

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at patient.information@ulh.nhs.uk

Gastroscopy

Procedure Information

Please read this booklet as soon as possible and well in advance of your appointment. If you do not follow the advice on how to prepare for your procedure it may not be possible to do it and you may have to return on another day

Please bring this booklet and consent form with you when you attend for your appointment

Helpline or enquiries (8.30am to 5.00pm Monday to Friday)

For appointments and general enquiries

Boston 01205 445072
Grantham 01476 464366/01205 445072
Lincoln 01522 573849
Louth 01522 573849/01507 631437

For procedure related enquiries (8.30am to 6.00pm Monday to Friday)

Boston 01205 446559
Grantham 01476 464085
Lincoln 01522 573016
Louth 01507 631236

For more information please see: www.ulh.nhs.uk

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Feedback about our services

'Patient Opinion' is an independent feedback service that aims to promote honest and meaningful conversations between patients and health services. It believes that telling your story can help make health services better.

Stories relating to United Lincolnshire Hospitals NHS Trust can be found at—<https://www.patientopinion.org.uk/opinions?nacs=RWD>

How it works:

1. Share your story of using a health service
2. We send your story to staff so that they can learn from it
3. You might get a response
4. Your story might help staff to change services

We would like to know more about your experience so we know how we are doing. Your experience counts.

We are committed to delivering the best in care and are constantly looking at ways to improve the care and services we provide at our hospitals.

Informing us of your concerns – the first step

If you have a concern about the care or treatment you received, or still receiving, the first step is to bring this to the attention of staff (you can ask to speak to the manager, if necessary) in the department as soon as possible. If you are unable to get the support you need, then contact Patient Advice & Liaison Service.

PALS is a confidential, on-the-spot advice and support service for patients, relatives and carers. Please see page 8 of the Welcome to Endoscopy booklet for full contact details.

NHS Friends and Family Test

We value your feedback and want to make our services as good as possible for you. That's why we'll be asking you the following simple question:

“How likely are you to recommend our services to friends and family if they needed similar care or treatment?”

This will be sent to you either by text or as an automated telephone survey within 48 hours of leaving our services and will ask you to rate your experience. We will use your feedback to assess the quality of our service so your response would be very much appreciated. However if you do not wish to take part you can simply reply STOP when you receive the message. Responses to the survey are FREE.

For more information on the Friends and Family Test, please visit www.nhs.uk/friendsandfamily, email patient.experience@ulh.nhs.uk or speak to a member of staff.

Visit www.ulh.nhs.uk to find out other ways to leave us your feedback

Aim of the leaflet

The aim of this leaflet is to help you make a choice about having a gastroscopy. It describes how a gastroscopy is carried out and explains the benefits and risks. It will also help you prepare for the procedure.

It is important that you follow the instructions on page 6 about food and drink before the test. This is for your safety. If you do not follow the advice given it may not be possible to do your procedure and you may have to return on another day.

Introduction

You have been advised by your GP or hospital doctor to have an investigation known as a gastroscopy.

If you are unable to keep your appointment, please notify the department as soon as possible as your appointment may be used for someone else. The booking team will arrange another date and time for you. Please bring this booklet with you when you attend for your appointment.

Enclosed with this booklet is a consent form. **Your signature is needed for the test to go ahead.**

The consent form is an important document. Please read it carefully together with the information given in this booklet. Once you have read and understood the information, including the possible risks and you agree to have the test, please sign and date the consent form. Please bring both copies to your appointment.

If there is anything you do not understand or wish to discuss further, do not sign the form but bring it with you. You can sign it after you have spoken to a nurse or doctor if you are happy to go ahead with the procedure.

What is a gastroscopy?

The procedure is called OesophagoGastroDuodenoscopy (OGD) known more simply as gastroscopy or endoscopy.

