Gastroscopy instructions

Pre operative patient information guide
This booklet tells you about gastroscopy and what you need to know before, during and after your procedure.

What is gastroscopy?
This is an investigation of your gullet, stomach and into the first part of your small bowel, with the use of a gastroscope – a flexible tube with a light at the end to let the doctor see the lining of this area clearly. This will take place in our endoscopy suite, where several types or procedures are carried out with the use of an endoscope.

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. 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.

What do I need to do before my procedure?
• Do not eat or drink from midnight the evening before your procedure.
• 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 theatre day room on 0141 951 5465.
• 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.

What happens when I arrive at the hospital?
You will be directed to the endoscopy suite reception area on the third floor where our receptionist will check your personal details. You will then be called by one of our pre assessment nurses 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.
• Explanation of the procedure.

We will then:
• Take your blood pressure and pulse.
• Ask you to sign the consent form.
• 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.

What happens in the procedure room?
• You will be escorted into the procedure room where 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 throat spray 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.
• 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, rather like the one used at the dentist.
• The Endoscopist will introduce the gastroscope into your mouth, down your oesophagus into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing will be unhindered.
• During the procedure samples may be taken form the lining of your digestive tract for analysis in our laboratories. These will be retained for analysis. Any photographs will be recorded in your notes.
• As you have come for a gastroscopy you have the option of having either throat spray or sedation.
• The medication used will make you lightly drowsy and replaced but not unconscious. You will be in a state called ‘cooperative sedation’. This means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation makes it unlikely that you will remember anything about the examination.

**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 any thing until the spray wears off which takes about two hours after your procedure.

**Sedation**
• The medication used makes you unaware of the procedure and for a while afterwards.

**Advantages of sedation**
• You will be unaware of 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 one 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. The risks 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 of mechanical 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
• it is possible that 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 room for a short time.
• When you are fully awake or your throat spray has worn off you will be given something to eat or drink.
• You will be given aftercare instructions.
• The doctor who carried out the procedure may come and see you in the unit.
• 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, take 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 letter goes to your GP and your Hospital Consultant soon after the procedure – usually within two weeks.

Results
If biopsies (small samples of the lining of your gullet, stomach or small bowel, which you do not feel) 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, normally after about three to four weeks.

Should you have any concerns or questions, between 8am and 5.30pm please call 0141 951 5000 and ask for Theatre Day Unit on 5465/5712. Outside these times ask for the Senior Nurse who will give advice.

Frequently asked questions about your scope

1. How long will the scope test take?
Tests usually take between fifteen and thirty minutes. However your arrival time is not your procedure time. Please plan for two and four hours for the whole experience, this will allow you to register, have your pre-operative check-in, the test itself, and the postoperative recovery. Our patient’s average stay is about one and one and a half hours after the test. In some cases, due to circumstances out with our control, your stay may be longer.

2. I am a diabetic, what should I do?
Please contact the endoscopy unit at the Golden Jubilee National Hospital at least two 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. **Will the scope test be painful?**
   For gastroscopy you may gag initially as the scope is passed into your oesophagus (i.e. down your throat). Once this has been accomplished you may experience mild bloating and cramping.

5. **What medication will I receive?**
   If you have sedation you will have two medications. One is for pain (Pethidine) and the other is to make you sleepy (Midazolam). You may be conscious for the scope test (i.e. awake) but you may not remember the actual test.

6. **Why do I need an escort/driver?**
   If you are to have the medication to make you feel sleepy 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.

7. **How soon will I be able to eat after my test?**
   For a gastroscopy it will depend on whether a throat spray was used. If used, allow two hours after the use of the throat spray before you have something to eat.

8. **If I have a biopsy sample taken, when will my results be available?**
   The results of biopsy samples usually take two to three weeks. For urgent samples this can be shortened to seven days. Your results will be sent directly to your GP.

9. **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 two copies of your results, one for your own information and one for your GP.
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