Undergoing a gastroscopy as an outpatient

Introduction

You have been advised to have a gastroscopy, which you may also have heard being called an endoscopy or OGD (meaning an oesophageal-gastro-duodenoscopy), to help investigate the cause of your symptoms.

It is important that you read this leaflet prior to your appointment so that you understand this procedure and the preparation involved.

If you are diabetic and receiving treatment please leave a message on the Medication Advice line. The number is at the end of this leaflet. If you are an insulin pump patient we would like your BM to be 7mmol/L. Please call your local pump team if you need further advice.

If you are taking any medication that thins your blood OTHER THAN ASPIRIN (which you can remain on) please seek advice from your GP or referring consultant. The is very important as your procedure may be delayed if you do not obtain advice.

What is a gastroscopy?
Gastroscopy is a procedure to look directly at the lining of the oesophagus (the gullet), the stomach and around the first bend of the small intestine (the duodenum).

To perform the procedure a gastroscope is passed through the mouth down the gullet and into the stomach. A gastroscope is a long flexible tube, thinner than your little finger. It has a bright light at the end (this is not hot), which is necessary to be able to see the lining of the stomach. Pictures are transmitted on to a television screen where any abnormalities can be seen. (Unfortunately you are unable to see the television screen as it will be behind you).

**Biopsy**

A small piece of tissue (a biopsy) may be taken from the lining of your gut for further examination in a laboratory. This is not painful and is removed using sterile biopsy forceps through the gastroscope.

**What is dilatation?**

A dilatation can be performed if a narrowing of the gullet is found. This means stretching the narrowing to improve swallowing. Usually the need for this procedure has been identified before your appointment.

This procedure is not available in Stroud or Cirencester Hospitals.

**What is banding?**

Banding is a way to treat oesophageal varices – these are like varicose veins in your oesophagus. The endoscopist will place special elastic bands around each of the varices. This stops the blood supply to these veins and they eventually disappear. This will not affect the normal blood supply to the oesophagus.

This procedure is not available in Stroud or Cirencester Hospitals.

**What is stenting?**

An oesophageal stent is an expandable tube made of a modern flexible metal which allows it to expand over a period of hours. This will make it easier for you to swallow food and fluids. Your consultant will choose the right stent and size for your needs.
This procedure is not available in Stroud or Cirencester Hospitals.

**Alternative procedures**

The main alternative to gastroscopy is a barium meal xray. This can look at the stomach but does not allow biopsies to be taken and does not allow direct vision of the stomach.

**Preparing for your procedure**

To allow a clear view during the procedure the stomach must be completely empty. You will therefore be asked not to have anything to eat for at least 6 hours before your appointment time.

You may drink water up to 2 hours before your appointment time.

You will be offered a choice of sedation and/or throat spray.

**On admission**

- Each patient will be seen by a nurse who will check your personal details
- You will be asked a series of questions including any operations or illness that you may have had or are presently suffering with
- Please bring a list of any medicines you are taking
- The nurse will want to know if you have any allergies or reactions to drugs
- You will be asked if you want throat spray, sedation or both. The procedure can be carried out with or without sedation. You will be asked if you are considering sedation and whether there is a responsible adult to take you home when ready for discharge. You should also have a responsible adult with you at home for 24 hours
- You will be asked to sign a consent form. By signing this form you have agreed to have the test performed and that you understand why it is needed. This does not take away your right to have the test stopped at any time.

For the time that you are in the department we want to provide a safe, supportive and pleasant environment so please do not be afraid to ask if you have any worries or questions at this stage.

For this procedure you will not need to remove your clothes, but ties may need to be loosened and shirts opened if tight at the neck.
Please remember that your appointment time is not the time you will have your procedure. There will be a wait between your admission and having your test done.

A nurse or doctor will escort you into the room where your procedures will take place. A nurse will stay with you throughout the test. You will be made comfortable on a patient trolley lying on your left side, with your knees slightly bent.

**Sedation or throat spray**

Intravenous sedation and / or topical local anaesthetic throat spray can improve your comfort during the procedure so that the endoscopist can perform the procedure successfully. Intravenous sedation will make you lightly drowsy and relaxed but not unconscious.

**Anaesthetic throat spray**

For this method throat spray is used on its own or alongside sedation, but the throat is numbed with a local anaesthetic spray.

As 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.

