

Information for patients and carers

Having a Gastroscopy



Gastroscopy

This leaflet has been produced to answer any questions you may have about a gastroscopy and what to expect during your procedure. If you have any other questions, please ask a member of the nursing team.

What is a gastroscopy?

A gastroscopy is an examination that allows us to look directly at the upper part of the gastrointestinal tract: the oesophagus (tube that food passes down to reach the stomach); the stomach and around the first curve of the small intestine (duodenum).

In order to do this, a thin flexible tube called an endoscope, which has a light at one end, is used. It is passed through the mouth, down the oesophagus and into the stomach by an endoscopist. The tube is thinner than your little finger. It will not get in the way of your breathing at any time, as it passes down your oesophagus and not your windpipe.

During the procedure small samples (biopsies) of tissue or polyp may be taken. Tiny forceps are passed through the scope, and the biopsies are removed painlessly through the scope. If polyps are found, these are usually biopsied.

So that we have a clear view it is important that the stomach is empty.

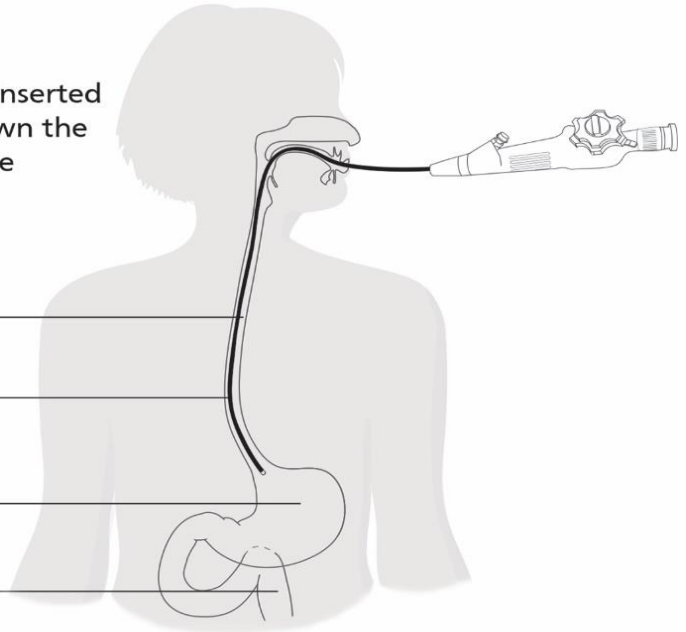
The endoscopic tube is inserted through the mouth, down the oesophagus and into the stomach

Oesophagus

Endoscope

Stomach

Duodenum
(part of the
small bowel)



Why do I need a gastroscopy?

The examination allows us to look directly at the oesophagus, stomach and duodenum to check whether any disease is present and may help to find the cause of your symptoms (for example, heartburn, weight loss, nausea, anaemia, difficulty swallowing).

What are the risks of having a gastroscopy?

The main risk of this procedure is making a small tear (perforation) to the lining of the oesophagus, stomach or duodenum (1 in every 5,000 procedures). An operation may be required to repair the perforation.

Bleeding may occur at the biopsy or polyp site; this is usually minor and should stop quickly. If it continues to bleed, treatment may be needed. This is done by cauterisation (using heat to seal off the blood vessels) or by injection.

A trained nurse will monitor you throughout the procedure to ensure that any problems are quickly recognised and treated.

What are the alternatives to having a gastroscopy?

In some individual cases, alternatives to gastroscopy may include:

Barium meal or barium swallow

These tests are not as accurate as a gastroscopy, and a gastroscopy may still be needed after the barium test has been done.

Doing nothing - if you have significant other illnesses and mild symptoms you may decide with the teams treating you not to proceed. They will discuss risk and benefit with you and develop a monitoring and symptoms control plan.

What do I need to do before I have a gastroscopy?

- To make sure that your stomach is empty it is important NOT to eat for 6 hours before the test. You may drink clear fluids until 2 hours before your appointment time. E.g. Tea or coffee **without milk**
- If you are diabetic, please read the enclosed leaflet
- If you are taking Warfarin, Clopidogrel, Sinthrome (Acenocoumarol), Rivaroxaban, Dabigatran, Apixaban, Edoxaban, Prasugrel or Ticagrelor please ring **01772 521644** for further information
- If you are taking any of the following medications: **Lansoprazole, Omeprazole, Rabeprazole, Esomeprazole, Pantoprazole, Ranitidine, Cimetidine (or branded versions Losec, Zoton, Pariet, Nexium, Zantac, Tagamet)** unless told otherwise, you should stop taking them 2 weeks before your gastroscopy appointment date.

For symptom relief you can continue to take Gaviscon up until the day before your test

- If you are suffering from **Barrett's Oesophagus or have a gastric ulcer you must continue taking your medication (antacid)**
- Bring an up-to-date list of medications and allergies
- If you would like sedation you will need to arrange for a responsible adult to collect you from the Endoscopy unit and stay with you for 24 hours
- Remove nail polish and false nails
- Do not bring valuables or jewellery into the unit. We cannot be held responsible for any loss or damage
- Please let us know in advance of your appointment date if an interpreter or sign guide would be needed on the day of the Gastroscopy. **Family members cannot interpret for you**

What happens when I arrive on the unit?