It involves looking at the upper part of the gut which includes the oesophagus (food pipe), stomach and the first part of your small bowel (duodenum) with a narrow flexible tube called a gastroscope. The scope is about the thickness of a little finger and is passed through the mouth and down into the stomach. The procedure is performed by, or under the supervision of, a specially trained doctor or nurse (endoscopist). A light and camera at the end of the gastroscope relay pictures onto a television screen.

Samples of tissue (biopsies) may be taken during the test. This is done through the scope. It does not cause any pain and the samples are kept to be looked at under a microscope in the lab. Photographs may be taken for your clinical records and may be used for teaching purposes.

The procedure generally takes 5 to 10 minutes.

We aim to make the procedure as comfortable as possible for you. Some people choose to have sedation (injected into a vein), while others prefer to have local anaesthetic throat spray. More information about sedation and throat spray can be found on page 9.

What are the benefits of having a gastroscopy?

If you have been troubled by symptoms the cause may be found and help decide if you need treatment or further tests.

Gastroscopy can also be done:

- as a follow up check for certain conditions affecting the stomach or oesophagus
- if a scan or x-ray has shown there may be something wrong in the upper part of the gut, to allow a closer look at the area

- It is our aim for you to be seen as soon as possible after your arrival. However, the department is very busy and your appointment may be delayed. If emergencies occur, these patients will be seen before less urgent cases
- If you have sedation please arrange for someone to collect you and someone to stay overnight if possible
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on the premises

If you have any questions or concerns, or are worried about any symptoms you experience after the test, you may ring the enquiry numbers on the front cover of this booklet. Out of hours please contact the NHS non-emergency service on 111.

Frequently asked questions

- **Vending machines in the waiting area?**
Unfortunately due to patient starvation for procedures this is not possible, however, food and drink facilities are available nearby within the hospital
- **More sedation?**
We work to national guidelines depending on age and health
- **Can I return to work after the procedure?**
Patients who opt-out of sedation can return to work if they feel fit and able. If sedation is chosen then it is advised that you do not return to work for 24 hours afterwards.

- You will need to adjust your morning insulin dose. If you are unsure please contact the diabetes nursing team for advice. The telephone number can be found in the Welcome to Endoscopy leaflet which accompanies this booklet

Afternoon appointment

If you take tablets for diabetes (no insulin)

- You should have nothing to eat for 6 hours before the procedure but you may have **small drinks of water until 2 hours before the procedure**. If you feel 'hypo' suck glucose tablets (do not chew)
- You may need to adjust your diabetes medication. If you are unsure please contact the specialist diabetes nursing team for advice. The telephone number can be found in the Welcome to Endoscopy leaflet which accompanies this booklet

If you are on insulin

- You should have nothing to eat for 6 hours before the procedure but you may have **small drinks of water until 2 hours before the procedure**. If you feel hypoglycaemic suck glucose tablets (do not chew)
- You may need to reduce your usual insulin dose. If you are unsure please contact the specialist diabetes nursing team for advice. The telephone number can be found in the Welcome to Endoscopy leaflet which accompanies this booklet

What must I remember?

- If you are unable to keep your appointment please notify the endoscopy department **as soon as possible**
- Follow the instructions about food and drink given on page 6 or your procedure may be postponed**

What are the risks of the procedure?

Complications are rare. These may be linked to the procedure itself or the sedation medicine.

Damage to teeth or bridgework may occur. To reduce this risk your teeth will be protected with a mouth guard.

Perforation or tear of the lining of the stomach or oesophagus (about 1 for every 2000 cases). If this happens you may need an operation.

Bleeding may happen when a biopsy is taken. It usually stops on its own but may need cauterization or injection treatment. In some cases a blood transfusion may be needed.

There is a small chance that a cancer may not be seen.

Sedation can sometimes cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are usually short lived. Careful monitoring by a specially trained endoscopy nurse means that potential problems are picked up early and dealt with quickly. The sedation can also cause small food particles to fall into the lungs which can trigger an infection (aspiration pneumonia). **That is why it is important for your stomach to be empty.**

In extremely rare cases the procedure can lead to death. Current evidence suggest this may happen in around 1 in every 10,000 examinations.

