

Patient
Information

Oesophageal Endoscopic Resection (ER)

Introduction

You have been advised to have a procedure called an Oesophageal Endoscopic Resection (ER). This leaflet has been prepared to help answer any questions you may have. It is important that you read this before your appointment so that you understand why this treatment has been recommended and what it involves.

If you are pregnant, taking warfarin or other blood thinning medications or if you are taking any medications for diabetes please contact the Medication Advice Line as soon as possible. The telephone numbers are listed at the end of this leaflet. Your test may be delayed if you do not obtain advice.

The length of time you will be in the department will vary but may be anything from 2 to 4 hours. Please ask your admitting nurse for further information during your admission check.

Please remember that your appointment time is not the time you will have your investigation.

What is an ER?

ER is a technique that allows us to remove abnormal areas in the lining of the oesophagus (gullet) or stomach. It also allows us to remove larger pieces of tissue than the simple biopsies we normally take during endoscopy. These larger pieces of tissue are analysed under the microscope and give us information that helps us advise you about any further treatment you may require.

ER is most commonly used as part of the treatment of high-grade dysplasia in Barrett's Oesophagus and early gastric cancer.

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Department

Endoscopy

Review due

January 2023

Patient Information

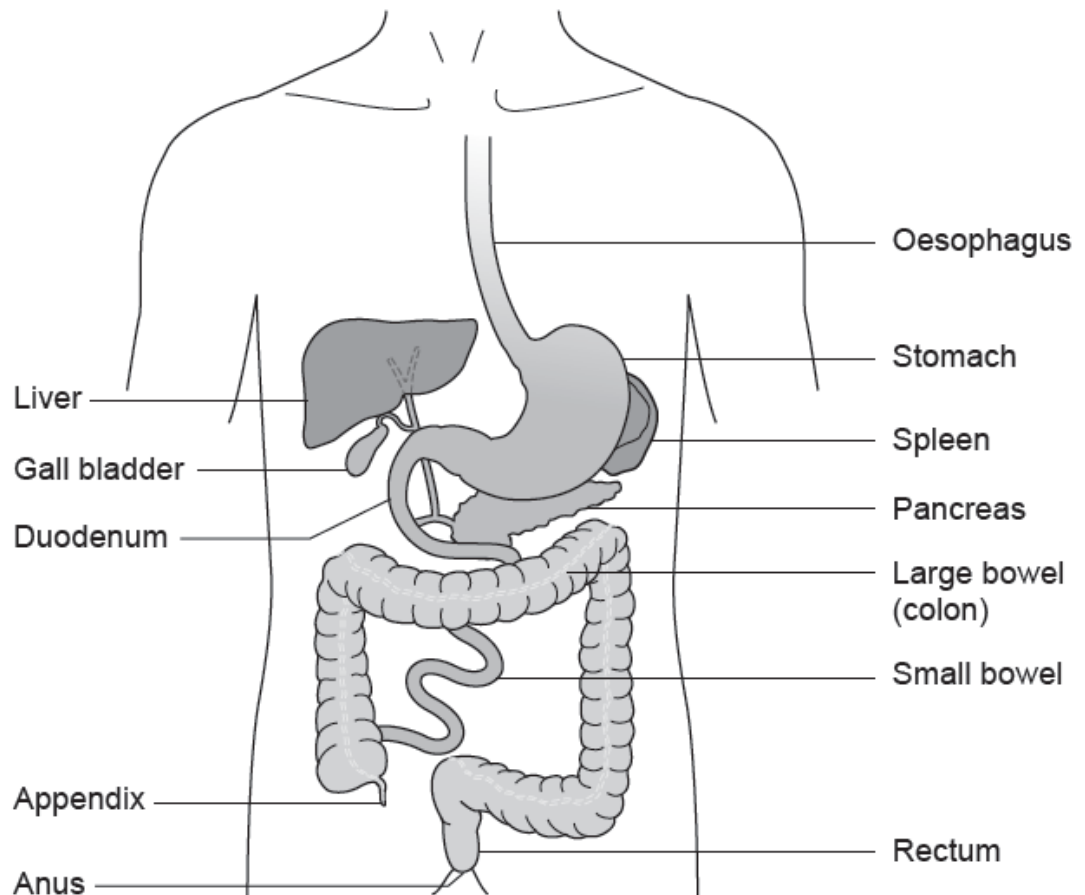


Figure 1: Digestive system

What does an ER involve?

The doctor performing the procedure will confirm if the abnormal area is suitable for treatment by ER and then carry out the procedure. A gastroscope (a long flexible tube) is passed through the mouth, down the gullet and into the stomach.

It has a bright light at the end, which is necessary to see the lining of the stomach. Pictures are transmitted onto a monitor to enable us to see any abnormalities and carry out any procedures required.

Due to the position you have to lie in for the procedure you will not be able to see the screen.

