

Having a Gastroscopy

Information and advice for patients

Endoscopy

Quick guide for Gastroscopy

1. No food for 6 hours before your procedure. You can drink only clear fluids (no milk) for up to 2 hours before the test.
2. If you are diabetic, make sure you have our diabetic instructions .
You can call us or find here:
3. If you plan to have sedation, please make arrangements for someone to pick you up and stay with you at home for 24 hours after the test.



4. TABLETS

Stop blood thinners such as dabigatran, apixaban, rivaroxaban, edoxaban on day of test.

If this is your first gastroscopy, STOP lansoprazole, omeprazole, pantoprazole, esomeprazole, rabeprazole for 2 weeks before if possible.

Take all other tablets on day of test, though please follow the specific diabetic medication instructions.

If you take warfarin, please arrange an INR test the day before. If the level is too high, please call endoscopy as we may not be able to carry out the test.

What is a gastroscopy?

A gastroscopy is an examination of the lining of the gullet (oesophagus), stomach, and first part of the small bowel (duodenum). It involves an endoscope (a thin, flexible tube with a bright light on the end) being passed through your mouth and into your stomach.

What are the benefits of the procedure?

The benefit of a gastroscopy is that it can help to diagnose the cause of your problems and rule out other conditions.

What are the risks of the procedure?

- You may experience bloating, abdominal discomfort and a sore throat for a few hours following the procedure.
- There is a slight risk of damage to your teeth, crowns or bridgework so please tell the nurse if you have crowns or have had any bridgework.
- Perforation of the oesophagus (making a hole) is a very rare complication. It happens in about 1 in 5,000 patients and may require an operation to repair the damage.
- A rare complication is an adverse reaction to the intravenous sedative (a drug that will make you sleepy and is given directly to your veins) and pain relief medication.
- There is a small risk of bleeding (1 in 10,000 cases), which may be serious enough for you to be admitted to hospital and require treatment with a blood transfusion.
- Like all tests, there is a risk the procedure will not show up all abnormalities and, on very rare occasions, a significant abnormality may not be identified.

If you have any questions about the risks of this procedure please ask the endoscopist doing the test or the person who has referred you.

What are the alternatives to this procedure?

In some cases, depending on your symptoms and condition, a barium swallow or barium meal may be an alternative to having a gastroscopy, however they will not allow the endoscopist to clearly see the lining of your oesophagus, stomach and duodenum. Some conditions can only be detected by gastroscopy rather than a barium swallow or barium meal.

What are the risks of not having the procedure?

You've been referred for this procedure to look for conditions affecting the gullet (oesophagus), stomach, and first part of the small bowel (duodenum). If you do not undergo the test, we may not be able to detect an abnormality that would require further treatment.

What do I need to do before I attend for a gastroscopy?

Before you arrive, you will have to prepare your stomach. To allow a clear view during your gastroscopy the stomach must be empty. Do not have ANYTHING to eat for at least 6 hours before the test. You can continue to drink only clear fluids (no milk) for up to 2 hours before the test.

If your symptoms have improved the test will still need to be performed as we need to check for any abnormalities in your stomach.

If you need the help of an interpreter to understand any of this information, or on the day of the procedure, please contact us as soon as possible.

If you are unable to attend your appointment for any reason, please let us know as soon as possible so that your appointment can be offered to somebody else. **If you fail to attend without giving us more than 24 hours notice, then you may not be offered another appointment.**

Medication

You may continue to take antacids e.g. Gaviscon or Asilone if required, but not within 3 hours of your test.

If you are diabetic, make sure you have our diabetic instructions. You can call us or find it here:



- STOP blood-thinners such as dabigatran, apixaban, rivaroxaban, edoxaban on the day of the test.
- If you take warfarin, please arrange an INR test the day before. If the level is too high, please call endoscopy as we may not be able to carry out the test.
- If this is your first time to have an Endoscopy, STOP lansoprazole, omeprazole, pantoprazole, esomeprazole, rabeprazole for 2 weeks before if possible.

You may continue to take your other usual medication. Please bring any medication you are currently taking (including sprays and inhalers) with you to your appointment, and details of any allergies or reactions to medicines in the past.

What happens when I arrive at the hospital?

