

Endoscopy Unit - Investigative procedure information leaflet

Name of procedure: **Gastroscopy with or without biopsy**

Why is this leaflet important?

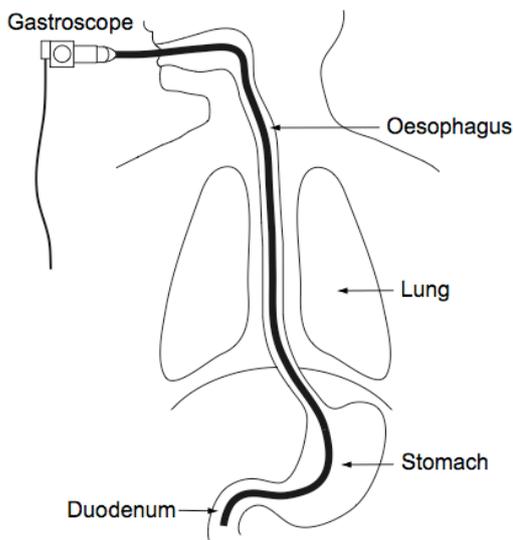
- **We recommend that you read this leaflet carefully.**
- It will explain some of the benefits and risks of the procedure.
- **Your preparation details are included on page 2.**
- **If you have diabetes, please read pages 5- 6 carefully.**
- We want you to have all the information you need to make the right decision.
- You will need to record that you agree to have the procedure by signing a consent form.

Why do I need a Gastroscopy?

It has been recommended for you to have a gastroscopy to help find the cause of your symptoms. The aim of the procedure is to assess the lining of your upper intestine to see whether there are any problems and decide if further treatment is necessary.

What is a Gastroscopy?

- A gastroscopy is a procedure which allows us to assess the lining of your oesophagus (gullet), stomach and duodenum (the first part of your small bowel).
- To perform the procedure, we will gently pass a gastroscope through your mouth over the back of your tongue, and into your oesophagus.
- The gastroscope is a long flexible tube with a bright light at the end, which is about the thickness of your little finger.



Sometimes we will take a biopsy. This is a sample of the lining which we will examine in the laboratory. We will remove this small piece of tissue painlessly using tiny forceps through the gastroscope.

What do I need to do to prepare?

Eating/drinking:

- To allow us to see clearly inside your stomach, it must be completely empty of food and fluid.
- If it is not, we may not be able to see certain areas of your stomach and we may have to repeat the test.
- **You must not eat, chew gum or suck boiled sweets for six hours before the examination.**
- You may take **one or two sips** of water up to **two hours before** the procedure.

Medication:

- Continue to take your normal medicines up to and including the day of your investigation.
- **If you are taking Warfarin, please continue to take your normal medication, but please ensure that you have a blood test to check your clotting level, two working days prior to your procedure.**
- **Please only contact the Endoscopy Unit if your blood results are over 3.**
- If you are taking **Phenindione, Rivaroxaban, Apixaban, Dabigatran, Prasugrel, Ticagrelor** or any other blood thinning agents please contact the relevant unit as our Doctors may decide that it is necessary for you to stop taking your tablets for a limited time before your procedure
- If you are taking any antacid tablets, for example:
 - Ranitidine (Zantac)
 - Cimetidine (Tagamet)
 - Nizatidine (Axid)
 - Omeprazole (Losec)
 - Lansoprazole (Zoton)
 - Pantoprazole (Pariet)
 - Esomeprazole (Nexium)

You should stop taking them for two weeks before your gastroscopy (unless you have been told otherwise.) You may continue to take liquid antacids (for example, Gaviscon or Asilone) if you need to but not within three hours of your procedure.

If we are repeating your gastroscopy, you may continue taking your tablets

- **Please bring with you a list of any medications you are taking and any medication you may need to take after your procedure.**
- We will need to know if you feel unwell when you are due to come into hospital for your procedure. Depending on your illness and how urgent your investigation is, your procedure may need to be postponed.

General Information:

- Please remove any body piercings and jewellery before you leave home.
- Please do not bring valuables or money with you as Worcestershire Acute Hospitals NHS Trust cannot accept responsibility for these items.
- Please do not wear any nail varnish, lipstick or false nails. Please do not use any fake tan or body lotion on the day of your procedure.
- Due to the nature of this procedure, you may find wearing loose-fitting casual clothes more comfortable to travel home in.
- Please note your procedure may be performed by trainee doctors or other health professionals under the careful supervision of a Senior Doctor. You can decline to be involved in the training of trainee doctors and other health professionals – this will not affect your care or treatment.
- Our aim is to run the Endoscopy lists as close as we can to time, however the time taken to complete procedures can vary; delays are possible with some procedures; acutely unwell patients may need to have their procedure

performed in advance of planned patients. All of these issues can cause some delays.

