
Having a gastroscopy

Endoscopy Suite

Patient Information



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Introduction

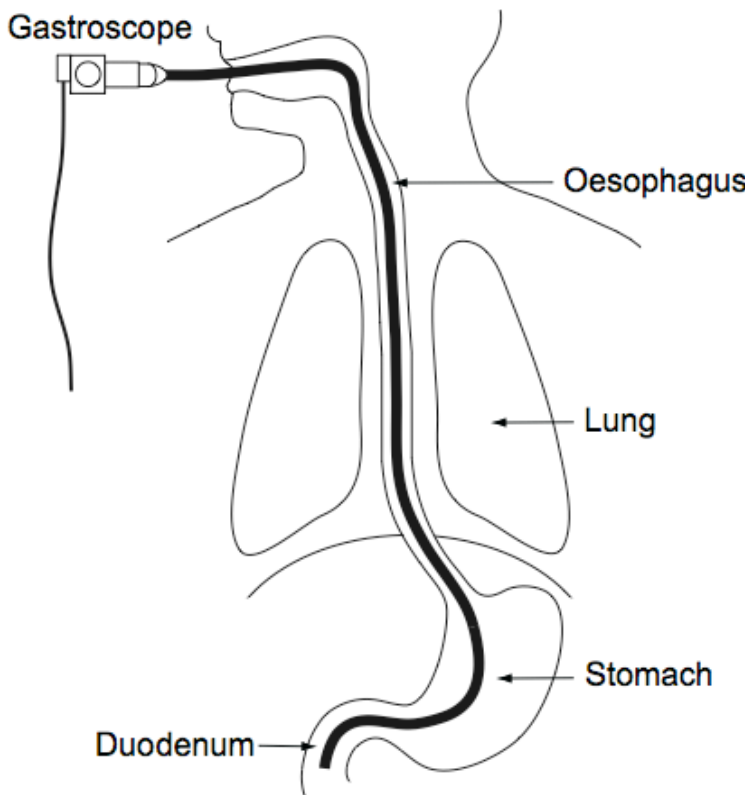
Your doctor has recommended that you have a gastroscopy to investigate your medical condition. The gastroscopy is a procedure that allows your doctor to look directly at the lining of your upper digestive tract and can be used to make a diagnosis or to see if treatment is working. If you prefer not have this procedure, we advise you to discuss this with your doctor. There are other ways of examining the gastrointestinal tract, such as an x-ray called a barium swallow and meal, a CT scan, MRI scan or ultrasound scan, but these may not provide the same information.

This leaflet describes the examination and what to expect. If, after you have read it you have any questions or concerns, please call us on our direct line: 020 7811 8328 or 0207 811 8320.

If you would like to change your appointment time or date, please contact the unit as soon as possible so that your appointment can be given to someone who is waiting to have this procedure.

What is a gastroscopy?

A gastroscopy is a procedure where a long flexible telescope (gastroscope), about the thickness of your index finger, with a bright light at its tip, is carefully passed through your mouth. This allows the doctor to look directly at the lining of your food pipe (oesophagus), stomach and small bowel (duodenum), as shown in the diagram on the next page. A video camera on the gastroscope transmits pictures of the inside of the digestive tract to a monitor, so that the doctor can look for any abnormalities. The doctor may take a biopsy. This is a sample of the lining of the digestive tract which can be looked at under a microscope. A small piece of tissue is removed painlessly through the scope, using tiny biopsy forceps.



What preparation will I need?

To allow a clear view, your stomach must be empty. Therefore it is important that you have nothing to eat for at least **six hours before** the test. Unless you are advised otherwise, please **stop drinking** clear fluids **three hours** before your appointment at the hospital.

What about my medication?

