

Upper Gastro-intestinal Endoscopy (Gastroscopy)

Information for patients, relatives and carers

Endoscopy Unit

① For more information, please contact:

York Hospital Patients:

The York Hospital
Wigginton Road, York, YO31 8HE

Tel: 01904 726694
between 8am and 6pm

Scarborough Hospital Patients

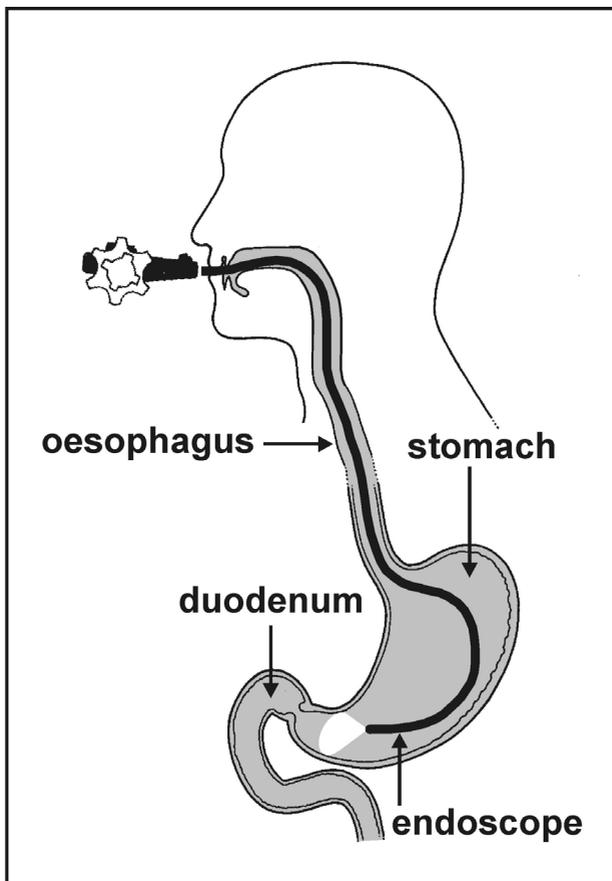
Scarborough Hospital
Woodlands Drive, Scarborough, YO12 6QL

Tel: 01723 385141

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What is an Upper gastro-intestinal (GI) endoscopy?

Upper gastro-intestinal (GI) endoscopy is an examination of your gullet, stomach and upper intestine using an endoscope. The procedure is also known as gastroscopy. An endoscope is a flexible tube with very small lenses and a light attached to the end of it. The procedure is carried out by someone with special training called an endoscopist.



This leaflet explains a little about what will happen before, during and after your procedure on the Endoscopy Unit. It tries to answer some of the questions you may have.

We are there to help you and will always make time to listen to you and answer your questions. If you do not fully understand anything about your procedure, please ask.

If you become ill or cannot keep your appointment for any reason, please tell us as early as possible so that another patient can be offered treatment.

We will rearrange your appointment.

Please telephone the number on your appointment letter.

What happens when I arrive at the Unit?

Your appointment time is not the time you will get your procedure done, but you will be assessed by a nurse first.

You can expect to be on the unit for up to **four** hours.

The nurses introduce themselves to you and explain what will happen to you during your stay. You will be asked about your present medicines, any allergies you may have, your arrangements for going home and who is to look after you.

A nurse will check your details with you and (if this has not already been done) ask you to sign a consent form (FYCON31-1 Gastroscopy) saying that you:

- Fully understand the examination and local anaesthetic or sedation,
- Fully understand the risks and benefits,
- Are aware of the alternatives, and
- Agree to have the examination.

Please ask if there is anything you do not fully understand about your treatment or if there is anything you are uncertain about. A copy of the consent form will be kept in your Patient Notes and you will be given a copy for your own records. You may change your mind and withdraw consent at any time, even after you have signed the form.

What if I have diabetes?