What will happen on the day of my procedure?

Before the procedure you will be welcomed and assessed by an Endoscopy Nurse. You may have been given a patient questionnaire to fill in at home. Alternatively, you will be asked to complete this with a nurse on arrival. Your appointment time takes into account the time required to admit you to the unit by the nurse.

You should expect to be with us for 1-3 hours including waiting and recovery time.

We will need to know if you:

- Have experienced any allergies or bad reactions to drugs or tests in the past?
- Suffer from any other medical conditions, for example, diabetes or asthma?
- Are taking any medications?
- Have had any previous endoscopies?

The nurse will discuss the procedure with you, take your pulse, blood pressure and confirm that you wish to go ahead with the procedure.

Making your procedure more comfortable:

Throat Spray only:

- We usually use a local anaesthetic for your procedure; this will be sprayed at the back of your throat to make the area numb.
- Using throat spray also means that you can leave the Endoscopy Unit as soon as the procedure is over.
- **You will be able to make you own way home or back to work.**
- **You should not have anything to eat or drink for about an hour after the procedure, you will be given advice on this prior to your discharge**

Sedation only:

- Alternatively on occasions we may need you to be sedated for this procedure. We will give you a sedative through a small tube (venflon) in the back of your hand.
- **This is not a general anaesthetic**, but will relax you and may make you feel sleepy.
- After the procedure, you will be taken to the recovery area and observed for about an hour. You will be offered a drink and a light snack by staff. If you wish to bring your own food, please do so.
- **You must be accompanied home from the hospital by a responsible adult. You must not drive yourself for 24 hours. If you fail to make appropriate arrangements for someone to accompany you home, we may have to cancel your procedure. Or you will be offered throat spray only.**
- Once you get home, it is important to rest quietly for the rest of the day. Sedation lasts longer than you think.
- You should not be left alone for 12 hours after the procedure.

For 24 hours after the procedure, with sedation you should not:

- Drive a car
- Sign any legally binding documents
- Take sleeping tablets

- Work at heights – including ladders
- Use machinery
- Drink alcohol

The effects of the procedure and injection should wear off within 24 hours, when most patients are able to carry out normal activities. If you do work, we do advise you to have the following day off.

What will happen during my Gastroscopy?

- In the endoscopy room you will be made to feel comfortable on a trolley, resting on your left side. A nurse will stay with you throughout the procedure. You will be asked to remove your glasses and dentures.
- A nurse will attach a small device to your finger to monitor your pulse rate and general condition during the examination. You may be given oxygen during your procedure.
- To keep your mouth in a comfortable position, we will insert a plastic mouthpiece between your teeth and gums.
- When the gastroscope has been gently passed into your stomach, air will be passed through it to expand the stomach to give a clear view of the lining. This may make you feel bloated. The feeling will pass because most of the air is removed as the gastroscope is removed from your stomach. The procedure generally takes between 5 to 15 minutes to complete.
- If necessary, we will take tissue samples (biopsies) through the gastroscope and send them to the laboratories for analysis. It is unusual but on rare occasions this can be painful.

What will happen after my Gastroscopy?

After the procedure, you may feel a little bloated with wind pains but these usually settle quite quickly and you may find that you have a sore throat for a little while. We will discuss the findings of the procedure with you before you go home. If you have had sedation, the results of your procedure will be discussed with you and the person taking you home with your consent.

Analysing the biopsy:

We will normally send any biopsies to the laboratory in the hospital for tests. It can take up to 7-10 days for the results to be available.

Risks of the procedure:

Most Gastroscopies are performed without any problem. A gastroscopy is considered to be a safe procedure; however the benefit of this procedure needs to be weighed up against the risk of complications. These include:

- Bloating and abdominal discomfort (this is not unusual for a few hours following the test)
- Bleeding from the biopsy site
- The back of your throat may feel a little sore for 24 hours after your procedure
- Possible damage to any teeth which are loose in your mouth
- Reactions to the drugs given

And very unusually;

- The oesophagus or stomach puncturing/perforating during the procedure

Sometimes, surgery is needed to put right these types of complications.

