



Gastrosocopy and dilitation

This booklet contains details about your appointment, information about the examination and preparation.

If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customer-care@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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PLEASE READ THIS LEAFLET CAREFULLY, AS FAILURE TO FOLLOW THE INSTRUCTIONS MAY RESULT IN YOUR PROCEDURE BEING CANCELLED ON THE DAY.

Checklist

- ☐ Note appointment date and time
- ☐ Read all procedure information
- ☐ Telephone the booking number straightaway
 - ☐ If taking anticoagulation (blood thinners) as you will need to be advised by a health professional before your procedure.
 - ☐ If you have a pacemaker.
 - ☐ If tablet controlled diabetic.
- ☐ Contact your diabetic nurse if taking insulin.
- ☐ Arrange for someone to drive you home and stay with you for 24 hours if having sedation
- ☐ bring this booklet, consent form and completed health questionnaire with you to your appointment.

Your appointment

Please write in your appointment date and time here

Date:

Time:

Salisbury District Hospital, Endoscopy booking office telephone **01722 429385**
(9am – 4.30pm Monday – Friday)

If we are unable to answer your call please leave a message and we will call you back.

- Please telephone the above number if, due to unexpected circumstances, you are unable to keep your appointment. This will enable staff to arrange another date and time for you and give your appointment to someone else.
- Your procedure may be observed by students. If you prefer not to have a student involved in your care please let us know.
- Your procedure may be carried out by a qualified doctor or nurse training to perform the procedure under the close supervision of a trained endoscopist. This is an essential part of training new endoscopists. If you prefer not to have a trainee endoscopist involved in your care please let us know.
- On occasion company representatives may be present in the department for development purposes. If there is a representative in the department on the day of your procedure you will be informed by the nursing staff when you are admitted. If you do not wish a representative to be present during your care please tell the admitting nurse.
- If after reading this leaflet you have decided not to go ahead with your procedure please telephone the booking office immediately to cancel your appointment and contact the medical professional who requested your appointment to discuss your decision. Patients who do not attend their appointments cost the NHS approximately £450 per procedure. Please help us to use our NHS resources wisely. If you fail to attend without notifying us then you may not be offered another appointment.

Introduction

You have been advised by your G.P or hospital doctor to have a gastroscopy and dilatation. **We need to have your formal written consent before we can carry out your examination.** This booklet explains how the examination is carried out and what the risks are. This will help you to make an informed decision when agreeing to the examination and to having sedation. The consent form is included with this booklet.

If there is anything you do not understand or anything you wish to discuss further, do not sign the consent form. Please bring it with you and you can sign it after you have spoken to a nurse.

The consent form is a legal document- please read it carefully.

Please remember to bring the consent form with you.

What is a gastroscopy and dilatation?

The examination you will be having is called a gastroscopy and dilatation. This is an examination of your gullet, stomach and first part of the small bowel through your mouth. It is carried out by (or under the direct supervision of) a trained doctor or nurse called an Endoscopist. It also allows the Endoscopist to treat the specific problem of your gullet.

A gastroscopy is a very accurate way of looking at the lining of your upper digestive tract, to establish whether there is any disease or abnormality present. The instrument used is called a gastroscope (scope) and is a thin flexible tube. The scope has a light which is shone onto the lining of your digestive tract. It also has a very small camera which sends live images to a screen where it is viewed by the Endoscopist as the scope is passed around your digestive tract.

A dilatation involves stretching the narrowing in the gullet to improve your swallowing. This is carried out either with a balloon passed through the scope and gently inflated across the narrowing or a thin wire is passed through the scope, the scope is then removed leaving the wire in place and a tube is placed over the wire and passed through the narrowing.

It is sometimes necessary to do this with the aid of an x-ray.

During the examination the Endoscopist may need to take some small tissue samples, called biopsies; this is painless. The samples will be looked at under a microscope by a special doctor called a Pathologist. The tissue sample and associated clinical information will be kept and may be used for teaching or research purposes aimed at improving diagnosis and treatment of digestive diseases. This may benefit other patients in the future. If you do not wish us to keep the tissue samples for this purpose or have any questions or concerns, please ask the admitting nurse before signing the consent form. Images from the gastroscopy will be retained in your healthcare notes.

What are the alternatives to gastroscopy?

There is no alternative procedure that can be done to stretch the gullet to allow you to swallow better.

If you would like to discuss your options please speak to your doctor.

What are the risks?

Gastroscopy and dilatation is a safe examination for most people. Serious problems are rare. However, you need to weigh up the benefits against the risks of having the procedure. There can be risks from having the examination itself as well as from the sedation. If you are elderly, frail or have certain pre-existing medical conditions these risks may be increased.

The main risks are:

- A tear (perforation) in the lining of the gut. Nationally this happens to approximately 1 in 3,000 patients. This risk is increased with a dilatation to 1 in 250 patients. An operation may be required to repair the tear if it cannot be closed during the gastroscopy.
- Bleeding where we take a sample (biopsy) this happens to approximately 1 in 3,000 patients but this is usually minor and often stops on its own.
- Aspiration – gastric juices or saliva entering the lungs. A small suction tube is used to minimise this risk.
- Short term problems with breathing, heart rate and blood pressure (related to sedation). We will monitor you carefully so that if any problems do occur they can be treated quickly. Older people and those with significant health problems (for example people with serious breathing difficulties) may be at higher risk.
- Heart attack or stroke (related to sedation) – though this is very unlikely.
- Damage to teeth or bridgework – a mouth guard is used to minimise this risk.
- Small abnormalities may be missed – though this is unlikely

Pain relief and sedation

We routinely offer a light sedative and a painkilling injection to help you relax. The sedative injection and painkiller will be injected into a cannula (thin tube) inserted into a vein in your hand or arm. **It will make you lightly drowsy and relaxed but will not put you to sleep.** You are likely to be aware of what is going on around you and will be able to follow simple instruction during the examination. We will monitor your breathing and heart rate throughout the examination.

