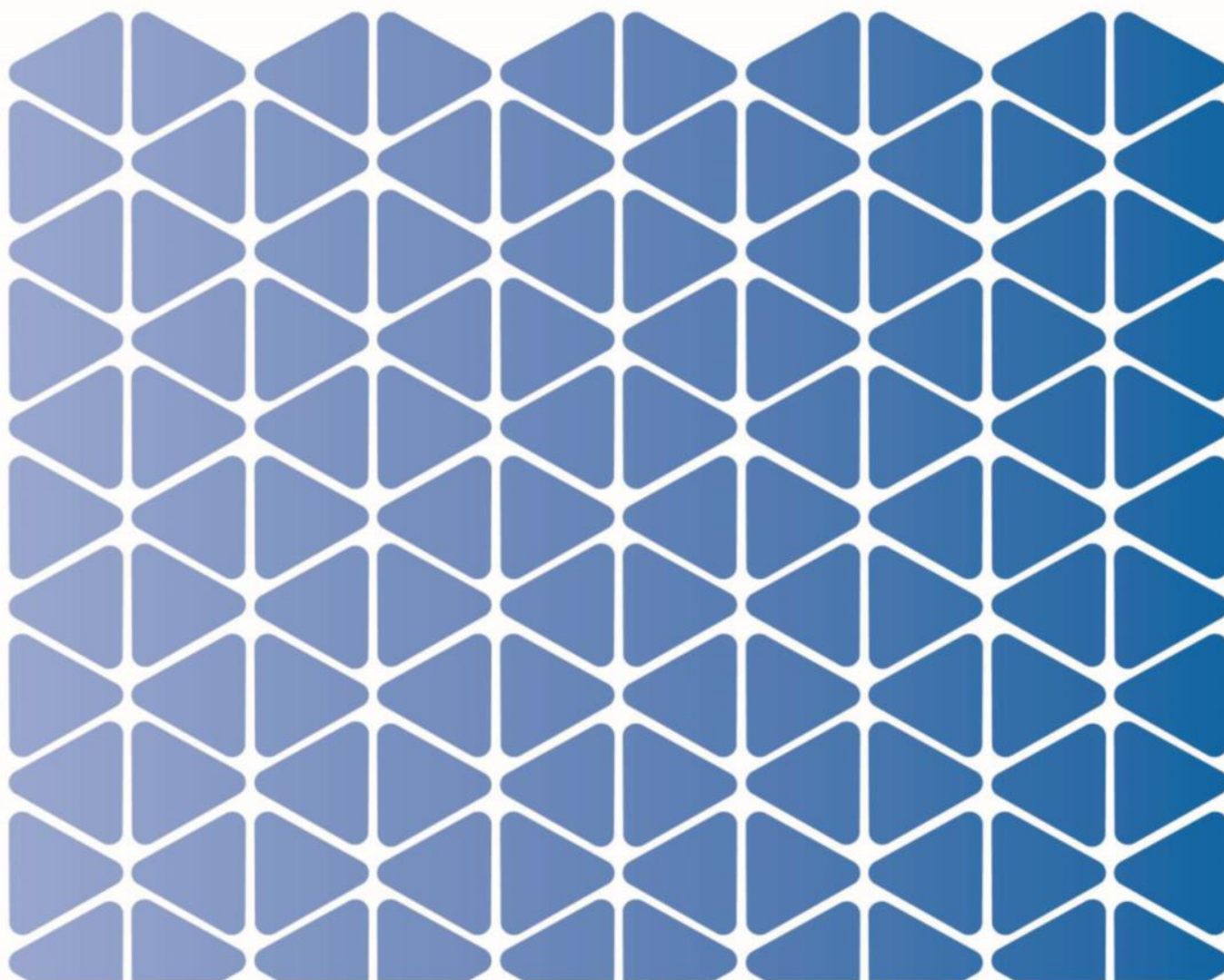




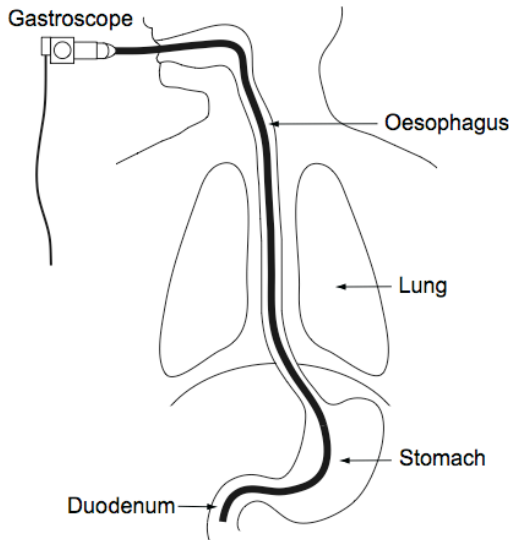
PATIENT INFORMATION
ENDOSCOPY UNIT

**GASTROSCOPY WITH OR
WITHOUT BIOPSY**



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.

What are the alternatives?

A barium meal done under x-ray is an alternative examination. It does not give us good pictures and it does not allow the specialist to take samples.

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 procedure.
- Please bring with you a list of any medications you are taking and any medication you may need to take after your procedure.