If you are taking any of the following medication, stop taking them as follows (unless advised otherwise by the telephone pre-assessment nurse):

Seven days before:

Stop taking the following medication:

Esomeprazole (Nexium), omeprazole (Losec), lansoprazole (Zoton), pantoprazole (Protium)

Two days before:

Stop taking the following medication:

Ranitidine (Zantac), cimetidine (Tagamet)

If you are on anti-coagulants (such as warfarin or clopidrogrel), are diabetic or have an artificial heart valve, the pre-assessment nurse will give you instructions over the telephone. The pre-assessment nurse will also advise which medication you can take on the day of your procedure.

If you feel unable to follow any of the instructions, please contact the Endoscopy Suite.

What should I bring on the day?

If you are diabetic, please bring your insulin or tablets with you. If you use reading glasses, please bring them with you so that you can read the consent form and any other paperwork. You are welcome to bring a book or other reading material. Please do not bring any valuables with you.

When you arrive

When you arrive at the hospital, please make your way to Endoscopy Reception (ground floor, Granard House Wing). If you need wheelchair access, please enter the hospital by the Wallace Wing entrance on Dovehouse Street. On arrival, you may be asked to go for a blood test in outpatients.

Please note: the time of your procedure will depend on the results of your blood test. This can take an hour to process, but we will keep you informed of the anticipated time of your procedure.

When it is time for you to have your gastroscopy procedure and all your results have been received and have been noted by the doctor, a nurse will take you to the admission area.

Your escort/relative can wait in the reception area or have refreshments from the 'Grab and Go' café located by the Wallace Wing entrance.

During your admission to the endoscopy unit, a nurse will ask you several questions about your health and what medication you are taking. The nurse will also take your observations: blood pressure and pulse, and will ask you to change into a gown.

The doctor will see you before the procedure. This is an opportunity for you to ask questions and to talk about your procedure before you sign the consent form. It is important that you understand what is going to happen.

Your gastroscopy procedure

Your gastroscopy will be carried out in the endoscopy procedure room. We will make you comfortable on a trolley, lying on your left side. A nurse will stay with you throughout the procedure, explaining what is happening, monitoring your blood pressure and pulse, checking your level of comfort and assisting the doctor. You will be given oxygen during the procedure, through nasal prongs that fit just inside your nostrils.

The procedure may be unpleasant and, at times uncomfortable. You may have a local anaesthetic spray on the back of your throat to numb the area and help you to swallow the gastroscope more easily. To keep your mouth slightly open, a plastic mouthpiece will be put gently between your teeth. Some patients try to have the procedure without any sedation. Most however, prefer to have something to make them feel more comfortable and relaxed. This is done by giving a sedative through a small needle placed into a vein on the back of your hand. You may also receive some pain relief during the procedure.

The doctor will carefully pass the gastroscope through your mouth and into your stomach. This should not cause you any discomfort and will not interfere with your breathing at any time. During this time, some air and then water will be passed down the tube to expand your stomach and allow the doctor a clearer view. If you get a lot of saliva in your mouth, the nurse will clear it using a small suction tube. When the examination is finished, the gastroscope is removed quickly and easily.

During the procedure, the doctor may take tissue samples (biopsies), photographs or a video of your digestive tract, even if it all looks normal. The procedure can take up to 30 minutes. Your procedure time in Endoscopy is approximate as some procedures may take longer than expected and emergency procedures will take priority.

What are the benefits and risks?

The procedure will help us to investigate your symptoms and it may help us to treat you.

Gastroscopy is generally safe, but all procedures have some risks, which you should discuss with your doctor. These are the more common risks:

- Sore throat which should wear off within 24 hours.
- Complications such as bleeding or damaging the gastrointestinal tract are very rare, for example about one in 3,000 risk of bleeding or tearing (perforation) of the gut. This risk is increased to one in 100 if biopsies are taken when infection and inflammation may also occur. An operation is likely to be needed for perforation and this is likely to be on the same day.
- Other rare complications include inflammation of the lungs (aspiration pneumonia) and a reaction to the intravenous sedative drugs or local anaesthetic spray.
- Upper gastrointestinal endoscopies may involve a slight risk to crowned teeth or dental bridgework. These risks occur in less than one in 100 procedures.

What happens afterwards?