We need to know if you have diabetes. If you have tablet or insulin treated diabetes you may need further advice. This can include how to prepare for the procedure and how to take your medication.

York Hospital Patients:

If you have not received any specific diabetes information with this pack please contact the Pre Assessment Nurses for advice on 01904 721307.

Scarborough Hospital Patients:

If you have not received any specific diabetes information with this pack please contact the Endoscopy automated helpline number for advice on 01723 342905.

What if I have a pacemaker?

If you have any implantable cardiac device, such as a pacemaker or internal defibrillator as this may need adjusting on the day of your procedure.

York Hospital patients please call the Pre Assessment Nurses on 01904 721307.

Scarborough Hospital patients please call our automated helpline 01723 342905

What if I am on blood thinning medication?

You need to let us know if you take any of the following blood thinning medications:

Warfarin

Clopidogrel

Apixaban

Ticagrelor

Dabigatran

Prasurgel

Rivaroxaban

If you are a York Hospital Patient:

You will need to inform the pre-assessment nurses on 01904 721307.

If you are a Scarborough Hospital Patient:

You will need to phone the automated helpline on 01723 342905.

We will need to advise you about whether or not your medication should be continued for the procedure.

Although **Aspirin** is a medication which thins the blood it is safe to continue and we therefore do not need to know about this.

What about other health issues?

Please ring the Endoscopy Unit as soon as possible if any of the following apply to you:

- You have had any previous infections of the heart valve (endocarditis)
- You have an abnormal or artificial heart valve or a blood vessel graft
or
- You have been advised that you need antibiotics before an operation or dental treatment.
- You have a latex allergy
- You have been informed that you are at risk of **CJD** or **vCJD** for public health purposes

What happens before the procedure?

It is important that you do not have anything to eat for **at least six hours** before the examination. You may drink a cup of clear fluids (those you can see through) up to two hours before. You must not eat or drink anything during the two hours before your examination. Please see detailed instructions in the section on fasting later in the leaflet.

You may be asked to take off your jumper or cardigan. If you have false teeth, you will be asked to take them out just before the examination.

I have been told there will be trainees in the list. What does this mean?

We take the training of endoscopists very seriously. Our Trust is committed to teaching, training and research to support the development of staff and improve health and healthcare in our community. We provide specific training lists for the next generation of endoscopists. All training lists have a reduced number of procedures in order to facilitate careful training. The training is always closely supervised by accredited endoscopists. In addition we monitor all results and outcomes of both the trainees and the individual endoscopists. We also have a feedback mechanism so trainees' progress is scrutinised and monitored. You can opt-out if you do not want trainees to attend.

Will I be awake during the procedure?

You do not need a general anaesthetic to have a gastroscopy so you will be awake during the procedure.

As the gastroscopes have become thinner many patients are happy for the procedure to be carried out without sedation and to have throat spray instead. The throat spray has an effect very much like a dental injection. It is sprayed on the back of your throat to numb it.

The benefit of choosing throat spray is that you are fully conscious and aware and can go home unaccompanied almost immediately after the procedure. You are permitted to drive and carry on life as normal.

The only constraint is that you must not have anything to eat or drink for about 30 minutes after the procedure, until the sensation in your mouth and throat has returned to normal. It is strongly advised that when having your first drink after the procedure, it should be a cold drink and should be sipped to ensure you do not choke.

If the local anaesthetic does not make you feel comfortable enough to have the gastroscopy, the endoscopist may decide to give you a mild sedative (Midazolam). You can always request for the procedure to be done with sedation. We give these drugs through a vein in your arm. If we give you this sedation we will give you some oxygen through two short plastic tubes that sit inside your nostrils (nasal cannula). Sedation can depress breathing and we give this oxygen as a precaution. If you have been given Midazolam, you must not drive, operate machinery, sign legal documents or drink alcohol for 24 hours. An adult should stay with you for a minimum of three hours but, ideally, for 24 hours.