- **Blood thinning medication:** If you are taking blood thinning drugs, these can cause a risk of excessive bleeding when we perform your camera test or take any tissue samples. Please be aware that if we find any pathology during your test and this requires additional intervention, then you will be advised at the time of your test how best to manage your blood thinning medications. Please follow this instruction:

- **Warfarin**

If you are taking Warfarin, please continue to take your normal medication but please ensure that your INR level is below 3. This needs to be checked two days prior to the day of your procedure. Please don't stop taking this unless you have been advised directly to stop

- **Phenindione, Rivaroxaban, Apixaban, Dabigatran, Edoxaban, Prasugrel, Ticagrelor or Clopidogrel**

IF YOU TAKE LONG TERM STEROIDS OR HYDROCORTISONE FOR ADRENAL INSUFFICIENCY PLEASE RING THE RELEVANT DEPARTMENT AND SPEAK TO A NURSE IF THIS HAS NOT ALREADY BEEN ADDRESSED.

Please do not take any of these drugs on the morning of your procedure, unless you have been given specific instructions otherwise.

Antacid tablets, you should stop taking them for **two weeks** before your gastroscopy (unless you are known to have Barrett's.) 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 antacid tablets.

- Example of antacids:
 - Ranitidine (Zantac)
 - Cimetidine (Tagamet)
 - Nizatidine (Axid)
 - Omeprazole (Losec)
 - Lansoprazole (Zoton)
 - Pantoprazole (Pariet)
 - Esomeprazole (Nexium)
- 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.

If you are diabetic, please follow the instruction on pages 6-8

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. Please bring your medicines or prescription. You may have been given a patient health questionnaire to fill in at home. We will need to know if you suffer from any other medical conditions, allergies or past operations etc. Alternatively, you will be asked to complete this with a nurse on arrival. The nurse will discuss the procedure with you, take your pulse, blood pressure and confirm that you wish to go ahead with the procedure. 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.

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 made 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**, the sedative will not put you to sleep but helps to relax you; it is known as conscious sedation and as such you should be able to respond to verbal commands.
- 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.
- **Please be aware you cannot have sedation unless you have a responsible adult who will accompany you home and care for you for a minimum of 12 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.**
- You must not drive yourself for 24 hours, sign any legally binding documents, take sleeping tablets, work at heights – including ladders, use machinery or drink alcohol.

Once you get home, it is important to rest quietly for the rest of the day. Sedation lasts longer than you think. 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 blood pressure machine and a small device to your finger to monitor your pulse rate and oxygen saturation in your blood. 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 are the risks of having a Gastroscopy?

- Bleeding may occur on site where the specialist has taken biopsies and nearly always stops on its own. Major bleeding from the stomach can occur in 1 in 1000.
- Perforation (punctures or tears of the stomach or oesophagus), nationally this happens to approximately 1 in 3000 patients. This can be treated with antibiotics and intravenous fluids. In some cases you may need surgery to repair the hole. There is a risk the specialist may miss small pathology.
- Very rarely patients have allergic reaction to equipment or medicines used for the procedure.
- Very rarely patients have disturbance of the heart rate and breathing from the sedation medications.
- In some occasions we may not be able to complete your test.
- Risk to your life is very rare.
- Occasionally there can be side effects such as bloating and abdominal discomfort (this is not unusual for a few hours following the test), the back of your throat may feel a little sore for 24 hours after your procedure and possible damage to any teeth which are loose in your mouth.

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.

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.

If you have diabetes:

If you monitor your blood glucose, please monitor your blood glucose 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

Basal-Bolus regimens (Injections **3 or more times** a day)

Before the procedure

For those taking long-acting insulin (e.g. **Lantus®**, **Levemir®**) in the morning, reduce dose by 20%.

For those taking a rapid acting insulin (e.g. **Novorapid®**, **Humalog®**) with breakfast, the rapid acting insulin should be omitted.

Capillary blood glucose should be checked at least every two hours until the end of the procedure.

If on an afternoon list, and therefore able to eat breakfast, give usual dose of rapid acting insulin with breakfast, but omit the lunchtime dose.

After the procedure

Usual insulin treatment should be resumed.

Twice daily regimens

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

Before the procedure

Half the usual morning dose of insulin should be given. Capillary blood glucose should be checked at least every two hours until the end of the procedure.

After the procedure

Usual insulin treatment should be resumed.

Once daily regimens

Injections once a day (e.g. **Insulatard®**, **Humulin I®**)

If taken in the morning, half the usual dose of insulin should be given. If taken in the evening, the usual dose of insulin should be given. Capillary blood glucose should be checked at least every two hours until the end of the procedure.

If there is any doubt or concern, the local diabetes specialist nurse or consultant should be contacted for advice.

If more than one meal is to be missed, or there are two consecutive blood glucose levels above 15mmol/l, consider commencing CVRIII.

Patients with Diabetes Treated With Tablets and/or GLP-1 Agonists

Instructions for on the day of the procedure.

Omit the morning dose of the diabetes drug. Take the usual dose of the diabetes drug when able to eat after the procedure. It is recommended that capillary blood glucose is checked every 2 hours from waking until the test.

If there is any doubt or concern, the local diabetes specialist nurse or consultant should be contacted for advice.

Adapted from **WAHT-END-012- Guideline for the Management of diabetes for patients undergoing Endoscopy Procedures 2020**

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

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.