

Gastroscopy

You must read this booklet at least seven days before your test

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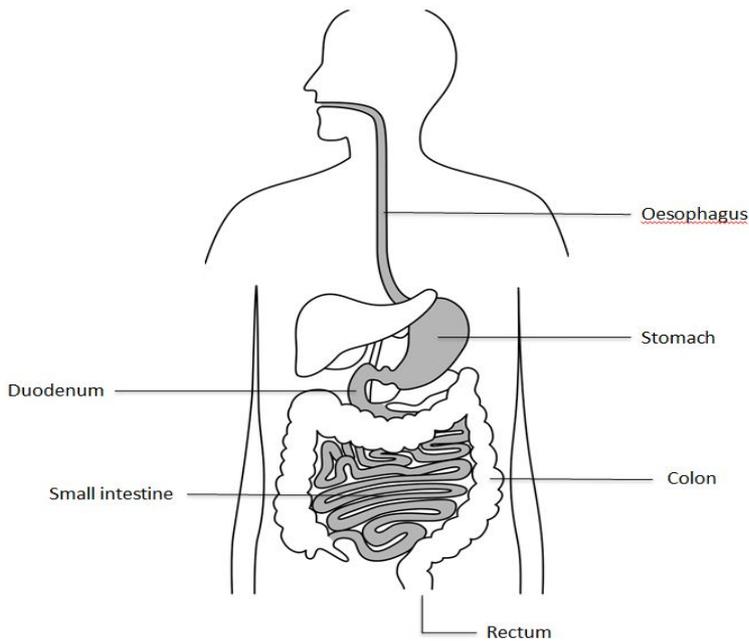
What is a gastroscopy?

An endoscopy is a procedure where the inside of the body is examined using a flexible tube with a light and a camera at the end called an endoscope. A gastroscopy or OGD (oesophago-gastro-duodenoscopy) is an endoscopic procedure where a gastroscope is passed over the tongue, down the back of the throat and into the oesophagus, stomach and duodenum (see picture below). Pictures are transmitted to a TV screen, enabling the endoscopist to look at the lining of this part of the digestive system, also known as the upper gastro-intestinal (GI) tract.

Why is it necessary?

The procedure is done to help your doctor make a diagnosis or exclude serious problems. Samples (biopsies) and photos are often taken to help this. Sometimes treatment can be given at the time of a gastroscopy.

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What are the risks?

A gastroscopy is a very safe procedure but like any invasive procedure there are risks. Your doctor will have weighed up the risks against the benefits before requesting one.

There is a slight risk of damage to crowned teeth or dental bridgework and a small risk of bleeding if biopsies are taken (this usually settles on its own). There is an extremely small risk of causing a tear (1 in 2000 cases or 0.05%). The greatest risk relates to the use of sedation in elderly or frail patients or those with pre-existing heart or lung conditions. Those patients are closely monitored because of this.

If the endoscopist is worried about a complication you may need to spend more time in the recovery area or be admitted to have a scan. In very rare cases an operation may be required to deal with a complication.

What is it like?

A gastroscopy is usually a quick test and the tube, about the width of a little finger, is rarely inside for more than five minutes. If it is necessary to give treatment, it can take longer.

Everybody's experience of a gastroscopy is different. It is rarely painful but can be an unpleasant experience. Some patients gag a little as the tube is passed over the back of the tongue and some patients retch. In rare cases this can continue throughout the procedure. Taking samples during a gastroscopy is painless.

To make it less unpleasant you will be offered either a local anaesthetic throat spray or conscious sedation (see page 5 for more information on these options). If you find it too unpleasant the endoscopist will stop the procedure.

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Is there an alternative?

No other test allows direct views of the upper GI tract and the ability to take samples. An X-ray study can sometimes be done if patients are unable to tolerate a gastroscopy but this is an inferior test in most circumstances.

What arrangements do I need to make?

If you think you may need sedation you should arrange for somebody to take you home after the procedure and stay to supervise you for 12 hours. This is to ensure that you have recovered from the sedation and is for your safety. If you are planning to have the test with throat spray, this is not necessary.

What if I live alone?

If you live alone and are unable to arrange for someone to collect or stay with you after the test please inform the bookings team on 01206 742656 as soon as you receive your appointment. It may be possible to arrange a hospital bed but this is complicated and cannot be guaranteed until the day of the procedure.

Preparing yourself for a gastroscopy

In order to have clear views the stomach must be empty.

If you have a morning appointment **do not eat** after midnight.

If you have an afternoon appointment **do not eat** after 7am.

You can continue to drink water up to two hours before your appointment and take your regular medications with a sip.

If you have diabetes or take blood thinning medications (as in the list below), see pages 6 and 7.