We will monitor your condition throughout the gastroscopy by attaching a clip to your finger that measures the amount of oxygen in your blood.

Most people tolerate the procedure with only the local anaesthetic spray.

What happens during the examination?

Before starting the examination, the endoscopist will check your details and ask you to confirm you still agree to have the procedure. We will ask you to lie on your left side. A plastic mouthpiece is gently placed between your teeth to keep your mouth open a little during the examination. You may have small plastic tubes placed just inside the nostrils so that you can be given oxygen. This is if you need support to breathe easily if you have sedation.

The endoscopist passes the endoscope through your mouth and down into your stomach. The procedure is painless and does not affect your breathing. It is normal to have some retching. Air is passed down the endoscope to expand your stomach so that the endoscopist has a better view. If you produce a lot of saliva during the examination, the nurse uses a small suction device to remove it.

If needed, the endoscopist can take a small sample of tissue (a biopsy) for examination in the laboratory. This is also painless.

At the end of the examination the air is sucked out of your stomach and the endoscope is removed painlessly.

The procedure usually takes less than 10 minutes.

Can I drive home?

Will I need someone to stay with me?

Sedative (Midazolam)

If you have been given Midazolam, you must not drive, operate machinery, sign legal documents or drink alcohol for 24 hours. An adult should stay with you for a minimum of three hours but, ideally, for 24 hours.

Why might you take photos or videos of my gullet, stomach or upper intestine?

As part of your treatment, we may take photos of your gullet, stomach or upper intestine. These are kept in your medical records. We may need to use these images for assessing lesions and discussing them with colleagues and ask them their opinion. We may also use the images for teaching purpose.

Occasionally we take a video recording of a gastroscopy. This is to help us monitor the quality of the gastroscopies we carry out. If we take a video of your gastroscopy you will not be identified in the recording. We will destroy the video as soon as we have viewed it.

Are there any risks involved in having an upper GI endoscopy?

There is a very low risk of complications associated with upper GI endoscopy. As with any diagnostic test, there is a very small chance of an abnormality being overlooked.

Very rarely, damage occurs to the gullet, stomach (1 in 2000 patients) or to teeth and or dental crowns. When the endoscope is used to treat ulcers, bleeding or narrowing of the gullet, for example, the risk of complications is a little higher than when it is used only for examination purposes.

If you have biopsies taken, the risk of bleeding/perforation increases in proportion to the number of biopsies taken. The greater the number of biopsies taken, the greater the risk will be.

The sedative you may be given to keep you relaxed during the examination carries a small risk of depressing your breathing. You will be monitored and if it occurs, the condition is treated.

In general, the risk of complications associated with upper GI endoscopy is less than 1 in 2,000 cases.

All the instruments used are sterile and the chances of transmitting infections are therefore extremely small.

If you are concerned about any of the risks, please speak to your endoscopist.

What are the benefits of having an upper GI endoscopy?

Your problem can be diagnosed quickly, accurately and safely, often allowing prompt treatment. Sometimes treatment can also be given down the endoscope.

What are the alternatives to an upper GI endoscopy?

You can have an x-ray procedure called a barium meal. This is usually less accurate than an endoscopy and tissue samples cannot be taken at the same time. Having an upper GI endoscopy instead of a barium meal also means that you are not exposed to ionising radiation.

When can I go home?

If you have not had sedation, you can go home unaccompanied when you feel you are ready.

It is essential that you have someone to accompany you home unless you have had no sedative drugs and had the procedure performed under throat spray alone. A responsible adult must accompany you for a **minimum** of three hours after the last dose of sedative but we recommend supervision for a full 24 hours. These precautions are very important. If you feel that you cannot make these arrangements please let us know in plenty of time before your procedure by contacting the Pre Assessment Nurses:

York Patients telephone 01904 721304

Scarborough Patients telephone 01723 342905

If you have had a sedative, you must not drive yourself, operate machinery, drink alcohol or sign legal documents for at least 24 hours following your examination.