- When you arrive, please book in at reception
- You may experience a wait before being called by one of the nurses
- The nurse will take you into an admission room to explain the procedure to you, complete the paperwork and you will have the opportunity to ask any questions
- You will be asked to sign the consent form that shows that you understand the test and the risks involved
- If you have asked for sedation, the nurse will insert a small cannula into a vein in your hand or arm. The sedation will be given through this when you are in the procedure
- You will wait in reception until the endoscopist is ready to carry out your procedure

Will I find the procedure uncomfortable?

You may find the procedure uncomfortable; however, a trained nurse will be monitoring you throughout the procedure and explaining what is happening at each stage of the procedure.

Is there any medication that will make me feel more relaxed about the procedure?

Sedation can be injected into your vein through a cannula. The sedation will make you feel drowsy and relaxed but will not make you unconscious. You will be in a state called 'conscious sedation' which means that you will still hear what is said to you and will be able to follow simple instructions during the procedure.

On occasions it is possible that you will remember the procedure. When the procedure has ended, you will be taken to the recovery area for about one hour.

What happens during the procedure?

When you enter the room the endoscopist will speak to you about your symptoms and what to expect during the test. Local anaesthetic will be sprayed onto the back of your throat; this has a strong taste. You will then be asked to lie down on the trolley on your left side. A monitor will be placed on your finger to measure your pulse and oxygen levels. For your comfort and reassurance, a trained nurse will be with you throughout the procedure. If you have requested sedation this will be given before the procedure starts.

A mouthguard will be placed in between your teeth (if you wear dentures these will first need to be removed). The scope will be passed over the back of your tongue; you will be asked to swallow and the scope will pass down your throat. You will feel full in your stomach as air is put in; when the procedure is over this air will be removed by the scope.

What happens after the procedure?

If you have not been given any sedation you will be able to walk to the recovery area where you will be given discharge information before leaving the Endoscopy unit.

If you have been given sedation you will remain in the recovery area until the effects of the sedation have diminished (about one hour). You should not eat or drink for one hour after the throat spray has been given.

Going home

Please remember that if you have had sedation, a responsible adult must collect you from the unit and stay with you for the next 24 hours. If this is not possible, please contact the reception staff before your appointment date and let us know. Hospital transport cannot be responsible for taking you home on your own.

When you arrive home it is advisable to recover quietly for the rest of the day. You will be able to eat and drink normally.

If you have had sedation, you must not drive, drink alcohol, operate machinery or sign legal documents for 24 hours.

Frequently asked questions

How many people will be in the procedure room?

The endoscopist along with one or two trained nurses and a healthcare assistant will be in the room. There may also be a medical student and a student nurse if they are on placement in the endoscopy unit. There may be a consultant supervising the endoscopist.

How long will I be in the unit?

You can expect to be on the unit for up to 4 hours from your appointment time. The procedure can take from 5 - 15 minutes. If you have sedation, you will be in recovery for 60 minutes after the procedure.

What are biopsies?

Tissue samples that are removed for examination are called biopsies. Biopsies are sent to the pathology laboratory to identify the cells that are in the tissue sample. The results will be sent to your consultant or GP who will be in contact with you to let you know the results. It can take up to 4 weeks for your results to be available.

What is a hiatus hernia?

A hiatus hernia occurs when part of your stomach pushes through a weakened opening in the diaphragm up into your chest rather than sitting below the diaphragm in your abdomen.

This can cause acid reflux and/or heartburn or may not give any symptoms at all.

What is an ulcer and how is it treated?

Your stomach normally produces acid to help with the digestion of food and to kill bacteria. This acid is corrosive so some cells on the inside lining of the stomach and duodenum produce a natural mucus barrier which protects the lining of the stomach and duodenum.

There is normally a balance between the amount of acid that you make and the mucus defence barrier. An ulcer may develop if there is an alteration in this balance allowing the acid to damage the lining of the stomach or duodenum. A 4–8-week course of a drug that reduces the amount of acid that your stomach makes is usually advised.

The most commonly used drug is a proton pump inhibitor. If an ulcer is found, you will need a repeat gastroscopy in 6-8 weeks to check the healing of the ulcer.

What are *Helicobacter pylori*?

Helicobacter pylori are bacterium that lives in the stomach and duodenum. The stomach is protected from its own gastric juice by a

thick layer of mucus that covers the stomach lining. *Helicobacter pylori* live in this mucus lining and can cause damage to it. This damage is usually treated with antibiotics and a proton pump inhibitor; this may or may not get rid of the infection and you may or may not experience symptoms because of it.

Checklist

- Stop eating 6 hours before the test
- Only clear fluids are allowed on the day of the test (e.g. water or tea/coffee made **without milk**) and these must be stopped 2 hours before the test
- Take an up-to-date list of medications
- Arrange for a responsible adult to collect you and stay with you for 24 hours if you want sedation
- Write down any questions / concerns
- Contact the endoscopy unit prior to your appointment date if an interpreter (including sign language) is required

Contact details

Should you require further advice or information please contact the endoscopy units on **01772 524958** (Preston) **01257 245649** (Chorley) between 08:00 – 18:00.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.lancsteachinghospitals.nhs.uk/veteran-aware

www.gutscharity.org.uk

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

patientexperienceandinvolem@LTHTR.nhs.uk

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