

Endoscopy Department

Gastroscopy

Important Information for inpatients

Before your appointment

- All medications 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

- Have **nothing to eat for six hours and nothing to drink for four hours** before your appointment.
- If you have heart valve disease or require antibiotics when you visit the dentist please tell the nurses and doctors on your ward and also tell the endoscopy nurse when you arrive in the department for your procedure.
- You will be brought to the Endoscopy Department, which is on Level 3 of the Addenbrooke's Treatment Centre (ATC).
- When you arrive in the department there may be a delay before your procedure so bring something to read or do to help pass the time.
- Make sure you keep your dentures in, leave your hearing aid in place and bring your glasses with you.

Your doctor has requested this procedure to help investigate your medical condition to aid your diagnosis and management.

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; it is a long flexible tube (thinner than your little finger) with a light at the end. It is passed into the mouth and down the gullet (oesophagus) and stomach into the 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 done by passing a small instrument called forceps through the gastroscop to 'pinch' out a tiny bit of the lining (about the size of a pinhead) which is sent to the laboratory for analysis.

Getting ready for the procedure

The medical team looking after you on the ward should discuss with you why they think you should have this procedure. You will be brought to the Endoscopy Department which is in the outpatient area on your bed or chair. The endoscopist will explain the procedure to you again and ask you 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 gastroscop. The numbness will last for about half an hour. The advantage of this option is that you can return to your ward soon as you have talked to the endoscopist and not worry about feeling sleepy. The disadvantage is that 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 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 disadvantage to this option is that the injection will continue to have a mild sedative effect for up to 24 hours and may leave you unsteady on your feet and forgetful for a while.

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, glasses and made comfortable on your bed 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 gastroscop, 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 gastroscop 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 into your stomach so that the endoscopist will have a clear view; this may make you burp and belch a little. Some people find this uncomfortable. The air is removed at the end. When the procedure is finished the gastroscop 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 were given a **throat spray** you may return to your ward immediately after the procedure. You are advised not to have anything to eat or drink until the numbness has worn off, usually about half an hour. After this, you can eat and drink normally. If you had **sedation**, you will be taken to a recovery area until you are awake enough to be returned to your ward. If you are discharged from hospital within 24 hours of your procedure, you are advised not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents. You are also advised to have a responsible adult stay with you for the next 12 hours.

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

- 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, and are still sleepy when taken back to your ward, the doctors looking after you on the ward will tell you the result. A written report will be filed in your hospital notes before you leave the department so that the information will be immediately available for the medical team looking after you

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 a senior doctor. 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,
- ultrasound.

The alternatives should be discussed with the medical team who have recommended the gastroscopy.

For more information

- Talk to the nursing and medical staff on your ward
- Contact the Endoscopy Office between 0900 and 1700 on 01223 216546
- See www.addenbrookes.org.uk/consent



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

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

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

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Cantonese

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Turkish

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Bengali

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