

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 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 your procedure.
- If you have **diabetes** please read the advice **on page 7 and 8**.
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 3 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.

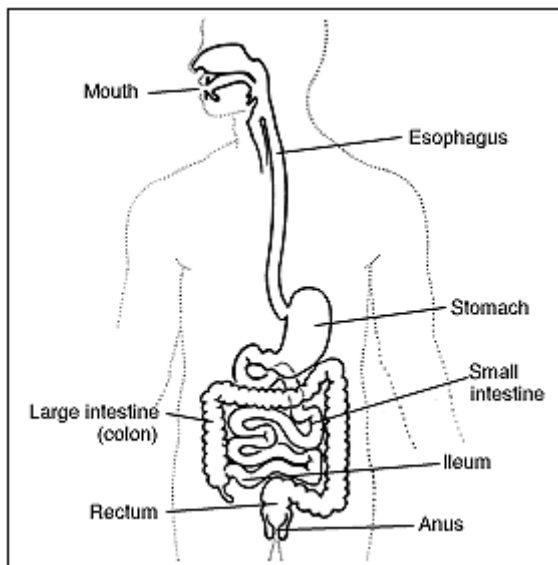
If you have any questions or do not know whether to stop your medication before your Endoscopy please phone 01223 216515

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 continue medication
<ul style="list-style-type: none"> Continue with your usual dose.
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 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 through the gastroscop during the procedure called gastroscopy.



A gastroscopy is an examination of the lining of the upper gut. The upper gut consists of the oesophagus, stomach and duodenum (part of the small intestine joining the stomach).

The procedure involves passing a narrow flexible tube 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 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.

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 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

In the procedure room, we will ask you to remove false teeth, glasses and hearing aids in the left ear. We will make you comfortable on a couch lying on your left side. The endoscopist will give you the injection or throat spray. We will put a plastic guard into your mouth so that you do not bite and damage the 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 gastroscopist goes through your mouth you may gag slightly, this is quite normal and will not interfere with your breathing. During the procedure we will put some air into your stomach so that we have a clear view; this may make you burp and belch a little. This is also quite normal but some people find this unpleasant. The air is removed 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

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. 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, you can then go home. We advise you not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for a 24 hour period. You are also advised to have a responsible adult stay with you for the next 12 hours.

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

- Severe pain,
- Black tarry stools
- Persistent bleeding

When do I know the result?

The endoscopist will 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 affect your ability to remember the discussion.

Final results from biopsies or polyp removals will be given to you by either the healthcare professional who requested the procedure 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

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 09:00 and 17:00 Monday to Friday on 01223 216546
- See www.addenbrookes.org.uk/consent

Gastroscopy + botox injection **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 11am, have your normal morning dose with food
- If you are able to eat after 11am, 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 11am, have your normal morning dose with food
- If you are able to eat after 11am, 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 + botox injection **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 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 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

ØiNÖ áßÔÈ æÃ ÉÑÍÈßáÇ ÝÑÍÁáÇÈ ÿiÑÍÁ ÉÚáÈ ÊÇæáUááÇ áÐá íáÚ áæÓíáÇ øÍæÈ Êäß ÇÐÁ æÃ 01223216032 : áßÑáÇ íáÚ ÖíÑááÇ ÊÇæáUáÈ áÇÖÊÇáÇ áÓÞáÇ ää ÉáØÈ äÃ ßäßái ÿíÊæÖ : íæÑÈßáÁáÇ ííÑÈáÇ ÑÉÚ 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 arasinlar: 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 کی درخواست کریں: patient.information@addenbrookes.nhs.uk یا 01223 216032

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পেতে 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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Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number	01223 216515
Publish/Review date	July 2010/July 2013
File name	Gastroscopy_with_botulinum_toxin_therapy
Version number/Ref	2/PIN1887