Aspirin	Clopidogrel	Warfarin
Prasugrel (Efient)	Ticagrelor (Brilique)	Dabigatran (Pradaxa)
Rivaroxaban (Xarelto)	Apixiban (Eliquis)	Edoxaban (Lixiana)

On the day of your test

What shall I bring?

- your appointment letter
- a list of your regular medications
- your insulin (if you have diabetes)
- something to keep yourself occupied whilst you wait.

Please remove nail varnish, jewellery (including piercings) and lipstick before coming to hospital. As there is no safe place to store valuables whilst you are having your procedure we suggest you leave these at home or with a friend/relative.

Where do I come?

Report to reception at the Elmstead Day Unit (situated at the rear of the hospital – please see the map at the end of this leaflet).

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Your family or friends can drop you off there but there is no parking except for disabled badge holders. If you are planning to drive, please use one of the visitor car parks situated at the front of the hospital. Please bring change for the machine and note that you may need to park for several hours.

What if I need help with transport?

If you are unable to get to the hospital and require help with transport, please contact your GP. Please emphasise that this is a day case procedure rather than an outpatient appointment and that you may be at the hospital for several hours.

What will happen when I arrive?

You will be asked to sit and wait until a nurse is available to take you through to the admission area. Every effort is made to ensure that your wait is as short as possible but delays can happen if emergency cases have to be prioritised and/or procedures take longer than expected. Under these circumstances you may have to wait 1-2 hours before you are admitted.

During the admission process the nurse will take some details (personal information, medications, allergies and medical problems etc.) Either the nurse or an endoscopist will explain the procedure (risks and benefits) and ask you to sign a consent form.

If you have chosen to have sedation you will be taken to a bed space as soon as one becomes available and a nurse will insert a cannula (small plastic tube) into a vein. You do not have to undress for a gastroscopy but it is a good idea to wear clothing that fits loosely around the neck. If you need a cannula it may be necessary to take off clothing so that a suitable vein can be located.

Should I have throat spray or sedation?

Local anaesthetic throat spray

This reduces the sensation at the back of the throat. When the throat goes numb it can feel a little like it is swelling up, although this is not the case. It also affects the sensation of swallowing. This wears off after 45 minutes, after which you may eat and drink.

Advantages:

- if you are elderly or frail or have heart or lung conditions, it is the safer option
- as you are awake during the procedure the nurses and endoscopist can talk to you and reassure you during the procedure
- once the procedure is finished you can leave the endoscopy department immediately and you are fit to drive yourself home.

Disadvantages:

- you are completely aware of the experience which, whilst relatively quick, can be an unpleasant experience.

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Conscious sedation

The sedative drug used during a gastroscopy is called midazolam. It helps to relax you, makes you less aware of your surroundings and can affect your recollection of the procedure. It does not put you to sleep and does not stop the retching or gagging that can occur. The effects of sedation vary significantly between individuals, which can make it difficult to predict what your experience will be like.

Advantages:

- you will be made more relaxed before the procedure is started and you may not recall what happened.

Disadvantages:

- sedation can affect your breathing and your blood pressure, which can cause problems if you are frail or elderly or have heart and lung problems
- some patients struggle as the tube is passed over the back of the tongue and it is not always possible to reassure you. It can be necessary to gently hold your arms to prevent you pulling the gastroscope out, which could be dangerous.
- you will need to stay longer in the department to recover after the procedure before you can be taken home
- although you may feel alert, the effects of midazolam can last for up to 24 hours.

During that time **you must not:**

- drink alcohol
- operate machinery
- drive
- sign any legally binding documents.

If you are given sedation you must arrange for someone to collect you from the hospital and be with you for the following 12 hours.

What happens in the procedure room?

A few checks need to be done before the procedure is started and you will be introduced to the endoscopist and the nurses in the room.

You will be asked to remove false teeth/dentures and given throat spray or sedation, depending on your preference. The procedure is performed with patients lying on a trolley on their left hand side. (If you are unable to lie on your left hand side please contact the doctor who organised the test.) A plastic mouth guard will be placed to allow the endoscope to slide over your teeth and, if you are having sedation, an oxygen tube will be placed in your nose. Your oxygen levels and pulse rate are measured continuously during the procedure and a nurse will use suction to remove any saliva you are unable to swallow.

What happens after the procedure?

This depends on whether you have had throat spray or sedation and if any treatment has been given. If given throat spray you can leave straight away but have to wait 45 minutes before you can eat or drink. If given sedation you will be given time to rest and recover back on the ward. Once dressed, you will be given something to eat and drink.

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If treatment has been given, such as stretching up the oesophagus or placing a stent, then the endoscopist may suggest you are observed for a few hours after the procedure. This is to ensure there has not been a complication. There may also be a restriction on what you can eat and drink.

Once you are ready to leave, a nurse can call your friend or relative to come to collect you.

How long will it take?