You will be cared for by a skilled team of doctors, nurses and other health-care professionals who are involved in this type of procedure every day. If problems arise, we will be able to assess them and deal with them appropriately.

If you are attending the Endoscopy Unit at Kidderminster Hospital or Evesham Community Hospital, to deal with any problems that arise during or after your procedure we may need to transfer you to the Alexandra Hospital in Redditch or the Worcestershire Royal Hospital in Worcester.

If you have diabetes:

If you monitor your blood glucose, please monitor your blood glucoses every 2 hours on the day of your procedure.

If your diabetes is treated with lifestyle measures only (diet and exercise), you don't need to take special precautions.

Instructions for on the day of your Gastroscopy

I take TABLETS for my diabetes:-

E.g. Metformin, gliclazide, glibenclamide, sitagliptin, pioglitazone, saxagliptin and dapagliflozin

Before your procedure: Please do **not** take your tablets.

After your procedure: Take your tablets as you normally would. **You won't need to make up for your missed dose.**

I take injections called BYETTA® or VICTOZA® and LZXUMIA.

The day of your procedure: Once eating and drinking normally, recommence your injections.

If you are taking Bydureon please consult your diabetes specialist nurse.

I take INSULIN for my diabetes:-

Insulin: Basal-Bolus regimens

Injections **3 or more times** a day

Before your procedure: If you normally have long-acting insulin (e.g. **Glargine®**, **Levemir®**) in the morning, take **half** of your normal dose. If you normally have one in the evening; take it as usual.

If you have a morning appointment;

If you normally have short acting insulin e.g.: Novorapid, Humalog with breakfast – don't take it before the test.

After your procedure: Have your short-acting insulin with your first meal.

If you have an afternoon appointment;

You should have your usual morning dose of your short acting insulin with your breakfast; breakfast should be a light meal, (one or two pieces of toast or a bowl of cereal taken before 8am)

Carry on drinking clear fluids until 8am, some of the drinks should contain several teaspoons of sugar to avoid you becoming hypoglycemic (having low levels of sugar in your blood).

After your procedure: You can have your usual short acting insulin dose with your next meal.

Insulin: Twice daily regimens

Mixed insulin injections **twice** a day (e.g. **Novomix 30®**, **Humalog Mix 25®** or **50®**)

Before your procedure: Take **half** of your normal morning dose.

After your procedure: You can have your evening dose of insulin as normal.

Insulin: Once daily regimens

Injections **once** a day (e.g. **Insulatard®**, **Humulin I®**) Take half your usual dose if you take it in the morning and your usual dose if taken at night.

Please feel free to contact your local diabetes nurse specialist:

- If you have any questions about any of the information in this leaflet
- If your diabetes medication/regime is not mentioned in this leaflet

Worcester Diabetes Centre:

01905 760 775

Adapted from "Management of adults with diabetes undergoing surgery and elective procedures:" Improving standards 2011.

Contact Details:

If you have any specific concerns about your procedure, that you feel have not been answered and need explaining, please contact the following:

Alexandra Hospital, Redditch

- **Booking Office – 01527 512013 / 01527 505751**
- **Endoscopy Nursing Staff – 01527 512014**

Evesham Community Hospital

- **01386 502443**

Kidderminster Hospital

- **Booking Office – 01562 826328**
- **Endoscopy Nursing Staff – 01562 513249**

Worcestershire Royal Hospital

- **Booking Office – 01905 760856**
- **Endoscopy Nursing Staff – 01905 733085**

Other information:

The following internet websites contain information that you may find useful.

- www.worcestershirehealth.nhs.uk/Acute_Trust
Information about Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information fact sheets on health and disease
- www.nhsdirect.nhs.uk
On-line health encyclopaedia and best treatments website

Patient Services Department:

If you have any concerns about your care you can contact the Patient Services Department on 0300 123 1733. The Patient Services staff will be happy to discuss your complaints/concerns and give any help or advice.

If you wish to have a formal complaint investigated you should write directly to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester, WR5 1DD or contact the Patients Services Department for advice.

Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).

Bengali

“আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাশেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

Urdu

“اگر آپ کو یہ دستی اشتہار کسی مُتبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایڑی ریڈ) تو پبلیشمنٹ سروسز سے 0300 123 1733 پر رابطہ کریں۔”

Portuguese

“Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler).”

Polish

“Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733.”

Chinese

“如果您需要此份傳單的其他語言選擇或其他版本 (如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733與病患服務處聯繫。”

Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet: _____

Date: _____

Comments:

Thank you for your help.