

Children's Services/Paediatric Gastroenterology, Hepatology and Nutrition

Gastroscopy: Morning list advice for Patients/Parents

Gastroscopy

What is a gastroscopy

A gastroscopy is also known as an upper endoscopy or OGD (Oesophago-Gastro-Duodenoscopy). You will hear both of these terms used. Please ask if you are unsure. A gastroscopy is a procedure that allows the paediatric endoscopist to look directly at the lining of the upper gut. The upper gut consists of the oesophagus (food pipe), stomach and duodenum. The duodenum (upper small bowel) is responsible for most of the digestion and absorption of nutrition.

Before the procedure

Your child can eat and drink normally until the day of the procedure

- **No milk or food** of any kind should be taken after **02:00**.
- Clear fluids only (water or very dilute squash) are allowed after **02:00**
- All fluids should be stopped at **06:00**

During the gastroscopy

The procedure is undertaken with a gastroscope which is a long flexible tube (about as thick as your little finger) with a light at the end. It is passed through the mouth, into the oesophagus, the stomach and duodenum. Biopsies (samples of the lining of the gut) will be taken. The gastroscopy procedure usually takes around 15 to 20 minutes, but times can vary.

What are the benefits of the gastroscopy?

Your doctor should have discussed the likely benefits of the gastroscopy, with you and your child. If you are not sure how they are likely to benefit your child's health, then please ask one of the medical team who will be happy to explain this to you.

In most cases the procedure is done to try to help make a diagnosis i.e. to work out the cause of your child's symptoms and therefore allow better treatment for your child.

Alternatives

The upper endoscopy is still the only test that will actually allow your doctor to see the lining of your child's upper intestinal tract and take biopsies. Both of these are necessary to confirm or rule out the diagnosis. The upper endoscopy is the most sensitive test to establish the condition of your child's upper intestinal tract. Although there are x-ray tests and scans available, these do not give the same amount/type of information. Your child's doctor should have discussed the reason this procedure needs to be done, and explained why alternative tests were not suitable. If you have further questions please discuss this with your doctor.

Potential problems

Upper endoscopy procedures carry a small risk of haemorrhage (bleeding) or perforation (tear) (less than one in 5,000 cases) to the upper intestinal tract if your doctor is only taking pinch biopsies. The risks are slightly greater if some form of treatment is required (for example removal of a polyp, dilatation of a narrowing (stricture)). These risks will be discussed with you separately. The risk of serious infection is so low that we do not routinely give antibiotics before a procedure. All the equipment is cleaned according to national standards set out by the British Society of Gastroenterology. Another rare complication is an adverse reaction to the general anaesthetic, but your child's anaesthetist will discuss this with you. Rarely the tissue samples taken during an endoscopy may be too small / damaged during processing to make a definite diagnosis. In certain cases it may then be necessary to repeat the procedure.

There is also a small risk that loose or wobbly teeth may be dislodged, so please inform the anaesthetist if your child has any loose or wobbly teeth.

After the procedure

Soon after the procedure is completed, and your child has recovered, the nurse will call one parent into the recovery area.

When sufficiently awake, your child can have a drink followed by something to eat if they are not feeling sick. They will need to have eaten and drunk something before being discharged home.

Your child may feel bloated and have some crampy, wind-like pains as some of the air used during the procedure remains in their bowel; this usually settles down over the next 24 hours. Your child may be tired and a little clumsy/unsteady for around 24 hours after the test, so do not allow activities that could lead to a fall. He or she may also seem very grumpy for the first few days. This is a side effect of the anaesthetic and does not last long. You will also be given a leaflet of what you can expect in the days immediately after your child has had their procedure. **Please read this carefully.**

When you get home, you can give your child regular pain relief, every four to six hours for the first 24 hours and then as often as he or she seems to need it, to ensure he/she can eat or drink. The nurses on the ward will tell you when your child can have the next dose before you go home. Always follow the instructions on the bottle. You do not need to wake your child up during the night to give a dose. Usually Paracetamol, like Calpol® or Disprol®, will be enough, but if you need stronger painkillers, we will prescribe them before you go home.

If, when you get home, you feel that your child needs stronger pain relief, you should call your GP or ring the gastroenterology nurse specialists (on the telephone number at the end of this form) for over-the-phone advice. If necessary please leave a message and we will call you. Alternatively you can call Addenbrooke's switchboard on 01223 245151 and ask them to bleep the paediatric gastroenterology nurse specialists during working hours or the paediatric registrar on call out of hours.