Your endoscopist will discuss the results of your examination with you before you go home and give you a written summary. If a biopsy was taken, it usually takes several days to get the results back from the laboratory. The endoscopist will advise you about getting your results and send a letter about the procedure to your GP.

Before you leave the Endoscopy Unit

A nurse will go through the discharge instructions with you and tell you about the care you need at home. The nurse will give you the necessary follow-up papers and appointments. Please ask if you are unsure of any of the instructions. Sometimes treatment is prescribed or further tests arranged.

How will I feel after my endoscopy?

You may have a slight sore throat. Usually this clears up quickly but it can last for two to three days. If some air remains in your stomach, you may feel a little bloated for a few hours. If you have had sedation you are advised to rest for the remainder of the day. You should be able to resume normal activities 24 hours after the examination. If you have had throat spray only, then you can resume normal activities straight away.

What should I do if I have any problems or worries about my gastroscopy after going home?

If you have problems in the first 24 hours after you leave hospital please contact us.

Between the hours of 8am and 6pm, please telephone the Endoscopy Unit on:

York Hospital Patients: 01904 726694

Scarborough Hospital Patients: 01723 385141

After 6pm, please telephone the hospital on:

York: 01904 631313 or

Scarborough: 01723 368111

and ask for the 'on call surgical registrar'.

If you have problems after 24 hours, please contact your GP.

Fasting Instructions to follow before Endoscopy:

It is important that you do not eat anything for six hours before you arrive on the Unit.

You may drink clear fluids (clear fluids include water, tea without milk or dilute squash) up to two hours before the time of your appointment.

You should not have anything to eat or drink during the two hours prior to your appointment.

It is important to follow these instructions exactly so that your stomach is empty which gives the endoscopist a better view.

Do not drink milk for four hours before your appointment.

A checklist for patients

- Please do not have anything to eat for **at least six hours** before the examination. You may drink a cup of clear fluids (those you can see through) up to two hours before. You must not eat or drink anything during the two hours before your examination.
- Please ring us if you have a pacemaker, are diabetic or are on blood thinning agents
- Do bath or shower as usual before your appointment.
- Please leave all jewellery and other valuables at home. Do bring something to help pass the time while you wait on the Endoscopy Unit, e.g. books, magazines.
- If you normally wear reading glasses please remember to bring them with you.
- Please bring a list of your medications with you.

A Checklist for Patients

- Important:** please see the list of medication in this booklet to help you identify if you need an accompanying adult to take you home.

It is essential that you arrange for an adult to accompany you home if you have had sedation. Remember you **must not** drive for at least 24 hours following sedation.

- We strongly advise that an adult stays with you for 24 hours following sedation.
- Do arrange your transport home. You may wish to bring change if you are going to use the hospital car park.
- Your appointment time is not the time you will have the procedure, as a nurse will assess you first.

Tell us what you think

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Sister Julie Jackson, Endoscopy Unit,
The York Hospital, Wigginton Road, York, YO31 8HE,
telephone 01904 726690 or Sister Sue Thomson,
Endoscopy Unit, Scarborough Hospital, Woodlands
Drive, Scarborough, YO12 6QL, telephone
01723 385106.

Teaching, Training and Research

Our Trust is committed to teaching, training and research to support the development of staff and improve health and healthcare in our community. Staff or students in training may attend consultations for this purpose. You can opt-out if you do not want trainees to attend. Staff may also ask you to be involved in our research.

Patient Advice and Liaison Service (PALS)

Patients, relatives and carers sometimes need to turn to someone for help, advice or support. Our PALS team is here for you.

PALS can be contacted on 01904 726262, or via email at pals@york.nhs.uk.

An answer phone is available out of hours.

Please telephone or email if you require this information in a different language or format

如果你要求本資訊是以不同的語言或版式提供，請致電或寫電郵

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz



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