



Gastroscopy instructions (pre op)

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> About this leaflet

The purpose of this leaflet is to tell you about gastroscopy and what you need to know before, during and after your procedure.

> What is a gastroscopy?

This is an investigation of your oesophagus, stomach and into the first part of your small bowel. A gastroscope – a flexible tube with a light at the end will be used to let the doctor see the lining of this area clearly. This will take place in our Endoscopy Suite.

Why do I need this procedure carried out?

You have been advised to undergo this investigation to try and find the cause for your symptoms, help with treatment and if necessary, to decide on further investigation or treatment. There are many reasons for this investigation including: indigestion, anaemia, weight loss, vomiting, passing black motions, vomiting blood or difficulty swallowing.

A barium meal x-ray examination is an alternative investigation. It is not as informative as a Gastroscopy and has the added disadvantage that tissue samples cannot be taken.

> Before your procedure

For morning appointment:

- You may eat and drink normally until midnight before your appointment.
- From midnight you **should not eat** and have only sips of clear water until **6am**.

For afternoon appointment:

- You may eat and drink normally until 6am on the day of your appointment.
- From 6am you **should not eat** and have only sips of clear water until 10am.

- If you are a tablet-controlled diabetic do not take your medication while fasting but bring it with you on the day.
- If you are an insulin-dependant diabetic please contact the Endoscopy Unit on 0141 951 5750.
- If you take medicine for a heart problem or high blood pressure, please ensure you still take this with a small amount of water at your usual time please bring this medication with you.
- Please bring a list of all medication you take regularly.

- Please ensure a family member or friend comes with you or is available to collect you, as you will require someone to escort you home and stay overnight if you receive sedation. This includes being escorted from hospital transport drop off point.

On admission

You will be directed to the endoscopy suite reception, where our receptionist will check your personal details. You will then be called into the pre assessment area.

What happens in the pre assessment area?

We will talk to you about the following:

- what medication you are taking;
- your past medical history;
- any known allergies;
- previous surgeries;
- preparation for the procedure; and
- explanation of the procedure.

We will then:

- take your blood pressure and pulse;
- ask you to sign the consent form; and
- ask you to change into a gown and sit on a chair ready for your procedure.

If you have any questions, please ask any of the staff, they will be more than willing to help.

Your procedure

- You will be escorted into the procedure room. The Endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions.
- If you have any dentures you will be asked to remove them at this point; any remaining teeth will be protected by a small plastic mouth guard, which will be inserted immediately before the examination commences.
- If you are having local anaesthetic, this will be sprayed onto the back of your throat whilst you are sitting up and swallowing; the effect is rapid and you will notice loss of sensation to your tongue and throat.
- You will be given a liquid medicine before the procedure which will be an Acetylcysteine soluble tablet and Simeicone liquid to drink. As part of the consent form for this procedure you consent to take this. These medicines are usually used to loosen thick mucus and to reduce gas bubbles. We are using these medicines out with their usual product license in an effort to stop saliva forming in your gullet during the procedure and to give a clearer view during the examination.
- The nurse looking after you will ask you to lie on your left side and will then place the oxygen monitoring probe on your finger. If you have decided to have sedation, the drug will be administered into a cannula (tube) in your vein and you will quickly become sleepy.
- Any saliva or other secretions produced during the investigation will be removed using a small suction tube, similar to the one used at the dentist. Oxygen will be applied if having sedation.
- The Endoscopist will put the Gastroscope into your mouth, down your oesophagus into your stomach and then into your duodenum. Your windpipe is deliberately avoided so that your breathing will not be affected.
- Samples may be taken from the lining of your digestive tract for analysis in our laboratories. Any photographs will be recorded in your notes.
- You have the option of having either throat spray or sedation.

- The medication used will make you slightly 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 be able to follow simple instructions during the investigation. Sedation makes it unlikely that you will remember anything about the examination.

About local anaesthetic (throat spray) and sedation

Throat spray

The spray temporarily removes most of the normal feeling at the back of your throat and allows you to swallow the gastroscope. You will be awake and aware of what is happening throughout the procedure.

Advantages of throat spray

- You will be able to co-operate during the procedure.
- You will remember any information you have been told.
- You can return home straight after the procedure.
- You can come on your own and be able to drive home.

Disadvantages of throat spray

- You cannot eat or drink anything until the spray wears off, which takes about 30 minutes after your procedure.

Sedation

- The medication used will allow you to relax and may make you slightly sleepy.

