

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, 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

Feedback about our services

‘Care 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 - www.careopinion.org.uk/opinions?nacs=RWD. How it works:

1. Share your story of using a health service
www.careopinion.org.uk/youropinion
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 experiences count.

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

Inpatient Gastroscopy

Your procedure information

Please read this booklet as it contains important information on how to prepare for your procedure

Endoscopy Department Contact Numbers
for Help and Enquiries (8.30am to 6.00pm)

Boston	01205 446559
Grantham	01476 464085
Lincoln	01522 573016

www.ulh.nhs.uk

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level when you arrive for the procedure, unless it was checked just before you were sent to the endoscopy department.

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

What must I remember?

- 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 you have any problems, after the procedure, with a persistent sore throat, worsening chest or abdominal (tummy) pain, please tell the ward doctor or nurse.
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time in the department.

If you return home shortly after the test and have any concerns or are worried about any symptoms you experience after this test, you may telephone the contact numbers on the front of this booklet or, out of hours, ring 111 for advice.

Frequently asked questions

More sedation?

The doses we offer are based on national safety guidelines depending on your age and health.

Can I return to work after my procedure?

Patients who opt-out of sedation and are discharged from hospital can return to work, as soon as they feel fit and able. If sedation is chosen, then it is advised that they do not return to work for 24 hours afterwards.

Anaesthetic throat spray

Many people choose to undergo the procedure with throat spray alone. This is a local anaesthetic spray which numbs the back of the throat. It has an effect very much like a dental injection.

The throat spray wears off within an hour, 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 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.

Sedation is not always possible when a patient is very frail, has a very low blood pressure, heart or breathing problems.

Please note that if you have sedation and are allowed home later the same day, 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 afterwards. You will need someone to accompany you home and to stay overnight if possible, or for at least 4 hours.

Guidance for people with diabetes

Before the test, your medical team should have discussed your diabetes and their plans for adjusting your diet and treatment with you. Please feel free to tell them if you have any concerns about your diabetes.

Blood glucose monitoring

The nurses in the endoscopy department will check your glucose

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 7 about food and drink before the test. If you do not, you may find that your procedure has to be rearranged.

Introduction

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

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.

If there is anything you do not understand or wish to discuss further, please ask the nurse or doctor on the ward as they should be able to help. You can sign the consent form after you have spoken to the 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 gastroscopy. 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 gastroscopy relay pictures on to a television screen.

Samples of tissue (biopsies) may also 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 laboratory. 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 (medicine injected into a vein), while others prefer to have a 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.

A Gastroscopy can be done as a follow up check, for certain conditions affecting the stomach or oesophagus.

If a scan or x-ray has suggested there may be something wrong in the upper part of the gut, a gastroscopy allows a closer look at the area.

The test not only helps us to find a cause for your symptoms but may also allow us to give treatment to deal with problems in the oesophagus, stomach or duodenum. In an emergency, you may

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, rather like the one used at the dentist.

The endoscopist will pass the gastroscopy into your mouth, down your oesophagus, into your stomach and then into your duodenum. 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 returned to your ward.

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

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?

Sedation given into the vein and/or local anaesthetic throat spray can improve your comfort during the procedure.

Diabetes

If you have **diabetes controlled on insulin or tablets**, please make sure that the doctors and nurses looking after you on the ward are fully aware so that your treatment can be adjusted. Further advice can be found on page 10.

How long will I be in the Endoscopy department?

Overall you may be in the department for about an hour.

What happens when I arrive?

When you arrive, one of the nurses will check your details and relevant medical history before you are taken into the procedure room.

It is our aim for you to be seen as soon as possible after your arrival. However, if the department is very busy your gastroscopy may be delayed.

The nurse will make sure that you understand the procedure and discuss any further concerns or questions you may have. The nurse will confirm that you have given consent and that you are happy to go ahead.

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 into your mouth, just before the examination commences.

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

need a treatment to save your life or reduce complications and the endoscopist will, in this situation, act in your best interests. If you have any concerns about this, please discuss those concerns at any time with your nurses or the endoscopist.

If we see a bleeding ulcer or blood vessels (varices), we are able to use various treatments down through the endoscope, to stop any bleeding and reduce the chances of any further complications.

If we see a narrowing, we can often stretch this gently (dilatation) to open up the narrowing for you and relieve any blockage.

When patients are unable to swallow and take food, we can use the endoscope to assist with placing a very narrow feeding tube through which we can give food to a patient whilst the swallowing problem is sorted out.

Treatments are used depending on what is seen at the time of the endoscopy, so we cannot always explain the exact treatment to you before the procedure. Treating a bleeding ulcer or blood vessel is an emergency and treatment is needed quickly, to avoid further blood loss. The benefits of these treatments far outweigh the risks and are intended to help you get better quicker and in some cases to avoid an operation.

For most patients the treatments do not usually cause any pain or discomfort, but if you do have any pain or discomfort, please let the doctors or nurses know so that they can give you a medicine to help.

You may ask the doctors or nurses in the endoscopy department for more information if you wish. They will be happy to explain things to you.

What are the risks of the procedure?

Complications are rare. These may be linked to the procedure itself, the condition causing the illness or the sedation medicine.

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

Perforation (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 where a biopsy is taken. It usually stops on its own but may need treatment. In some cases a blood transfusion may be needed.

Endoscopy treatments for bleeding ulcers and blood vessels are usually successful but other treatments may be necessary when the treatment does not solve the problem.

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

Sedation can sometimes cause problems with breathing, heart rate and blood pressure. These problems usually get better without any treatment. 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 a chest 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.

What are the alternatives?

A barium meal x-ray or CT scan are alternative tests but these involve some radiation exposure. They do not give the same

information as a gastroscopy, biopsies cannot be taken and treatment cannot be given.

Preparing for the investigation

Eating and drinking

To reduce the risk of a chest infection (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 2 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)

If you take anticoagulant medication such as **Warfarin**, please remind your ward doctor or nurse. If your warfarin needs to be stopped before the procedure the person booking the test should have discussed this with you. If you are unsure please feel free to ask.

Other anticoagulants such as **Dabigatran, Rivaroxaban, Apixaban, Edoxaban** should not be taken on the morning of the procedure. In some cases, these medications need to be stopped for 2 days before the test. The person who booked the test should have discussed this with you, but if you are unsure please ask the ward doctor or nurse.

Clopidogrel, Prasugrel or Ticagrelor may be generally continued but sometimes we need to stop them. The person booking the test should have discussed this with you, but if you are unsure please ask the ward doctor or nurse.