

Endoscopy Department

Gastroscopy with oesophageal dilatation

Important Information

Before your appointment

- All medications should be taken as normal with a little water.
- If you take **Warfarin** please read the '**Alert for patients on Warfarin**' on page 2 as you may need to have an INR test seven days before.
- If you have **diabetes** please read the advice on page 6 and 7.
- If you have any questions about the procedure or find that you cannot keep this appointment please contact the Endoscopy Office between 09:00 and 17:00 Monday to Friday on 01223 257080.

On the day

- Have **nothing to eat for six hours and nothing to drink for four hours** before your appointment

At the hospital

- Please come to the Endoscopy Department on level three of the Addenbrooke's Treatment Centre (ATC).
- Use the 'Patient and Visitor Treatment Centre Car Park' opposite the main entrance of the ATC. Take your parking ticket and appointment letter to the ATC reception desk to obtain discount parking.
- **Please note that the appointment time is for your pre procedure check, not the time of your examination.** The length of time you will be here will vary enormously but expect it to be anything from two to four hours or more. Please ask your admitting nurse for further information during your admission check.

Alert for Endoscopy patients on Warfarin or Clopidogrel

or other anticoagulant medication

You **must** read this guidance **before** your procedure.

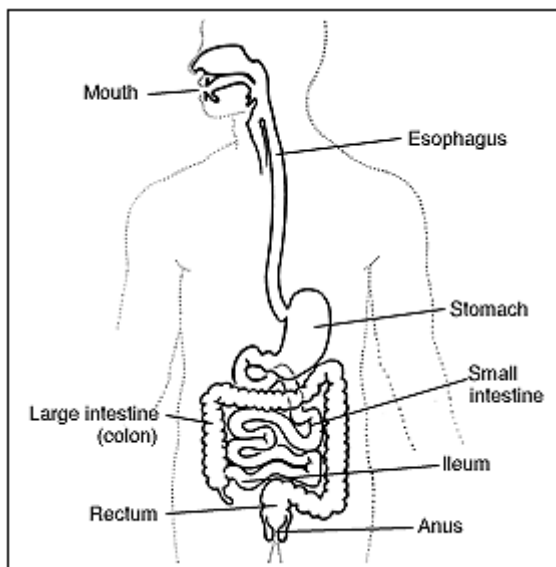
If you have any questions or do not know whether to stop your medication before your Endoscopy please phone 01223 216515.

Warfarin: for patients advised to continue medication
<ul style="list-style-type: none"> You should have an INR test seven days before the Endoscopy.
<ul style="list-style-type: none"> If that INR result is 3.0 or less, continue with your usual daily Warfarin dose.
<ul style="list-style-type: none"> If that INR result is more than 3.0, ask your supervising anticoagulant service for advice to reduce your daily Warfarin dose so that your INR is 3.0 or less when you have the Endoscopy.
Warfarin: for patients advised to stop medication
<ul style="list-style-type: none"> You should stop Warfarin five days before the Endoscopy.
<ul style="list-style-type: none"> After the Endoscopy go back to your usual daily dose as soon as you are eating again (that will usually be the same evening).
<ul style="list-style-type: none"> You should have your INR checked one week later to ensure you are adequately anticoagulated again.
<p>If you have:</p> <ul style="list-style-type: none"> metal mitral valve metal valve + previous stroke/thrombosis valvular heart disease <p>you may need Heparin injections instead of Warfarin. Ask your local anticoagulant service for advice.</p>
Clopidogrel: for patients advised to stop medication.
<ul style="list-style-type: none"> You should stop Clopidogrel seven days before the Endoscopy.
<p>Other anticoagulant medication : Acenocoumarol, sinthrome, phenindione, dindevan: If you are taking any of these please contact the Endoscopy department 01223 216515.</p>

What is an oesophageal dilatation?

You are experiencing difficulty swallowing due to a narrowing (stricture) your oesophagus (gullet). The commonest reasons for this treatment are Achalasia (a condition where the lower gullet muscle becomes very tight), scarring strictures associated with stomach acid damage (heartburn) or following oesophageal surgery. Your doctor thinks that it is possible and appropriate to try to improve your symptoms by stretching the narrow part using endoscopy rather than a surgical operation.

Firstly, we use a gastroscope to inspect your oesophagus then a stretching device, which is an inflatable pressure balloon, is passed through the gastroscope and positioned across the narrowed area. The balloon is inflated to certain pressures



and as the balloon expands, the narrowed area expands to the same size. We use different sizes of balloon to reach the right size to improve your symptoms.

The procedure will usually take between 5 and 15 minutes but sometimes may take longer

Sometimes it is helpful to take a biopsy – a sample of the lining of the gut. A small instrument, called forceps, passes through the gastroscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead).

This sample is sent to the laboratory for analysis.

Getting ready for the procedure

Wear loose fitting washable clothing and leave valuables at home.

On arrival at the department, we will explain the procedure to you and ask you to sign a consent form. You can change your mind about having the procedure at any time.

Before the procedure we will give you a sedative (by injection into a vein) to make you feel relaxed and sleepy. The sedative will not put you to sleep (this is **not** a general anaesthetic). In addition, we will also give you some pain relief.

The sedative will continue to have a mild effect for up to 24 hours and may leave you unsteady on your feet for a while.

If you are an outpatient (not staying in hospital), you **must** arrange for a responsible adult to come with you and wait to take you home. You will not be able to drive yourself. **If you come without an escort, we will have to cancel the procedure.** If you are using hospital transport, an escort is not required.

