Having an Upper GI Endoscopy (Gastroscopy)
What is a gastroscopy?

This is a procedure that allows a doctor or nurse specialist to look directly at the lining of your gullet (oesophagus), your stomach and around the first bend of your small intestine (duodenum).

To do this, a long, thin (thinner than your little finger) flexible tube (called an endoscope) is passed through your mouth, over your tongue and into your stomach. Using the endoscope, the doctor or nurse can get a clear view of the stomach lining and can check whether or not any disease is present. If necessary, certain treatments can be performed during the procedure and tissue samples can also be obtained for laboratory analysis.

Before the procedure

On the day of your gastroscopy, you must not eat or drink for six hours beforehand, to allow a clear view of your stomach during the procedure.

On arrival at the Endoscopy Unit, the nursing staff will spend time getting to know you and ensure that you are prepared for the procedure. Your pulse and blood pressure will be recorded and the staff will be available to answer any questions that you may have, so please do not hesitate to ask.

Do let the nurse know of any allergies or bad reactions to drugs or other procedures that you may have had in the past. Please bring a list of any current medications with you.
Before the procedure can go ahead, your written consent will be required. A copy of the **consent form** is enclosed with this booklet. You will be given an opportunity to discuss any questions that you may have with the doctor or nurse before the procedure.

It is advisable to wear loose-fitting clothes for the procedure.

It will be necessary to remove any false teeth and these will be kept safely for you until after the examination.

We aim to keep the length of your appointment to a minimum, however delays occasionally occur due to unforeseen emergencies. It is therefore a good idea to bring something to occupy you such as a book or magazine.

**The procedure**

In the examination room, you will be made comfortable on a couch, resting on your left side. A nurse will look after you and will stay with you throughout the procedure.

The doctor or nurse may spray some local anaesthetic onto the back of your throat; this may taste slightly bitter but is very effective at numbing the back of the throat before the procedure. Some patients may however prefer a sedative injection to help them relax. Many hospitals have found that this test can be performed safely and effectively without sedation, particularly now that the endoscopes have become much smaller and are therefore easier to swallow.
Some patients may wish to try not having sedation especially if they need to work or drive later in the day.

The nurse will attach a small clip to your finger to monitor your pulse and general condition during the examination. Oxygen will be given via plastic tubing under your nostrils. To keep your mouth slightly open, a plastic mouthpiece is placed gently between your teeth. Passing the endoscope into the stomach will not cause any pain and will not, at any time, interfere with your breathing.

The procedure may take up to 15 minutes to complete. During this time, some air is passed down the tube to inflate the stomach and allow the doctor or nurse a much clearer view. The air will then be sucked out at the end of the procedure. If you get a lot of saliva in your mouth, the nurse will clear this using a sucker. When the test is finished, the endoscope is removed quickly and easily.

**Potential problems**

There may be a slight risk to crowned teeth or bridgework and you should tell the doctor or nurse if you have any of these.

All endoscopies carry a very slight risk of damaging the lining of your gullet, stomach or small intestine. Occasionally following some necessary treatment, which is given through the endoscope, some bleeding or even a small ‘hole’ (perforation) in the lining of the stomach may occur.
Bleeding occurs in fewer than 1,000 procedures.

Perforation occurs in fewer than 10,000 procedures.

These risks are extremely rare and occur in less than one person out of every 2000 people who have this procedure performed.

Occasionally a narrowing in the gullet (stricture) is found and requires dilatation during endoscopy. The endoscopist will discuss this with you beforehand. Following the dilatation treatment there is a small risk (occurring in less than one in 100 patients) that a ‘hole’ (perforation) may occur at the site of dilatation. If this problem arises you will need to stay in hospital for observation. An operation may be needed to seal the perforation.

Whilst every effort will be made to examine your gut thoroughly, it is important that you are aware that there is a very small chance of abnormalities being missed.

Other rare complications include reactions to the sedative drugs given and occasionally chest infections (pneumonia), can occur after the procedure. In all these cases, the appropriate treatment will be given.

There is a very small chance we will not be able to complete your procedure.
What should I expect after the procedure?

If sedation has been given, you will be encouraged to rest in the recovery ward for a while.

The nursing staff will check your blood pressure and pulse.

If you had your throat numbed by a local anaesthetic spray, you will be asked to wait until your swallowing reflex is back to normal. This may take up to 10 minutes. The nurses will check your swallowing reflex with a glass of water.

If the swallowing reflex is back to normal you will be allowed to eat and drink normally. You may however, experience a sore throat for the rest of the day. Sometimes, you may feel a little bit bloated; this is caused by some air remaining in your stomach.

Both the sore throat and the bloating will ease without any treatment.

Going home

You will normally be allowed home one hour after the procedure, but this does depend on whether or not you have had sedation. Occasionally the doctor or nurse may wish you to have further tests and therefore your stay may be longer. This does not occur very often but if needed it will be discussed with you.

If you have had sedation, it is essential for someone with transport to collect you from the Endoscopy Unit. Once home, it is
important to rest for the remainder of the day.

Sedation lasts longer than you think and so if you have been given an injection during the procedure, you should NOT:

• drive a car;
• operate machinery;
• drink alcohol; or
• make any financial or legal decisions.

The effects of the procedure and injection should have worn off by the next day, when most patients are able to resume their normal activities.

**Discharge advice**

Your results and further treatment will be discussed with you before you leave the Endoscopy Unit, however the results of samples taken may take at least a week to be analysed.

It is a good idea to have someone with you when you speak to the doctor or nurse, especially if sedation has been used. People often forget things that have been said to them after sedation and some patients do not even recollect having had the examination.

Details of the results and any necessary treatment will also be discussed with your GP or hospital specialist, whoever recommended you to have the procedure.