condition and should get better on its own or you may need to take simple pain relief for 1-2 days.
- The procedure may not be able to be completed and it may need to be repeated or other investigations/procedures arranged.

Options for undergoing the procedure?

We routinely offer conscious (awake) sedation and pain relief injection to help you relax as your procedure is likely to take longer than a diagnostic gastroscopy and it may be more uncomfortable. The medication will be injected into a cannula (thin tube) inserted into a vein in your hand or arm. **It will make you lightly drowsy and relaxed but will not put you to sleep. It may make you forget all or part of the procedure.** You are likely to be aware of what is going on around you and will be able to follow simple instruction during the examination. We will monitor your breathing and heart rate throughout the examination. We also offer a choice of throat spray. This is patient choice but your suitability will be assessed and discussed with you either by the admitting nurse or the endoscopist.

If you choose conscious sedation you will not be allowed to drive home. You must arrange for a responsible adult to collect you. The nurse will need to be given their telephone number so we can contact them when you are ready to go home.

You will need a responsible adult to stay with you for 24 hrs after your gastroscopy. However if this is not possible you may not be able to have conscious sedation and may be offered throat spray only.

Preparation instructions

6 hours before the examination

- Do not eat any food after this time or have any milk
- You may have a light meal before this time. Do not eat a fatty or heavy meal.

2 hours before the examination

- You may have as much clear fluid (fluid you can see through) as you like up to 2 hours before your examination. Do not drink anything after this time.

It is important your stomach is empty to enable the endoscopist to see the lining of your digestive tract clearly. It also minimises the risk of aspiration (fluid or gastric contents entering the lungs).

Failure to follow these instructions could lead to your procedure being cancelled on the day.

What about my medicines?

You should continue to take all your routine medicines unless instructed otherwise by telephone or in a letter from the endoscopy unit.

Please continue taking indigestion tablets such as Omeprazole, Pantoprazole, Esomeprazole, Lansoprazole, Rabeprazole, and Ranitidine. You may also continue to take peptic liquid or Gaviscon.

Patients with Diabetes

If you use insulin please telephone your diabetic nurse for instructions about your medication

If you use tablets only, please telephone the endoscopy booking office.

Taking Warfarin, Clopidogrel, Dabigatran, Rivaroxaban or Apixaban or medication you have been told thin the blood.

- You may require a blood test before your procedure.

- If you have not already been informed by telephone or letter please telephone the Endoscopy booking office at least 2 weeks before your appointment.
- You may be asked to stop these medications but this must first be checked with an Endoscopy health professional. After you have telephoned to tell us, a nurse from endoscopy will telephone you back to advise you .
- Please do not stop your Aspirin if you take it.

What to bring with you

Please leave all valuables at home. The hospital cannot accept responsibility for these items.

What happens when I arrive in the Endoscopy unit?

Please book in for your procedure at the CT/MRI reception. **The time on your appointment letter is the time you will be admitted in to the Endoscopy unit. Please remember that your appointment time is not the time you will have your procedure. There will be a waiting time between your admission and having your procedure.** Soon after you arrive you will be admitted by a nurse who will go over your health questionnaire with you. This is to confirm that you are fit enough to undergo the procedure. The nurse will record your blood pressure, heart rate and oxygen levels. If you are diabetic, your blood glucose level will be checked. **If there are concerns about your health when you are admitted, your procedure may need to be postponed to reduce any risks of complications during or after the procedure.**

The nurse will check you understand the procedure and will be able to answer any further questions or concerns you have. When you are comfortable, you will be asked to sign the consent form. By signing this form you will have agreed to have the test performed and that you understand why it is needed. This does not take away your right to have the examination stopped at any time.

You will be asked about your arrangements for getting home after your procedure. If you decide to have conscious sedation, you must be accompanied home and have a responsible adult stay with you overnight (see page 4).

You will be asked to take a seat in the admission area. The procedure room nurse will collect you from the admission area.

What happens during the therapeutic gastroscopy?

You will be collected from the admission area. A safety checklist will be completed and you will have the opportunity to ask any final questions. If you are having conscious sedation, a cannula will be placed in a vein in your hand or arm. Local anaesthetic throat spray is administered whilst you are sitting up. You will be asked to lie on your left hand side and the sedative will be given if you are having it. A mouth guard will be placed in your mouth to guide the scope.

The Endoscopist will move the gastroscope through your mouth into your gullet, stomach and first part of the small bowel. Air is passed gently into your digestive tract to make moving the scope around easier. You may feel slightly full as the Endoscopist passes air through the scope and around your stomach. It is very important you take slow deep breaths throughout the procedure. If you would like the procedure to stop at any time please raise your right arm. The endoscopist will stop and explain how much longer the examination is likely to take. If you still would like the examination to stop raise your right arm again and the examination will be abandoned. This will mean that we will not be able to give you a full diagnosis or treat your condition and it is likely that you will need to have the examination repeated at a later date.

You may feel some discomfort when the Endoscopist stretches the narrowing in your gullet/applies the oesophageal bands/injects the Botox. This discomfort will be kept to a minimum by the sedative and pain relief. A therapeutic gastroscopy takes approximately 15-30 minutes.

How long will I be in the endoscopy unit?

There are several procedure rooms within the unit carrying out different procedures. Due to this you may not be called through in the order you have arrived.

You should expect to be in the unit for 1-4 hours dependent on which treatment you are having.

The unit also deals with emergencies and these will take priority over people with outpatient appointments. However, we will try to keep any delays to an absolute minimum.

After the examination

We will monitor you in the recovery area for up to 3 hours dependant on which treatment you have had. Your blood pressure, heart rate and breathing will be monitored. If you are diabetic, your blood glucose will also be checked. You may feel a little bloated or have some discomfort in your abdomen or chest after the examination. This is normal and it should start to gradually ease by the time you are discharged.

Before you leave the unit, a nurse or the Endoscopist will explain what was seen during the examination and whether you need any further appointments. You will be given a copy of the endoscopy report.

If you have sedation you must be collected from the Endoscopy unit and accompanied home. You must arrange for a responsible adult to stay with you for 24 hours. A nurse will ring them to ask them to return when you are ready to go home.

For 24 hours after the sedation you must not:

- Drive (This is a legal requirement)
- Drink alcohol
- Go to work
- Operate machinery
- Sign any legally binding documents
- Look after young children alone

Most people feel back to normal after 24 hours.

In order to respect the privacy and dignity of our patients, friends and relatives are unable to come onto or wait in the endoscopy unit.

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