Your appointment will last for 2 - 4 hours. When you arrive please report to the reception desk at the endoscopy unit where a receptionist will check your details and direct you to the waiting area. Please do not bring any valuables or jewellery to the hospital. To respect the privacy of other patients, we do not usually allow friends or relatives to stay with you whilst you are attending for the test.

A nurse will then explain the procedure to you, to make sure you understand the benefits and possible risks as detailed in this leaflet. The staff will want you to be as relaxed as possible for the test and will not mind answering questions. Provided you are happy for the procedure to be performed, they will ask you to sign your consent form. The form also asks for consent for further procedures that may be necessary, including taking tissue samples (biopsies) that may be helpful in diagnosing your problem.

What happens during the test?

The gastroscopy will take place in a private room with only you, the endoscopist and nurses present. You will not have to undress or change into a gown for the procedure, but you must remove dentures, glasses or contact lenses and loosen any clothing around your neck. The test usually takes about 10 minutes.

Throat spray and sedation to help you through the test

Gastroscopy is best carried out with a combination of a numbing lidocaine spray (containing banana essence) and sedative injection. This allows us to get the best views.

The throat spray is applied to the back of the throat and makes it less uncomfortable as the tube goes down.

The midazolam sedative is given through a small tube (cannula) inserted into the back of your hand or in your arm. The sedative should make you feel a little sleepy and you may not recall having the test done. You will be given some oxygen through small tubes that rest gently in your nostrils.

If you have sedative a responsible adult needs to collect and look after you for the next 24 hours.

If you cannot arrange anyone to collect and care for you, or if you don't want to be sedated, then you can have just the throat spray alone.

The procedure

In the examination room you will be made comfortable on the couch and will be asked to lie on your left side. A nurse will stay with you throughout the procedure. To keep your mouth slightly apart, a plastic mouthpiece will be put gently between your teeth. The endoscope will then be passed into your stomach; this will not cause any pain, nor will it interfere with your breathing, but it may be uncomfortable. Air will then be passed into your stomach to allow a clearer view. If you get a lot of saliva in your mouth, the nurse will clear it using a sucker.

What happens after the test?

The throat spray affects your swallow so you will not be able to have anything to eat or drink for an hour until the effects of the spray have worn off. After this you can eat and drink normally.

If you have just the throat spray alone you can make your own way home or go back to work.

If you have had sedation you will need to stay in the unit and rest for up to two hours, as each person reacts differently to the sedative.

Going home after sedation

You can leave the unit when you have recovered from the effects of the sedation. It is essential that a responsible adult comes to pick you up from the unit and accompanies you home by car or taxi. Public transport is not suitable. When you arrive home it is important to rest quietly for the remainder of the day with someone to look after you overnight. It is advisable you have the following day off work. Sedation can impair your reflexes and judgement. For the first 24 hours following sedation do not:

- Drive a car
- Drink alcohol
- Take sleeping tablets
- Operate any machinery or electrical items; even a kettle
- Work at heights (including climbing ladders or onto chairs)
- Sign any legally binding documents

When will I know the results?

The test results will be explained to you before you are discharged from the unit. If a biopsy or polyp has been removed, this will be sent to the laboratory for testing and the results will take longer; we will explain when these results will be available. You will also be given a written report of your procedure and instructions as to what to do if you have any problems following the test and a copy of the results will be sent to your GP. If you need one, you will be given a clinic appointment.

How to contact us

If you have any questions or concerns please contact us.

Monday - Friday, 9am-5pm

Telephone: 0121 507 5318 or 0121 507 2796

If you are unable to keep your appointment, please telephone one of the above numbers as soon as possible so the appointment can be allocated to another patient.

Further information

For more information about our hospitals and services please see our website www.swbh.nhs.uk, follow us on X @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

British Society of Gastroenterology (2017) *Quality standards in upper gastrointestinal endoscopy: a position statement of the BSG and AUGIS*. Available at: https://www.bsg.org.uk/getattachment/aca0071c-1add-47f9-b650-c2fe160b671e/Quality-standards-in-upper-gastrointestinal-endoscopy_-position-statement-of-BSG-AUGIS.pdf?lang=en-US (Accessed: 16 May 2024).

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A Teaching Trust of The University of Birmingham

Incorporating the Midland Metropolitan University Hospital, City Health Campus, Sandwell Health Campus and Rowley Regis Hospital.

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M6458

Issue Date: October 2024

Review Date: October 2027