After sedation you will not be allowed to drive home. You should also not go home alone on public transport. You must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so we can contact them when you are ready to go home. You will need someone responsible to stay with you for 24 hrs after your gastroscopy and dilatation.

Preparation instructions

6 hours before the examination

- Do not eat any food after this time or have any milk
- You may have a light meal before this time.

2 hours before the examination

- You may have as much clear fluid (fluid you can see through) as you like up to 2 hours before your examination. Do not drink anything after this time.

It is important your stomach is empty to enable the endoscopist to see the lining of your digestive tract clearly. It also minimises the risk of aspiration (fluid or gastric contents entering the lungs)

Failure to follow these instructions could lead to your procedure being cancelled on the day.

What about my medicines?

You should continue to take your routine medicines

Patients with Diabetes

If you have diabetes controlled by insulin please telephone your diabetic nurse for instructions about your medication

If you have diabetes controlled by tablets only, please telephone the Endoscopy booking office so we can advise you about your medication.

Anticoagulant (blood thinners)

Please telephone the Endoscopy booking office **at least 2 weeks before** your gastroscopy appointment if you are taking Warfarin, Clopidigrel, Dabigatran, Rivaroxaban or Apixaban or medication you have been told thin the blood. You may require a blood test before your gastroscopy. **You may be asked to stop these medications but this must first be checked with a health professional. After you have telephoned to tell us, a nurse from endoscopy will telephone you back to advise you.**

What to bring with you

Please leave all valuables at home. The hospital cannot accept responsibility for these items.

What happens when I arrive in the Endoscopy unit?

Please book in for your gastroscopy at the CT/MRI reception. Soon after you arrive you will be seen by a nurse who will go over your health questionnaire with you. This is to confirm that you are fit enough to undergo the gastroscopy examination. The nurse will record your blood pressure, heart rate and oxygen levels. If you are diabetic, your blood glucose level will be checked.

The nurse will make sure you understand the examination and you will be able to ask any further questions you have. The nurse will ask you for your signed consent form. If you have not signed your consent form the nurse will be able to answer any concerns you have and go over the consent form with you and you can sign it at this point. Taking of consent is delegated to registered nurses in Endoscopy.

The nurse will also ask you about your arrangements for getting home after your gastroscopy. If you have sedation, you must be accompanied home and have a responsible adult stay with you overnight (see page 4).

You will be asked to take a seat in the admission area.

What happens during the gastroscopy and dilatation?

You will be escorted into the examination room where the nurses and Endoscopist will introduce themselves. Your identity and consent will be confirmed and you will have the opportunity to ask any final questions.

Due to you having sedation, a cannula will be placed in a vein in your hand or arm at this point. The nurse looking after you will ask you to lie on your left hand side and the sedative will be given. Once sedated you will quickly become drowsy. A mouthguard will be placed in your mouth to protect your teeth and the scope.

The Endoscopist will move the gastroscope through your mouth into your gullet, stomach and first part of the small bowel. Air is passed gently into your digestive tract to make moving the scope around easier. You may feel slightly full as the Endoscopist passes air through the scope and around your stomach. You may feel some discomfort when the Endoscopist stretches the narrowing in your gullet. This discomfort will be kept to a minimum by the sedative and painkiller. A gastroscopy with dilatation takes about 15 minutes.

How long will I be in the endoscopy unit?

This depends upon how quickly you recover from your examination and also how busy the unit is. There are several procedure rooms within the unit carrying out different procedures. Due to this you may not be called through in the order you have arrived. You should expect to be in the unit for 1-2 hours.

The unit also deals with emergencies and these will take priority over people with outpatient appointments. However, we will try to keep any delays to an absolute minimum.

After the examination

We will ask you to rest for upto an hour, depending on your progress if you have sedation. Your blood pressure, heart rate and breathing will be monitored. If you are diabetic, your blood glucose will also be checked. Once you have recovered from the initial effects of any sedation your swallow will be checked with sips of cold water. You may feel uncomfortable after the dilitation and feel a fullness from wind, which will settle after a few hours. Simple pain killers may help (not Aspirin).

Before you leave the unit, a nurse or the Endoscopist will explain what was seen during the examination and whether you need any further appointments. The sedation can make you drowsy and forgetful for upto 24 hours – even though you may feel alert.

If you have sedation you must be collected from the Endoscopy unit and accompanied home. If the person collecting you has left the Unit, a nurse will ring them to ask them to return when you are ready to go home. Please tell your friend or relative to report back to the CT/MRI reception.

If you have sedation and live alone you must arrange for someone to stay with you for 24 hours.

For 24 hours after the sedation you must not:

- Drive (This is a legal requirement)
- Drink alcohol
- Go to work
- Operate machinery
- Sign any legally binding documents
- Look after young children alone

Most people feel back to normal after 24 hours.

In order to respect the privacy and dignity of our patients, friends and relatives are unable to come onto or wait in the endoscopy unit.