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 an hour 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.

**Intravenous sedation**

The sedation will be administered into a vein in your hand or arm which will make you lightly drowsy and relaxed but not unconscious. You will be in a state called conscious sedation: this means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the procedure. You will be able to breathe quite normally throughout.
Whilst you are sedated we will check your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure. Your blood pressure will also be recorded.

Please note that if you decide to have sedation you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure and you will need someone to accompany you home.

In the examination room any dentures will be removed and a local anaesthetic spray will be applied to the back of your throat to numb it.

You will then be made comfortable on a patient trolley lying on your left side.

Your pulse and blood oxygen will be monitored throughout the procedure and your blood pressure will be checked as necessary. If you have requested sedation this will be the time it is given.

To protect your teeth and the gastroscope a plastic mouth piece will be put between your teeth or gums if dentures have been removed. The tube will then be inserted through the mouth piece. When it reaches the back of the throat you may be asked to swallow to help the tube go down into the stomach. This will not interfere with your breathing.

Some air will be passed through the instrument to blow up the stomach and allow a clearer view. You may feel wind like discomfort and belch some air up during the test, but please do not be embarrassed.

Any saliva in your mouth will be removed by the nurse caring for you using a small suction tube. When the gastroscope is taken out most of the remaining air in the stomach will also be removed. The gastroscopy will normally take about 5 to 15 minutes.

Complications

If you have had sedation it is essential that someone takes you home and that there is a responsible adult to stay with you for 24 hours.

Minor complications with sedation occur once every 200 examinations. A few people are excessively sensitive to the sedation we use and become too sleepy. This effect can be rapidly reversed with another injection.
Major complications associated with having a gastroscopy are very rare (less than 1 in 20,000) and death arising from these is extremely rare (less than 1 in 30,000). The main serious side-effect (less than 1 in 20,000) is perforation (a tear) of the oesophagus (gullet), which may require an operation and stay in hospital. This complication is more common if a stretch is performed for narrowing of the gullet (less than 1 in 200). It would not be normal practice to stretch the gullet without discussing the risks and benefits with you first. If banding is performed, in less than 1 in 100 cases bleeding can be initiated.

**After the procedure**

After the gastroscopy is completed the nurse caring for you during your test will take you from the Endoscopy room and back to the recovery area.

Your pulse and blood pressure will be monitored as required. This is called the recovery period.

You may feel a little bloated or have some discomfort in your lower abdomen after the test.

**You will need to stay in hospital for about an hour after this procedure depending on how you recover from the sedation.**

If sedation has not been given you will be allowed home straight away.

Normally you do not see the person who performed your procedure before going home, but your nurse will tell you the results of the test prior to discharge. As you have had sedation it is a good idea to have someone with you at this discussion as many people find they forget what has been said to them.

If a sample (biopsy) has been taken, the result can take up to three weeks to process. You may be given an outpatient’s appointment to return for review or alternatively the results will be forwarded to your GP and you will need to make an appointment to see him/her. A report of the procedure will automatically be sent to your GP.

**Going home**

If you have had sedation it is essential that someone takes you home and that there is a responsible adult to stay with you for 24 hours.

**Important note:** You may go home by taxi but you must have someone with you to accompany you on the journey.
For this period of time you should NOT:
- Drive a car, motorbike or ride a bicycle
- Drink alcohol
- Operate machinery or do anything requiring skill or judgement
- Make important decisions or sign any documents.

If no sedation has been given the above paragraph does not apply.

An advice sheet incorporating this information will be given to you before you leave, this is your discharge letter. Your procedure report will be posted to your GP.

**Contact information**

**Appointment enquiries booking team**
Cheltenham General Hospital  
Tel: 0300 422 6899  
Monday to Friday, 8:30am to 4:00pm

Gloucestershire Royal Hospital  
Tel: 0300 422 6351  
Monday to Friday, 8:30am to 4:00pm

**Medication Advice Line (Answer Machine)**

If you have any questions relating to your medication, please leave a message and a member of staff will return your call:

Cheltenham General Hospital  
Tel: 0300 422 3370

Gloucestershire Royal Hospital  
Tel: 0300 422 8232

**Other Endoscopy Units**

Cirencester Hospital  
Tel: 0128 588 4650

Stroud Hospital  
Tel: 0300 421 8073

Content reviewed: August 2015