Advantages of sedation

- You will be more relaxed during the procedure and will be more able to tolerate the procedure.

Disadvantages of sedation

- You will be unable to drive, operate machinery, sign any legal documents, or drink alcohol for 24 hours afterwards.
- You will need someone to drive you home and stay overnight with you.
- You will need to spend time in the recovery room afterwards, for approximately 1 hour.
- You may also decide not to have sedation or throat spray.

Risks of the procedure

Upper gastrointestinal endoscopy is classified as an invasive investigation and, because of that, it has the possibility of associated complications. These occur very rarely, however you should consider the risks before providing your consent. The doctor who has requested the test will have considered the risks; these must be compared to the benefit of having the procedure carried out. The risks can be associated with the procedure itself and with administration of the sedation.

The endoscopic examination

The main risks are:

- damage to teeth or bridgework;
- perforation or tear of the lining of the stomach or oesophagus which could mean you are admitted to hospital. Although perforation generally requires surgery to repair the hole, certain cases may be treated conservatively with antibiotics and intravenous fluids;
- bleeding may occur at the site of biopsy, however this nearly always stops on its own; and
- an abnormality might not be identified or detected.



Sedation

- Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained Endoscopy Nurse ensures that any potential problems can be identified and treated rapidly.

Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by a doctor before having the procedure.

What happens after the procedure?

- You will be taken into the recovery pod for a short time.
- When you are fully awake, or your throat spray has worn off, you will be given something to eat and drink.
- You will be given aftercare instructions.
- The doctor who carried out the procedure may come and see you in the recovery area.
- If you have had sedation, the drug remains in your blood system for about 24 hours and you may feel drowsy later on, with intermittent, lapses of memory. Please note as you have had sedation you must not drive, drink 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.
- A report will be sent to your GP and your Hospital Consultant within 2 weeks.
- You will receive a copy of your report on discharge.

Getting your results

If biopsies (small samples of the lining of your gullet, stomach or small bowel) are taken during the procedure these will be sent to a laboratory for tests. These results will be sent to your GP and/or your own consultant, this can take up to 6 weeks.

Frequently asked questions

1. How long will the scope test take?

Tests usually take between 15 and 30 minutes. Your arrival time is not your procedure time. Please plan to be in hospital for 4 to 6 hours; this will allow you to register, have your pre-operative check-in, the test itself, and the postoperative recovery. Our patients' average stay is about 1-1.5 hours after the test. In some cases, due to circumstances outwith our control, your stay may be longer.

2. I am a diabetic, what should I do?

Please contact our Endoscopy Unit on 0141 951 5750 at least 2 days before your procedure.

3. I take Warfarin, what should I do?

Please remember and bring your coagulation/INR card with you for your appointment. We will check your blood test on arrival.

4. If you are on anticoagulation medicine (Clopidogrel, Apixiban, Dabrigatran, Rivaroxaban, Ticagrelor) please contact the Endoscopy Unit on 0141 951 5750 when you receive this appointment.

5. Will the scope test be painful?

You may feel some cramping as your colon is being inflated with air and/or as the scope is being advanced. However, everything will be done to make you as comfortable as possible.



6. **What medication will I receive?**

If you have sedation you will receive a medicine called Midazolam, this is to relax you, it will not knock you out. You may be conscious for the scope test (i.e. awake) but you may not remember the test itself.

7. **Why do I need an escort/driver?**

If you are to be sedated for your test, you will not be allowed to drive for 24 hours after taking this medication (Midazolam). An escort (responsible family member/friend) is required to assist you home and remain with you overnight, as you may still feel sleepy from the medication. If this is not possible, please contact the hospital.

8. **How soon will I be able to eat after my test?**

You will be able to eat immediately after your gastroscopy unless you have had throat spray in which case you will need to wait at least 1 hour.

9. **If I have a biopsy sample taken, when will my results be available?**

The results of biopsy samples can take up to 12-16 weeks. For urgent samples, this can be shortened to 7 days. Your results will be sent directly to your GP.

10. **When will I receive my scope test results?**

We will tell you (and your escort if required) the results of your test before you go home. You will receive a copy of your results. We will also send a copy to your GP.

 **Contact**

If you have any concerns or questions, please call the Endoscopy unit on 0141 951 5000.

We are there to help you make your visit as pleasant as possible. If you have to visit your GP or your nearest hospital accident and emergency, please take a copy of your endoscopy report with you.

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