**Patient
Information****Before the procedure**

Please bring a list of medication you are currently taking (including sprays and inhalers) with you to your appointment. To allow a clear view, the stomach must be empty, so please follow these instructions:

- Do not have anything to eat for at least 6 hours before the procedure apart from your regular medication with clear fluids such as water

On admission

- You will be seen by a nurse who will check your personal details and ask you some questions about previous illnesses, operations and medication
- The nurse will look at your list of medications and you will be asked if you have any allergies or reactions to any medications
- Sedation, throat spray or a combination of both will be discussed with you in detail
- If sedation is required you will need to make sure that a responsible adult is available to escort you home and to stay with you for 24 hours afterwards
- You will be asked to sign a consent form. By signing this form you will 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 Endoscopy Department we want to provide a safe and supportive environment. Please feel free to ask questions if you have any worries or concerns at this stage. For this procedure you will not need to remove your clothes, but ties may need to be loosened and shirts opened at the neck if they are tight.

Sedation and throat spray

A local anaesthetic spray may be used to make the back of your throat numb and more comfortable during the procedure. You will be asked not to have anything to eat and drink for up to 1 hour after the spray is given because it reduces the sensation in your throat and may cause food and drink to go down your windpipe.

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When you have your first drink after the procedure, it should be a cool drink and should be sipped. This usually takes place in the recovery area.

A sedative is usually given to make you sleepy and relaxed for the duration of the procedure. It is given into a vein in your arm or hand and will make you 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 will therefore be able to follow simple instructions during the procedure.

During the procedure

A small plastic tube (cannula) will be placed into a vein usually in your arm or hand. This is inserted to give sedative medications before or during the procedure.

In the procedure room, you will be asked to remove any false teeth and glasses. You will be made as comfortable as possible lying on your left side. A plastic mouth piece will be put between your teeth and gums to act as a guide for the endoscope.

Your pulse and oxygen levels will be regularly checked during the procedure and your blood pressure will be taken as required. Oxygen will also be given through a small sponge inserted into one of your nostrils.

A sticky pad will be placed on your thigh. This is part of a device we use when performing an ER. You will not be aware of us using this device during the procedure.

The endoscope is passed through the mouth guard to the back of your throat. You may be asked to swallow or take a deep breath in at this point to help the tube go down into the oesophagus. This does not interfere with your breathing.

Once the area has been assessed and we are confident that the ER can take place, the area to be treated is marked.

The endoscope will then be removed and a special device used to carry out the ER will be attached to the endoscope. The endoscope is then passed back down your gullet and the ER performed. After this has been carried out, the tissue pieces will be collected for further analysis.

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Any saliva in your mouth will be removed by the nurse caring for you using a small suction tube. The procedure will be performed by a consultant who has been trained to carry out ER.

The time the procedure takes depends on the amount of treatment that is required, but is usually between 10 to 30 minutes.

Risks associated with having sedation

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated immediately.

- Endoscopic resection is a safe procedure and serious complications are very rare. The major risks are oesophageal perforation (a tear through the wall of the gullet) and bleeding, which are both potentially serious. The risk of these complications is about 1 in 100 cases
- Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and the possibility of an adverse reaction to the intravenous sedative and analgesic drugs

If we are concerned that a complication has occurred during the procedure, we will keep you in hospital overnight for observation.

After the procedure

Following the procedure, the nurse caring for you will take you to the recovery area, where observations will continue as required. This is called the recovery period. You may feel some discomfort in your stomach or chest following the procedure.

Your throat may feel a little numb from the throat spray, this will wear off gradually. Your throat may also feel a little sore which could last for the rest of the day. You will need to stay in hospital for about 1 hour after this procedure, depending on how you recover from the sedation.

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Normally, you do not see the person who performed the procedure before going home. In most cases the discharging nurse will give you a copy of your endoscopy report and written discharge instructions before you leave.

Discharge home

If you have been given sedation for this procedure, you must arrange for someone to take you home and a responsible adult to stay with you for the following 24 hours. You may go home by taxi but you must have someone 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 any important decisions or sign any legally binding documents

Diet

You must only have a liquid diet, such as soups and milkshakes, for rest of the day following the procedure. You should not drink anything too hot or cold. Room temperature is about right.

The day after the procedure, you should start on a soft, sloppy diet and stay on this for 1 week. This includes breakfast cereals and other food you do not have to chew too much, such as mashed potato, mince and pasta.

Medication

You should keep taking your stomach acid-reducing medicine, but take double your normal amount for 1 week. You can also take Gaviscon® or other antacid liquids.

**Patient
Information****Concerns**

Contact your GP or NHS 111 immediately if you develop:

- chest pain
- shortness of breath
- a high temperature
- vomiting or vomiting blood

Follow up

When the results of the analysis of your ER are available, your doctor will contact you to discuss when you need to come back either for a further endoscopy or to the clinic. This can take up to 3 weeks.

Contact information

If you have an enquiry about your appointment time/date please contact the Booking Office.

Booking Office

Tel: 0300 422 6350

Monday to Friday, 8:00am to 4:00pm

Medication Advice Line (answer machine)

If you have any questions about 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

NHS 111 Tel: 111

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