- If your procedure was carried out with a local anaesthetic throat spray, you must wait until the throat spray has worn off before you eat and drink. This usually takes about 30 minutes but may take up to two hours.
- If you have sedation, you will need to rest in the recovery area until you are fully awake (usually an hour and a half). Your blood pressure and pulse will be monitored. An adult must be available to escort you home as the sedation impairs your reflexes and judgement.
- We will inform you when you will be able to eat and drink. The nurse will give you refreshments at this time.

When will I know the results?

In many cases, your doctor will be able to tell you the results of the test as soon as you are awake. If you have had sedation, it is a good idea to ask for your escort or relative to be present when the doctor speaks to you because the sedation can make you forget what is discussed.

We will give you a copy of your gastroscopy report before you leave the endoscopy suite and another copy will be sent to your GP or specialist who referred you. However, if a biopsy was taken for examination under the microscope, these results may take five days to process. A copy of the biopsy results will be sent to your GP or specialist who referred you.

In some cases, the doctor will ask you to return for another endoscopy procedure a few weeks later. An appointment for the next gastroscopy will be made and given to you before you leave the endoscopy suite.

You may need to be monitored (surveillance) either in one, three or five years' time. If this is so, we will contact you approximately eight weeks before you are due to have your gastroscopy procedure to offer you an appointment.

Please note: All appointments for surveillance procedures are made after being reviewed, following national guidelines. The national guidelines are reviewed regularly and recommendations for surveillance can change; we will inform you of any changes to your appointment approximately eight weeks beforehand.

Going home after your gastroscopy

If you have had sedation, it is essential for an escort to accompany you home and stay with you for at least six hours. Your procedure will be cancelled if you do not have an escort as we cannot arrange for an escort to take you home.

Sedation causes drowsiness, and even if you feel that you are wide awake, your reactions could still be affected. You may find it difficult to concentrate on what you are doing and you may forget things that you have been told.

For at least 24 hours after your procedure, we advise you not to:

- drive or ride a bicycle
- operate machinery
- look after young children alone
- take sedatives
- drink alcohol
- sign legal papers.

We will give you some written information about this before you leave the endoscopy suite.

Follow-up appointments

You will have a follow-up appointment with the GP or specialist (who referred you for the procedure). At this appointment, please ask for the details of any biopsy results or further investigations.

Your medication

We will talk to you before you go home about your medication. It may change, or stay the same, but we will discuss it with you after the procedure.

How you may feel after your procedure

You may have a sore throat. You may also feel a little bloated if some air has remained in your stomach. Both of these discomforts should pass naturally within 24 hours. Throat lozenges may help with the sore throat. Walking around, warm drinks and peppermint water may also help you to pass wind.

If pain is a problem, you may find it helpful to take a painkiller, such as paracetamol (according to manufacturer's instructions).

Complications

You should seek medical help immediately if you develop any of the following symptoms:

- Severe chest or shoulder pain
- Black bowel motions
- Persistent vomiting
- Shortness of breath
- Severe abdominal pain
- Worsening abdominal swelling
- Fever (above 38°C) and/or chills.

Contact details in an emergency

Telephone your GP surgery or out of hours service (your GP 24 hours number), or else phone or go to your nearest A&E (Accident and Emergency) and then inform the Endoscopy Department at The Royal Marsden.

The Endoscopy Unit: 020 7811 8328 or 020 7811 8320

Monday to Friday, 8am – 5pm

Contact details (routine)

For routine advice, contact the Endoscopy Unit between 8am and 5pm (Monday to Friday) on 020 7811 8328 or 020 7811 8320.

If we are unable to take your call, please leave a message. Answerphone messages will be collected twice daily, Monday to Friday and a member of the Endoscopy Unit will return your call.

The Royal Marsden Macmillan Hotline: 020 8915 6899

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

Sources of information and support

If you would like this information leaflet in a different format, please contact the PALS office on 0800 783 7176 or talk to the clinical staff responsible for your care.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: patientcentre@rmh.nhs.uk

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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