What happens during the procedure

You will need to undress and put on a gown. We will ask you to remove any glasses dentures and hearing aid in the left ear and you will be made comfortable on a couch, lying on your left side. The endoscopist will give you the injection. We will put a plastic guard into your mouth so that you do not bite and damage our instrument. We will also put a plastic 'peg' on your finger to monitor your pulse and oxygen levels. For your comfort and reassurance, a trained nurse will stay with you throughout.

As the gastroscope goes through your mouth you may gag slightly, this is quite normal and will not interfere with your breathing. You may feel the balloon as it is put into place; most people find this not too uncomfortable.

During the procedure, we will put some air in to you so that that we have a clear view, this may make you burp and belch a little. This is also quite normal but some people find it unpleasant. We will remove the air at the end.

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 risks

Oesophageal dilatations carry a very small risk (1 in 100 cases) of haemorrhage (bleeding) or perforation (tear) of the gut following which surgery may be necessary to repair it. There may be a slight risk to crowned teeth or dental bridgework, and you should tell the endoscopist if you have either 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

Following the procedure, we will take you to a recovery area while the sedation wears off. We will always do our best to respect your privacy and dignity, for example with the use of curtains. If you have any concerns, please speak to the department sister or charge nurse.

When you are sufficiently awake, we will give you a drink before you get dressed. You can then go home; this may be up to an hour following the procedure.

It is quite likely that your throat and oesophagus will feel slightly sore particularly where it was dilated. Please tell the staff if it becomes too uncomfortable. Some people who have this procedure need to be admitted to hospital. If however you go home on the same day you are advised not to drive, operate machinery,

return to work, drink alcohol or sign any legally binding documents for the next 24 hours. We also advise you to have a responsible adult stay with you for the next 12 hours.

If you experience any of the following please contact your GP, the Endoscopy Department 01223 216515 or the Accident and Emergency department 01223 217118 for further advice:

- severe pain,
- black tarry stools
- persistent bleeding

When will I know the result?

The endoscopist will tell you the results immediately after the procedure. It is a good idea to have someone with you when you talk to the endoscopist because the sedation can affect your ability to remember the discussion.

Final results from biopsies will be given to you by the healthcare professional who requested the procedure either at a clinic appointment or by letter. These results can take several weeks to come through. You should discuss details of these results and any further treatment with that person.

Alternatives

As a therapeutic intervention, there are no real alternatives to oesophageal dilatation; concerns regarding possible alternatives should be discussed with the doctor who recommended this treatment.

For more information:

- Contact the Endoscopy Office between 09:00 and 17:00 on 01223 216546.
- See www.addenbrookes.org.uk/consent

Gastroscopy with oesophageal dilatation **Morning Appointment**

Please follow these instructions if you have diabetes which is controlled with insulin or tablets.

If you have any questions related to your diabetes during this preparation, please contact your GP or the diabetes specialist nurse on 01223 245151 bleep 152078.

Food and Drink

- Do not eat for six hours prior to your appointment.
- Do not drink for three hours prior to your appointment.
- Test your blood glucose regularly. If it drops below 4, please treat with a sugary drink such as lucozade 100ml, apple or grape juice 200ml, until your level is 5.
- After your procedure you may eat and drink normally unless specifically told otherwise.

Insulin and Tablets - please adjust your normal insulin and tablet doses as instructed below

If you take insulin **once** daily

- No change to insulin dose necessary

If you take insulin **twice** daily

- Do not have your morning insulin. Bring it with you, plus something to eat.
- If you are able to eat before 11:00, have your normal morning dose with food.
- If you are able to eat after 11:00, have ½ your normal morning dose with food.
- Have your normal evening dose.

If you take insulin **four times** daily

- Do not have your morning insulin. Bring it with you, plus something to eat.
- If you are able to eat before 11:00, have your normal morning dose with food.
- If you are able to eat after 11:00, omit your breakfast dose and have your normal lunchtime dose with food.
- Have your normal tea time and bedtime evening doses.

If you take **tablets** for diabetes

- Do not have your morning diabetic tablets.
- After your procedure, re-start your tablets at the next dose time.

Gastroscopy with oesophageal dilatation Afternoon Appointment

Please follow these instructions if you have diabetes which is controlled with insulin or tablets.

If you have any questions related to your diabetes during this preparation, please contact your GP or the diabetes specialist nurse on 01223 245151 bleep 152078.

Food and Drink

- Do not eat for six hours prior to your appointment.
- Do not drink for 3 hours prior to your appointment.
- Test your blood glucose regularly. If it drops below 4, please treat with a sugary drink such as lucozade 100ml, apple or grape juice 200ml until your level is 5.
- After your procedure you may eat normally unless specifically told otherwise.

Insulin and Tablets - please adjust your normal insulin and tablet doses as instructed *below*

If you take insulin **once** daily

- No change to insulin dose necessary

If you take insulin **twice** daily

- Have your normal morning insulin dose unless your breakfast is smaller than usual. If so reduce your normal dose by 1/2.
- Have your normal evening dose.

If you take insulin **four times** daily

- Have your normal morning insulin.
- Do not have your lunchtime insulin.
- Have your normal tea time and bedtime evening doses.

If you take **tablets** for diabetes

- Do not have your morning diabetic tablets.
- After your procedure, re-start your tablets at the next dose time.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

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

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem patient.information@addenbrookes.nhs.uk

Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: patient.information@addenbrookes.nhs.uk

Cantonese

如您需要以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 patient.information@addenbrookes.nhs.uk

Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasınlar: 01223 216032 veya patient.information@addenbrookes.nhs.uk

Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشینٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے: 01223 216032 یا patient.information@addenbrookes.nhs.uk کی درخواست کریں:

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পোতে চান তাহলে 'প্যাশেন্ট ইনফরমেশান' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

Document history

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