Whilst the tube is inside you for only a few minutes the whole process from start to finish can take several hours. You may have to wait a while before you are admitted and, if you have been given sedation, it can take a while for you to recover before you are stable enough to leave the department.

When do I get the results?

The endoscopist may explain the findings in the procedure room. If not a nurse will give you the report and go through it before you leave. A report will also be sent to your GP and the doctor who requested the test.

If samples have been taken, these will be sent to the pathology laboratory. The clinician requesting the procedure should be able to access the results on an urgent sample after a week but for non-urgent samples it may take several weeks.

Friends and relatives

Friends and relatives are not allowed beyond reception in the endoscopy department unless they are needed to help care or communicate with patients. We recommend that they leave a contact number so we can call them when you are ready to leave, as you will be in the department for several hours.

Information for patients with diabetes

You will need to stop some of your diabetic medication before the procedure as you will be missing a meal and not drinking for a couple of hours before the test.

If you take insulin you should have been given a morning appointment – if you have been given an afternoon appointment please phone the bookings team on 01206 742656 as soon as you receive your appointment to ensure that this is changed.

If you take tablets for diabetes

Stop taking your diabetic tablets on the morning of the procedure. If you take them more than once a day you can restart them that evening once you have started eating and drinking.

If you take insulin for diabetes

If you take a long acting insulin (Lantus/Glargine, Levemir/Detemir, Insulatard, Humulin I), continue this as normal.

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If you take insulin twice a day (Novomix 30, Humulin M3, Humalog Mix 25, Humalog Mix 50), take half your usual dose in the morning and resume your normal insulin with your evening meal.

If you take a short acting insulin with meals (Novorapid/Aspart, Humalog/Lispro, Humulin S), miss this out when you miss a meal.

General advice

If you start to feel symptoms of a hypo (low blood sugar) such as sweating, dizziness, blurred vision or shaking, please test your blood sugar, if possible. If it is less than 4mmol/L, take 4 glucose tablets or 150ml of Lucozade or 4 teaspoons of sugar mixed with 150ml of water. Your blood sugar will be checked when you are admitted to the unit to ensure it is safe to go ahead with the procedure.

As you will have missed some of your diabetic medication you may get high blood sugars after the test but these should return to normal after a couple of days. If your sugars are high please keep drinking fluids so that you do not get dehydrated.

If you have recently been admitted to hospital because of unstable blood sugars or are unsure what to do, please phone the Diabetes Specialist Nurse on 01206 742159.

Remember to bring your insulin with you to the hospital.

Blood thinning drugs

Aspirin	Clopidogrel	Warfarin
Prasugrel (Efient)	Ticagrelor (Brilique)	Dabigatran (Pradaxa)
Rivaroxaban (Xarelto)	Apixiban (Eliquis)	Edoxaban (Lixiana)

These medications increase the risk of bleeding, they are commonly prescribed if you have or are at risk of heart problems, strokes, blood clots or other vascular problems.

Diagnostic procedures

It is safe to perform a diagnostic gastroscopy and take samples whilst you are on a blood thinning drug but it is not safe to perform therapeutic procedures.

If you take **warfarin** check your INR a week before the procedure. If it is above the therapeutic range contact the referring clinician for advice. Your INR will be checked on the day of the procedure to ensure taking biopsies is still safe.

If you take **Rivaroxaban, Apixaban, Edoxaban** or **Dabigatran**, omit these on the day of the procedure to minimise the risk of bleeding if biopsies are taken.

If you take a combination of blood thinning drugs contact the referring clinician to ask for advice as the risk of bleeding increases and this must be balanced against the risk of stopping one of your blood thinning drugs.

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Therapeutic procedures

If a therapeutic procedure may be required you will need to stop some blood thinning drugs for longer. If so please follow the advice below.

Aspirin - stop this three days before the procedure if you have been told to do so (often it is safe to continue).

Clopidogrel, Prasugrel and Ticagrelor – stop five days before unless you have had an angiogram where a stent has been placed in your heart, within the last year. If so, please contact the referring clinician for advice.

Warfarin – stop five days before.

In certain circumstances you will need to take a heparin injection two days before the procedure and afterwards to protect against clots whilst you are off warfarin. (This is required if you have atrial fibrillation with a prosthetic heart valve or mitral stenosis, a metallic mitral valve, a thrombosis in the last three months or are at a high risk of stroke.) Please contact the referring clinician or your GP to arrange this.

Rivaroxaban, Apixaban, Edoxaban or Dabigatran – stop 48 hours before your procedure. (If you have kidney failure your doctor may advise you to stop Dabigatran 72 hours before the procedure.)

If you take a combination of blood thinning drugs contact the referring clinician to ask for advice, as the risk of bleeding increases and this must be balanced against the risk of stopping your blood thinning drugs.

