



Information for  
patients and  
carer

## 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 a gastroscope or endoscope, which has a light at one end, is used. It is passed through the mouth, down the oesophagus and into the stomach by a specially trained doctor or nurse, called 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.

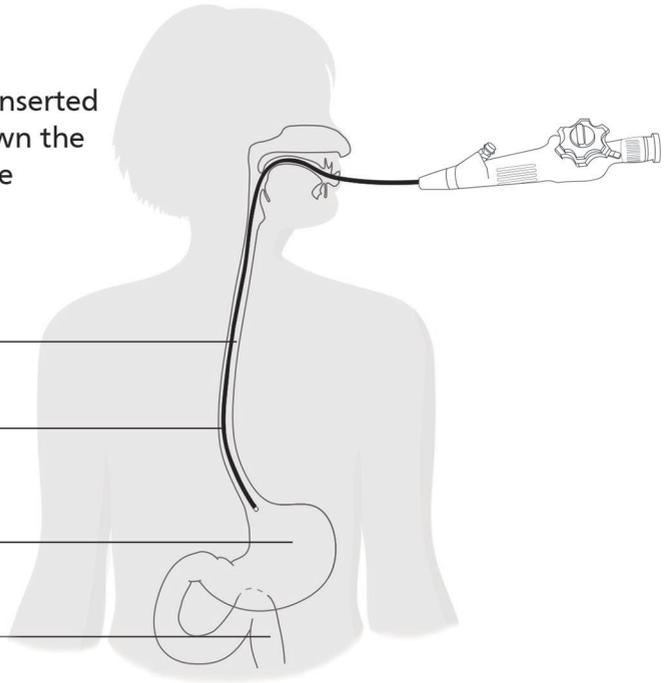
The endoscopic tube is inserted through the mouth, down the oesophagus and into the stomach

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.

## 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, Sinthron, Rivaroxaban, Dabigatran, Apixaban, Edoxaban, Prasugrel or Ticagrelor please ring **01257 245656** or **01772 522032** for further information
- If you are taking any of the following medications: **Lansoprazole, Omeprazole, Rabeprazole, Esomeprazole, Pantoprazole, Zantac,**

**Tagamet, Ranitidine, Cimetidine (or Losec, Zoton, Pariet, Nexium)** 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 someone to collect you from the Endoscopy department and stay with you for 24 hours
- Remove nail polish and false nails
- Bring your Consent form (**read it but please do not sign it**).
- Do not bring valuables or jewellery into the department. 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 a private booking in 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 treatment room
- You will wait in reception until the doctor or nurse 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 talking to you throughout and will reassure you and explain what is happening during 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.

Sedation makes it unlikely 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 couch 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 mouth guard 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 post-procedure area where you will be given discharge information before leaving the Endoscopy unit.

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

## Going home

Please remember that if you have had sedation it is important that someone comes to collect you from the department and to 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 between 2 – 4 hours of your appointment time. The procedure can take from 5 - 15 minutes. If you have sedation you will be in recovery for up to 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 and they will be in contact with you to let you know the results. Results can take any time from 1 week to 4 weeks.

## **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

- Confirm the appointment by telephoning **01772 522034** between 09:00 and 17:00
- Stop eating 6 hours before the test
- Stop drinking 2 hours before the test – only water on the day of the test
- Take up to date list of medications
- Arrange for someone to accompany you and stay with you for 24 hours if you want sedation
- Bring the Consent Form but please do not sign it
- Write down any questions / concerns
- Contact the Endoscopy Department prior to your appointment date if an interpreter (including sign language) is needed

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.gutscharity.org.uk](http://www.gutscharity.org.uk)

All our patient information leaflets are available on our website for patients to access and download:

[www.lancsteachinghospitals.nhs.uk/patient-information-leaflets](http://www.lancsteachinghospitals.nhs.uk/patient-information-leaflets)

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

**Gujarati:**

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

**Romanian:**

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

**Polish:**

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

**Punjabi:**

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

**Urdu:**

دو سری زبانوں اور بڑی اگر آپ کوہی معلومات سمجھنے کے لئے مدد کی ضرورت ہے تو یئچھپا میں ییہ ابی دست بو یسکت ہے براے مہر ییان پو یی چھہی۔ معلومات

**Arabic:**

مطبوعه بأ حرف كبيره و بلغات إذا كنت تريد مساعده في فهم هذه لمعلومات يُرجى أن تطلب أخري يمكن تو فير هذه المعلومات

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