Your child should be able to go back to school 24 hours after the procedure.

When do I know the result?

The endoscopist will be able to tell you what they were able to see before you go home. They will also discuss a plan for your child's further management.

The biopsies will usually take seven days to be fully reported on. A member of our team will then ring you as soon as we have the results, to pass these on to you and, if necessary, adjust your child's treatment plan. A letter confirming the findings of the procedure and management plan will be sent to you, your child's GP, your referring consultant and any other health care professionals involved in your child's care. If you **do not** wish for anyone involved in your child's care to receive this information, please let one of the team know.

Training

Training doctors and other health professionals is essential to the continuation of the National Health Service, and improving of the quality of care. Your child's treatment may provide an important or unique opportunity for such training under the careful supervision of a senior doctor. You or your child can, however, decline to be involved in the formal training of medical and other students: this will not affect their care and treatment. Please ask your consultant or specialist nurse if you have any questions about this.

If you are concerned, or your child has any of the symptoms below:

- Severe pain
- Fever – temperature higher than 38.5° C for more than two hours (not responding to paracetamol)
- Black tarry stools
- Persistent rectal bleeding

Please contact the one of the following:

- Gastroenterology Nurses 01223 274757, 08:00 until 16:00
- Your GP and local Accident and Emergency Department, 16:00 until 08:00 or;
- Addenbrooke's Hospital: 01223 245151 (where you should ask to speak to the on-call paediatric registrar).

Any other questions?

Feel free to write down any other questions you may have. No question is ever too minor or too silly to ask, so please ask any member of the team caring for you if there is anything you wish to know. Your child is also encouraged to ask questions. It is important that you and your child are fully prepared for the procedure and that we try and address any/all of your worries and concerns.

If you have any problem understanding or reading any of this information, please contact any of the team below or ask your consultant for more details.

- Clinical Nurse Specialist in Paediatric Gastroenterology: 01223 274757
- Gastroenterology Nurses: 01223 348950

Children's anaesthesia

Children may need anaesthetics for operations, just like adults. They may feel distressed and their parents can feel anxious. Anaesthetists generally recognise this, and do their best to keep distress down to a minimum. These days, children usually come into hospital on the same day as the operation, unless it is major, and usually do not have premeds. They are seen with their parents by their anaesthetist and usually have local anaesthetic cream put on their hands.

It is usual for one parent to stay with their child while they are being anaesthetised, in case they get scared. Many anaesthetists start the anaesthetic with an injection into a vein, and with the local anaesthetic cream this usually does not hurt, or not very much. Others prefer to use gas as an anaesthetic, and most will use gas if there is a particular fear of needles.

Sometimes, especially for emergencies, gas cannot be used, as there may be a risk of vomiting. Occasionally, the anaesthetist will ask parents to leave the anaesthetic room just before starting anaesthesia, as some procedures need to be done just as the anaesthetic starts. After the operation parents can usually come back to their child as they are beginning to wake in the recovery room, so that they do not feel left alone.

Usually pain can be controlled by use of local anaesthesia to wounds, followed by paracetamol syrup or something similar. For more major surgery other pain relief methods will be required. Discuss this with your anaesthetist at the pre-operative assessment.

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary. The exact likelihood of complications depends on your child's medical condition, the nature of the surgery and the anaesthesia your child needs. The anaesthetist can discuss this with you in detail at the pre-operative visit.

For a child in good health having minor surgery:

- 1 child in 10 (like one person in a large family) might experience a headache, sore throat, sickness or dizziness.
- 1 child in 100 (like one person in a street) might be mildly allergic to one of the drugs that has been given.
- 1 child in 20,000 (like one person in a small town) might develop a serious reaction (allergy) to the anaesthetic.

Remember

- **Please read this information leaflet thoroughly and if you are unsure please call the gastroenterology nurses on 01223 274757 with any questions.**
- **Your child cannot eat after 02:00 AM; s/he is not allowed any milk after this (if breast fed last feed at 04:00).**
- **Ensure your child has a drink of water before 06:00 on the day of the procedure.**
- **Bring your child to the Addenbrookes Treatment Centre (Day Surgery Unit Level 2) at 07:00 on the day of the procedure.**
- **Stay in the discharge lounge of the ATC during and after the procedure so that the Endoscopist can find you to discuss the findings and treatment plan – if you are not available to speak to the Endoscopist this can delay your child's discharge.**



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



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