

## References

If you require a full list of references for this leaflet please email  
[patient.information@ulh.nhs.uk](mailto:patient.information@ulh.nhs.uk)

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



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audio (CD or tape) or braille please email the Patient Information  
team at [patient.information@ulh.nhs.uk](mailto:patient.information@ulh.nhs.uk)

# Gastroscopy and Dilatation

## 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](http://www.ulh.nhs.uk)

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## 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 which 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](http://www.nhs.uk/friendsandfamily), email [patient.experience@ulh.nhs.uk](mailto:patient.experience@ulh.nhs.uk) or speak to a member of staff.

**Visit [www.ulh.nhs.uk](http://www.ulh.nhs.uk) to find out other ways to leave us your feedback**

## 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>

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

- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on the premises

**If you are worried about any symptoms you experience after this test you may ring the helpline numbers on the front cover of this booklet or after hours, the numbers overleaf. 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 patients do not return to work for 24 hours afterwards.

## **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.

## **Aim of the leaflet**

The aim of this leaflet is to help you make a choice about having a gastroscopy and dilatation of your food pipe (oesophagus). This is also known as therapeutic gastroscopy. The leaflet describes how the procedure is carried out and explains the benefits and risks.

**It is important that you follow the instructions given on page 7 about food and drink before the test. If you do not, you may find that your procedure has to be rearranged and you may have to return on another day.**

## **Introduction**

You have been advised by your GP or hospital doctor to have a procedure known as a therapeutic 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 leaflet is a consent form. **Your signature is needed for the procedure to go ahead.**

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

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

## What is a gastroscopy?

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

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

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.

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 10 of this booklet.

## Why do I need a therapeutic gastroscopy?

You have been advised to have this procedure to try and improve your swallowing and if needed, to help decide on further tests.

## What is an oesophageal dilatation?

You have problems with swallowing due to a narrowing (sometimes called a stricture) in your oesophagus.

The oesophagus is stretched to widen the narrow area and improve your symptoms. This is done through the gastroscope rather than a surgical operation.

- You will need to adjust your morning insulin dose. Please contact the diabetes nursing team or your consultant's secretary for further advice

## 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**. If you feel 'hypo' suck glucose tablets

### 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 your procedure**. If you feel hypoglycaemic take glucose tablets
- You may need to reduce your usual 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

## 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 7 or your procedure may be postponed
- 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

tablets initially, followed by a further 4 to 6 if symptoms continue 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.

**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
- 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 on page 4 of 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 your procedure**. If you feel 'hypo' suck glucose tablets

The most common conditions that need this treatment are: Achalasia (a condition where the lower muscle in the oesophagus becomes very tight), scarring or strictures caused by acid reflux damage or surgery to the oesophagus, or a growth in the oesophagus.

Sometimes x-ray pictures are used with this procedure which involves some radiation exposure. If x-rays are needed the procedure will take place in the x-ray department.

## **What methods of dilatation are available?**

There are two main methods used to stretch the oesophagus; firstly, the gastroscope is used to inspect and place a guide wire into your oesophagus, passing through the narrow part and onwards into your stomach.

An x-ray is sometimes used to help the endoscopist position the wire. Once the guide wire is in the correct place the gastroscope is withdrawn leaving the wire in place and the stretching equipment is passed into position along the wire.

In the second method, a guide wire is not needed as the dilating equipment can be positioned using the gastroscope alone. The dilating equipment is passed through a small channel within the gastroscope itself.

The dilating equipment used is either a small inflatable balloon, which is positioned deflated and then inflated to certain pressures within the narrow area. As the balloon expands the oesophagus is stretched. Different sizes of balloon can be used in order to safely stretch the oesophagus to the size required to improve your symptoms.

Alternatively, a solid tapered instrument (bougie) is inserted through the narrowing to stretch it.

The method that is used is chosen by the doctor and usually depends on the type of swallowing problem that you have. This will be discussed with you. Advice about eating and drinking after the procedure will be given to you before you go home.

## **What are the risks of the procedure?**

Complications may be linked to the procedure or the sedation medicine.

### **Risks associated with gastroscopy**

Damage to teeth or bridgework: to reduce this your teeth will be protected with a mouth guard.

Perforation or tear of the lining of the stomach or oesophagus (about 1 in 2000 cases). If this happens you may need an operation to repair it.

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

### **Risks associated with dilatation**

Occasionally stretching causes some bleeding but this is usually not serious and settles quickly. You may be admitted to hospital if it does not settle.

The most serious risk is perforation (making a hole or tear) of the oesophagus or stomach. This can happen in about 1 in 100 cases and may need an operation to repair it. Sometimes the perforation is small, for example where the guide wire has caused a small puncture and this can be managed without an operation, but will always require admission to hospital. There is a higher risk of perforation (up to 10 in 100 cases) when there is a complex disease or a tumour of the oesophagus present.

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

## **Guidelines 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.

### **Carrying glucose to treat hypoglycaemia**

On the day of the procedure carry glucose tablets in case of hypoglycaemia. As these are absorbed quickly through the tissues of the mouth, if sucked they will not interfere with the procedure. If you have symptoms of low blood sugar take 4 to 6

Before you leave the department, the nurse or doctor will explain the findings and if any medication or further investigations are required.

If you have had throat spray you must not have anything to eat or drink for at least 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 information about this after the procedure

## Throat spray or conscious sedation?

Intravenous sedation and/or local anaesthetic throat spray can improve your comfort during the procedure.

### Anaesthetic throat spray

Some people choose to undergo the procedure with just 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 just 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 you must not eat or drink until the sensation in your throat is back to normal.

### Intravenous conscious sedation

The sedation is administered into a vein in your hand or arm just before the start of the procedure. This may make you a little drowsy but will not make you go to sleep. It 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 during the investigation.

These complications can normally be detected during or soon after the procedure and action taken.

## Risks associated with sedation

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 any 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).

## Preparing for the investigation

### Eating and drinking

To reduce the risk of aspiration pneumonia 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 two hours before the test (no other fluids are permitted) and then nothing to drink until after the test.** Your procedure will be postponed if you do not follow this rule.

## What if I take regular medication?

Your routine medication should be taken as usual.

## Blood thinning medication (anticoagulants)

These include **warfarin, dabigatran, apixaban, rivaroxaban, edoxaban, clopidogrel (Plavix), ticagrelor, prasugrel and dipyridamole.**

Your doctor should already have discussed these medicines with you as they are important and can increase the risk of bleeding. If

they have not been discussed please contact your Consultant's secretary as soon as possible for advice.

## **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 11 of this booklet.

## **How long will I be in the Endoscopy department?**

You should expect to be in the department for approximately 1 to 3 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 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 are happy to go ahead, you will be asked to sign your consent form.

Your blood pressure and heart rate will be checked and a recording of your oxygen levels will be taken.

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 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. This 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 this will be given into the cannula in your vein.

Any saliva or other secretions produced during the investigation will be removed using a small suction tube, rather 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 the recovery area where you will be able to rest. Your heart rate, oxygen levels and blood pressure will be monitored and when the recovery nurse feels you are ready you will be able to get dressed.