Who to contact for help and advice

For questions relating to your appointment please contact the bookings team by phone: 01206 742656 or by email: endopatientbookings@nhs.net

If you have diabetes and have questions about your medications not addressed above, please phone the Diabetes Specialist Nurse: 01206 742159.

If you have questions about blood thinning drugs or are concerned that you should not be taking the bowel prep due to a pre-existing medical condition, please phone the secretary of the referring clinician (listed on the appointment letter), via the hospital switchboard on 01206 747474.

Verifying your identity

When you attend hospital you will be asked to confirm your first and last names, date of birth, postcode and NHS number if you know it, and to let us know if you have any allergies.

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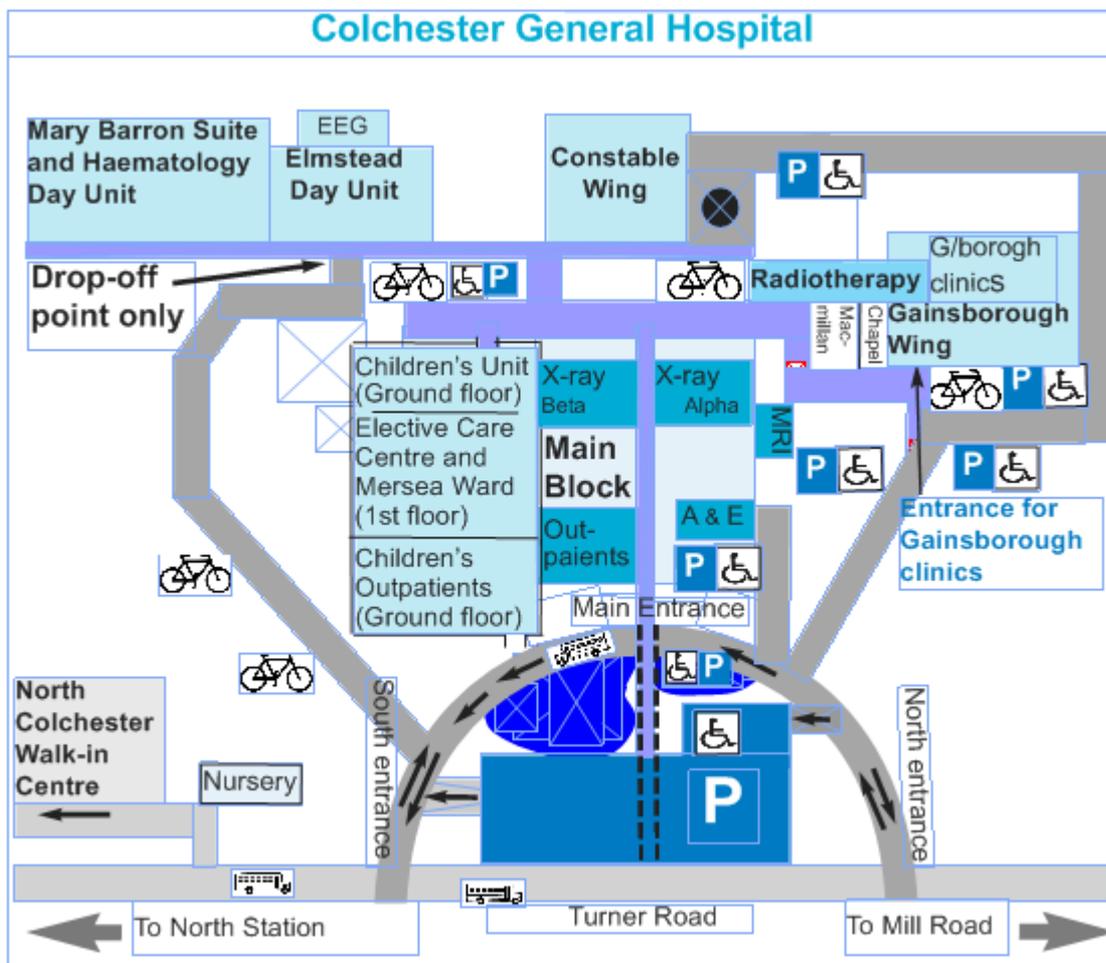
Comments, compliments or complaints about your care

Please raise any concerns in the ward or department you are in. Ask to speak with the ward sister, matron or department manager, as appropriate. If your concerns cannot be resolved or you wish to make a formal complaint, please call PALS (Patient Advice & Liaison Service) on 0800 783 7328, pick up a PALS leaflet or visit <http://www.colchesterhospital.nhs.uk/pals.shtml>

Your views

If you or a family member has recently been in Colchester General Hospital, you can tell us about your experience by searching for ‘Colchester’ on the NHS Choices website (www.nhs.uk), by writing to the address on the front of this leaflet, by emailing your comments to info@colchesterhospital.nhs.uk or by filling in a ‘Friends & Family’ questionnaire at the hospital.

Map of Colchester General Hospital



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