What are the alternatives?

A barium meal x-ray is an alternative test but this involves some radiation exposure. It does not give the same information as a gastroscopy and biopsies cannot be taken.

Preparing for the investigation

Eating and drinking

To reduce the risk of complications and to give clear views, your stomach must be empty. Therefore **do not have anything to eat for at least 6 hours before the test. After this you may have small amounts of water up to 2 hours before your appointment time (no other fluids are allowed) and then nothing to drink until after the test.** Your procedure will be postponed if you do not follow this rule.

If you are having a colonoscopy procedure at the same appointment as your gastroscopy please follow the bowel preparation instructions given in the colonoscopy booklet. You may drink water up to 2 hours before your appointment time.

What if I take regular medication?

Your routine medication should be taken as usual with a small amount of water.

Prescribed digestive medication

It is sometimes useful if you stop taking tablets that reduce the acid in your stomach for the 2 weeks before the gastroscopy.

If your symptoms make this difficult or if you are having a follow-up gastroscopy to check the healing of an ulcer or Barrett's Oesophagus, then please continue your acid reducing medication right up to the procedure.

Blood thinning medication (anticoagulants)

Sometimes these medications need to be stopped and if this is the case the person who referred you for the test should have

Carrying glucose to treat hypoglycaemia

On the day of the procedure carry glucose tablets in case of hypoglycaemia. These are absorbed quickly through the tissues of the mouth and if sucked they will not interfere with the procedure. If you have symptoms of low blood sugar suck 4 to 6 tablets initially, followed by a further 4 to 6 if your blood sugar is still low after 10 minutes.

Blood glucose monitoring

If you usually test your blood sugar level, check it as usual on the morning of the procedure and bring your equipment with you to the appointment. If you do not usually test your blood, do not worry, your blood sugar will be checked when you arrive for the procedure.

Please report to the nursing staff if you have needed glucose before arriving for your appointment and tell them immediately if you feel 'hypo' at any time during your visit

Instructions for your appointment

Morning appointment

If you take tablets for your diabetes (no insulin)

- You should have nothing to eat for 6 hours before the procedure but may have **small drinks of water up until 2 hours before the procedure.** If you feel 'hypo' suck glucose tablets (do not chew)
- You may need to adjust your diabetes medication. If unsure please contact the specialist diabetes nursing team for advice. The telephone number can be found in the Welcome to Endoscopy leaflet which accompanies this booklet

If you are on insulin

- You should have nothing to eat for 6 hours before the procedure but you may have **small drinks of water up to 2 hours before the procedure.** If you feel 'hypo' suck glucose tablets (do not chew)

Intravenous conscious sedation

The sedation is administered into a vein in your hand or arm just before the start of the procedure. This will not make you go to sleep but should help you to feel more relaxed.

It is important that you are awake for the procedure so that you are able to follow simple instructions.

Please note that if you have sedation you are not allowed to drive, drink alcohol, go to work, look after children on your own, care for others, operate heavy machinery or sign any legally binding documents for 24 hours afterwards. You will need someone to accompany you home and to stay with you for at least 4 hours or overnight if possible.

Guidance for people with diabetes

Treatment by diet alone

If you control your diabetes with diet alone, you simply need to follow the instructions given earlier in this booklet to prepare for your gastroscopy.

Treatment with tablets and/or insulin

You should inform the endoscopy appointments team about your diabetes and ask for a morning appointment.

Adjusting your diabetes medication to prevent hypoglycaemia

You may need to adjust your diabetes medication on the day of the procedure to reduce the risk of hypoglycaemia ('hypo' or low blood sugar level). As a result your blood sugar may be a little higher than usual but this is only temporary to maintain your blood sugars during the procedure and you should be back to your usual level within 24 to 48 hours. If needed please contact the Specialist Diabetes Nursing Team (contact details on page 4 of the Welcome to Endoscopy booklet) well in advance of the appointment for advice.

given you clear instructions. If you are unsure please contact your consultant's secretary. For your safety, if the correct instructions are not followed, it may not be possible to do the gastroscopy and you may have to return on another day.

