

## Endoscopy Department

# Gastroscopy

## Important Information

### Before your appointment

- All medications should be taken as normal with a little water.
- If you are taking **Warfarin** please read the '**Alert for patients on Warfarin**' carefully as you may need to have an INR test 7 days before.
- People with **diabetes** should have additional instructions. Contact the Endoscopy department on 01223 216546 immediately if missing.
- If you have any queries about the procedure or find that you cannot keep this appointment please contact the Endoscopy Office between 0900 and 1700 on 01223 216546

### On the day

- Have **nothing to eat for 6 hours and nothing to drink for 4 hours** before your appointment

### At the hospital

- The Endoscopy Department is on Level 3 of the Addenbrooke's Treatment Centre (ATC).
- Use **Car park F**, situated opposite the main entrance to the centre, take the 'visitor' parking ticket issued at the car park entrance to the reception desk in the Treatment Centre to have it changed to the concession for outpatients' version. Bring your appointment letter with you.
- Please note that the appointment time you have been given is for your pre procedure check, not the time of your examination. You may be here for up to 2 hours.
- If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure.

Your doctor has requested this procedure to help investigate and manage your medical condition.

## What is a gastroscopy?

Gastroscopy is a procedure that allows the endoscopist to look directly at the lining of the upper gut. The upper gut consists of the oesophagus (gullet), stomach and duodenum (part of the small intestine joining the stomach). A gastroscope is used which is a long flexible tube (thinner than your little finger) with a light at the end. It is passed through the mouth, into the gullet (oesophagus) and then into the stomach and duodenum. The lining of these can be checked to see if there are any problems such as ulcers or inflammation. The procedure can take between 5 and 15 minutes.

Sometimes it is helpful to take a biopsy – a sample of the lining of the gut. This is performed by passing a small instrument through the gastroscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead) which is sent to the laboratory for analysis. This will not cause you any pain.

## Getting ready for the procedure

Wear loose fitting washable clothing and leave valuables at home.

On arrival, the procedure will be explained to you and you will be asked to sign a consent form. We want to make sure that you understand the procedure and its implications. Remember, you can change your mind about having the procedure at any time.

## Sedatives

There are two options for this procedure

- 1. No sedation option:** you will be given a local anaesthetic spray to the back of your throat. This will make it numb so that you cannot feel the gastroscope. The numbness will last for about half an hour. The advantage of this option is that you can leave as soon as you have talked to the endoscopist and resume your normal activities eg working, driving. You will be fully aware of the procedure, most patients find this acceptable and not too unpleasant.
- 2. Intravenous sedation option:** An intravenous injection is given into a vein to make you feel relaxed and sleepy but not unconscious (this is **not** a general anaesthetic). This option means you may not be aware of the procedure.  
The disadvantages to this option are
  - (1) You will need to stay whilst you recover which may take up to an hour or more.
  - (2) You will need to be escorted home.
  - (3) The injection may continue to have a mild sedative effect for up to 24 hours and may also leave you unsteady on your feet for a while.

If you choose sedation you **must** arrange for a responsible adult to come with you, wait with you and then take you home. You will not be able to drive. Altogether, you and your escort may be in the department for up to two hours. If you come without someone, the procedure will be cancelled. If you are using hospital transport, an escort is not required.

## During the procedure

For your comfort and reassurance, a trained nurse will stay with you throughout. In the procedure room, you will be asked to remove false teeth and glasses, made comfortable on a couch lying on your left side. The endoscopist will give you the injection or throat spray. To keep your mouth open so that you do not bite the gastroscope, a plastic mouth guard will be put gently between your teeth. A plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels.

When the endoscopist gently passes the gastroscope through your mouth you may gag slightly, this is quite normal and will not interfere with your breathing. During the procedure, some air will be put in to your stomach so that the endoscopist will have a clear view and this may make you burp and belch a little. Some people find this unpleasant. The air is removed at the end. When the procedure is finished, the gastroscope is removed quickly and easily.

Minimal restraint may be appropriate during the procedure. However if you make it clear that you are too uncomfortable the procedure will be stopped.

## Potential problems

Diagnostic gastroscopy procedures carry a very small risk (1 in 10,000 cases) of haemorrhage (bleeding) or perforation (tear) of the gut following which surgery may be necessary. There may be a slight risk to teeth, crowns or dental bridgework. You should tell the nurses if you have any of these. Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and an adverse reaction to the intravenous sedative drugs.

## After the procedure

Afterwards, 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.

If you are given a **throat spray** you may go home immediately after the procedure. You are advised not to have anything to eat or drink until the numbness has worn off. After this, you can eat and drink normally.

If you have **sedation**, you will be taken to a recovery area while the sedation wears off. When you are sufficiently awake, you may go home. You are advised not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for the next

24 hours. You are also advised to have a responsible adult stay with you for the next 12 hours.

After your procedure, if you have any of the following problems you should contact your GP, the Endoscopy department or the Accident and Emergency department.

- severe pain,
- black tarry stools
- persistent bleeding

## **When do I know the result?**

The endoscopist will be able to tell you the results immediately after the procedure. If you had sedation, it is a good idea to have someone with you when you talk to the endoscopist because the sedation can make you forget what has been discussed.

If a sample has 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 recommended you to have the procedure.

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 an experienced endoscopist. You can, however, decline to be involved in the formal training of medical and other students: this won't affect your care and treatment.

## **Alternatives:**

In some cases, depending on individual factors such as the symptoms present and the condition being investigated, there may be alternatives to having a gastroscopy. These may include:

- a barium meal,
- a CT scan,

## **For more information:**

- Contact the Endoscopy Office between 0900 and 1700 on 01223 216546
- See [www.addenbrookes.org.uk/consent](http://www.addenbrookes.org.uk/consent)

Please ask if you require this information in other languages, large print or audio format:  
01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

## Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

## Cantonese

તમને આ માહિતી બીજી ભાષાઓમાં, મોટા અક્ષરોમાં અથવા સાંભળી શકાય એવા માધ્યમ (ઓડીઓ ફોર્મેટ)માં જોઈતી હોય તો કૃપા કરીને પૂછો.

## Gujarati

تکایہ پرسیار بکہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر . بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

## Kurdish

آگراپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پروکارہوں تو ہر اے مہربانی اس کیلئے درخواست کریں۔

## Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.

For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

### Document history

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