

Endoscopy Department

Gastroscopy with botulinum toxin therapy

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 seven days before the gastroscopy.
- 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 9am and 5pm on 01223 216546.

On the day

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

At the hospital

- If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure.
- The Endoscopy Department is on Level three of the Addenbrooke's Treatment Centre (ATC).
- Use the 'Patient and Visitor Treatment Centre Car Park', which is opposite the main entrance of the ATC. Take your parking ticket (which is issued at the car park entrance) to the reception desk in the ATC. The receptionist will validate the ticket so that you pay a reduced outpatients rate for your parking. Bring your appointment letter with you.
- **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.

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

What is botulinum toxin therapy?

You have been diagnosed with a disorder that affects the contraction of your oesophagus (gullet) and your doctor has decided to treat this condition with Botulinum toxin injection.

Botulinum toxin can be injected directly into the muscle of the oesophageal wall using a special needle which can be passed down the gastroscopy during the examination called gastroscopy. A 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, stomach and duodenum (part of the small intestine joining the stomach).

A gastroscopy 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 oesophagus and then into the stomach and duodenum. The toxin that is injected paralyses the muscle in the oesophagus and this effect can improve symptoms, sometimes for a few months. The procedure can take between five and 15 minutes.

The most common reasons for recommending this procedure are:

- **Achalasia:** This is a movement disorder of the oesophagus which, in particular, is characterised by a failure of the sphincter muscle, which lies at the end of the oesophagus at the entrance to the stomach. When this muscle fails to open during swallowing, it causes a delay of food passage through the oesophagus and into the stomach.
- **Disorders of more widespread muscle spasm of the oesophagus:** In these conditions the muscle of the oesophagus can go into spasm at various points along the length of the gullet. These contractions can be powerful and painful. The process of swallowing can be compromised.

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; no sedation, or intravenous sedation:

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 gastroscopist. 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. You can then resume your normal activities, for example working and driving. You will be fully aware of the procedure; most patients find this acceptable and not too unpleasant.

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:

- You will need to stay whilst you recover, which may take up to an hour or more.
- You will need to be escorted home.
- 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 should not 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.
- You will be 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 gastroscopist, 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 gastroscopist 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 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 gastroscopist 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 (one 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.

Adverse reactions to botulinum toxin are uncommon but include skin rashes and occasional chest pain or heartburn. 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 will not affect your care and treatment.

Alternatives

In some cases, depending on individual factors such as the symptoms present and the condition being treated, there may be alternatives. These will be discussed with you at the time your doctor advises you to have this therapy. These may include surgery or the use of endoscopic balloon distension to widen the oesophagus.

For more information:

- Contact the endoscopy office between 9am and 5pm 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

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

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