Warfarin: unless you have been advised to stop this medication, continue taking it and have your INR checked within the week before the test. The procedure may be cancelled if your INR has not been checked within the last 7 days. It should be within your target range. If you have been advised to stop your Warfarin you should do so for 5 full days before the procedure and have your INR checked the day before the procedure. It needs to be less than 1.5 for the procedure to go ahead. **Please bring your yellow book to the appointment.**

Dabigatran, Rivaroxaban, Apixaban or Edoxaban: please do not take on the morning of the procedure. If you have been advised to stop taking this medication you should do so for 2 full days before the procedure.

Clopidogrel (Plavix), Prasugrel or Ticagrelor: these medications can generally be continued but if you have been advised to stop you should do so for 5 full days before the procedure.

Diabetes

If you have **diabetes controlled on insulin or tablets**, please make sure the relevant endoscopy appointments' team is aware so that the appointment can be made towards the beginning of the list. You will find more advice on page 10 of this booklet.

How long will I be in the Endoscopy department?

Overall you may expect to be in the department for 1 to 2 hours.

What happens when I arrive?

When you arrive for your appointment please book in at reception.

It is our aim for you to be seen as soon as possible after your arrival. However, if the department is very busy your appointment may be delayed. The department looks after emergency patients who will be seen first if needed.

A nurse will take you through to the admission room and ask you about your general health to check if you are fit to have the procedure. You will also be asked about your plans for getting home afterwards.

The nurse will make sure you understand the procedure and discuss any further concerns or questions you may have. If you have not already done so and you are happy to go ahead, you will be asked to sign your consent form.

Your blood pressure and heart rate will be checked and if you are having sedation a cannula (small plastic tube) will be inserted into a vein (sometimes this is done in the procedure room).

What will happen during the procedure?

The nurse will take you through to the procedure room where you will be able to ask any final questions. If you have any dentures or tongue piercings you will be asked to remove them. Any remaining teeth will be protected by a small plastic mouth guard which will be inserted just before the examination commences.

If you are having local anaesthetic throat spray this will be sprayed onto the back of your throat. It works quickly and will make your tongue and throat feel numb.

You will be asked to lie on your left side and a probe will be placed on your finger to monitor your oxygen levels. You will receive oxygen through the nose and if you are having sedation it will be given into the cannula in your vein.

Any saliva or other secretions produced during the procedure will be removed using a small suction tube, like the one used at the dentist.

The endoscopist will pass the gastroscope into your mouth, down your oesophagus into your stomach and then into your small bowel. Your wind pipe is deliberately avoided so you will be able to breathe normally throughout.

What will happen after the procedure?

You will be taken to a recovery area where your heart rate, oxygen levels and blood pressure will be monitored. Before you leave the department, the nurse or doctor will explain the findings and if any medication or further tests are required.

If you have had throat spray you must not have anything to eat or drink for about an hour after the procedure until the sensation in your mouth and throat has returned to normal.

It is strongly advised that your first drink after the procedure is cold and that you sip it to ensure you do not choke. You will be given more detailed advice about this after the procedure.

Throat spray or conscious sedation?

Anaesthetic throat spray and/or conscious sedation are available to improve your comfort during the procedure. Many people choose to undergo the procedure with throat spray alone.

Anaesthetic throat spray

This is a local anaesthetic spray which numbs the back of the throat. It has an effect very much like a dental injection.

If you choose to have only throat spray you can go home on your own almost immediately after the procedure. You are allowed to drive and may carry on as normal, but must not eat or drink for about an hour afterwards until the sensation in your throat is back to normal.