



North Tees and Hartlepool
NHS Foundation Trust

Upper gastro-intestinal (GI) endoscopy

Information for patients

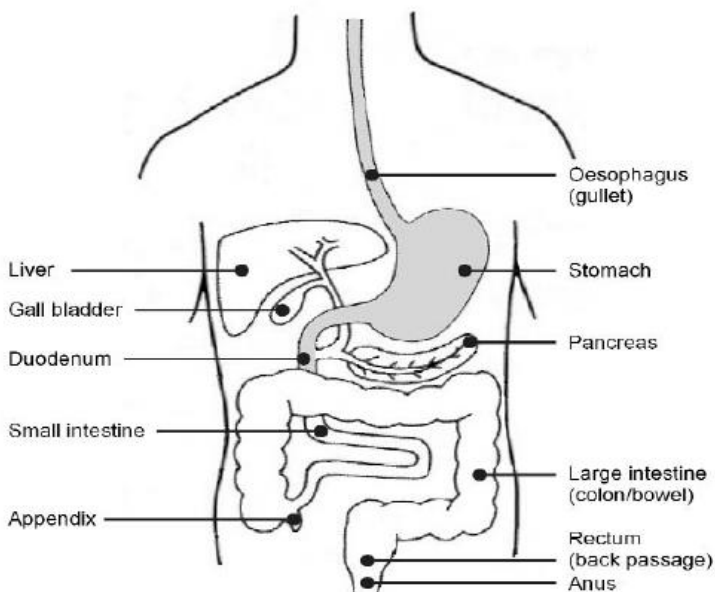
This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request.

You have been advised by your doctor to have an upper gastro-intestinal (GI) endoscopy. This is to help find the cause of your symptoms or as part of a routine screening programme to detect (find) disease or abnormalities (unusual areas) at an early stage in people with no symptoms.

This leaflet tells you about upper gastro-intestinal endoscopy, how to prepare for your endoscopy and what will happen during and after your examination.

What is an upper gastro-intestinal endoscopy?

GI is short for gastro-intestinal, which means relating to your digestive tract. An upper GI endoscopy is an examination that allows an endoscopist (a doctor or nurse trained to do upper gastro-intestinal endoscopies) to see inside your oesophagus (gullet), stomach and duodenum (small intestine). (See diagram below).



Shaded area shows parts examined during an Upper GI Endoscopy

A gastroscope (a thin, flexible tube) will be passed into your mouth, guided into your stomach and then into your duodenum. Air will be pumped into your stomach and duodenum during your examination to allow your endoscopist to get a better view.

The gastroscope has a bright light and a camera at the end that passes back a picture of the inside of your oesophagus, stomach and duodenum on to a monitor.

Your endoscopist can then check if any disease or abnormalities are present.

It also allows your endoscopist, if needed, to carry out other treatments, for example:

- take biopsies (small pieces of tissue) of the lining of your oesophagus, stomach or duodenum. The biopsy is removed painlessly, using instruments passed through the gastroscope. Any biopsies taken will be sent to a laboratory for examination
- help stop areas of bleeding in your oesophagus, stomach or duodenum by injecting drugs into the bleeding areas, using miniature instruments passed through the gastroscope
- dilate (widen) any narrowed areas which are causing you problems with swallowing.

The examination usually takes about 10 minutes, but if any treatment is needed, for example, to stop any bleeding, it can take longer.

What are the risks and possible complications?

Upper GI endoscopy is a very accurate examination but occasionally a problem may be missed. It is a safe procedure, but does have some risks and possible complications.

The risks and possible complications include:

- **discomfort.** You may feel some discomfort during the procedure, we try to keep this to a minimum. You can ask for the procedure to stop at any point if you wish
- **feeling bloated and sore throat.** You may feel bloated for a few hours afterwards and have a sore throat for 24 - 48 hours
- **damage to teeth or bridge-work.** The endoscope can occasionally cause damage to teeth or bridge-work. This is rare and a mouth-guard is used to minimise (reduce) the risk
- **bleeding.** 1 patient in every 1,000 can suffer from bleeding.^{1,2} If any bleeding occurs during your endoscopy steps will be taken to stop it. This may need a blood transfusion, or rarely, an operation
- **perforation (hole).** 1 patient in every 15,000 can suffer a perforation in the wall of the oesophagus, stomach or duodenum.^{1,2} If this happens you may need an operation to repair it
- **adverse effects of conscious sedation** (a drug which should make you feel comfortable and relaxed). This can occasionally cause problems with your breathing, heart rate and blood pressure. Careful monitoring (checking) by a fully trained endoscopy nurse will make sure they are identified and treated quickly

- **aspiration.**^{1,2} If you are sedated and your stomach contains food or drink it can leak into your lungs, affect your breathing and cause an infection. This is one of the reasons why you **must not** eat or drink for 6 hours before this examination.

The risks can increase with any of the treatments described previously. The additional specific risks to you will be discussed by your health care professional.

Are there any other tests that can be done instead of an upper GI endoscopy?

You do not have to have any examination or tests you do not want, but the doctor who has requested the examination has advised this is best for you.

If you do not want this examination, a barium meal may also help to find the cause of your symptoms. This is not always appropriate and it is not as clear as an endoscopy.

If you decide not to have an upper GI endoscopy you will need to let the Endoscopy Unit know before your appointment date.

If you decide you want a barium meal you will need to go back to your GP surgery and discuss the options available with your GP.

What will happen before my endoscopy?

You will be admitted as a day case patient unless your appointment letter states otherwise. You will usually be able to go home 30 minutes - 1 hour after your endoscopy.

What will I need to do to prepare for my upper GI endoscopy?

It is very important you follow the instructions given in this leaflet to make sure your stomach and duodenum are properly prepared for your endoscopy. Your stomach and duodenum **must** be empty to allow the endoscopist to get a clear view and make sure no areas are hidden.

If your appointment is in the morning:

- **you must stop eating 6 hours before your endoscopy**
- **you should continue to have clear fluids**, for example, water, black tea or coffee (**no milk is to be taken in any form**) up until **7.00am**.

You must not have anything to drink after 7.00am.

If your appointment is in the afternoon (after 1pm):

- **you must stop eating at 7.00am**. You should continue to have at least 250mls - 300mls (an average size teacup full) of clear fluids, for example, water, black tea or coffee every hour up to 11.00am to prevent you becoming dehydrated. No milk is to be taken in any form.

You must not have anything to drink after 11.00am.

Take your normal medication, with a small amount of water, at your usual time.

If you are an outpatient then please read the following:

If you are taking any medication to thin your blood or if you are unsure, **you must** contact the Endoscopy Unit as soon as you get your appointment.

If you have diabetes you should contact the Endoscopy Unit for advice about your medication.

Do not stop taking any of the drugs listed below, if you have been told you have a:

- **condition called a Barrett's Oesophagus** and have an endoscopy every 2 years as part of a routine screening programme
- **stomach ulcer** and are having an endoscopy to check if your ulcer has healed
- **oesophagitis** and are having an endoscopy to check that it has healed

You should continue taking your other medication as normal.

If you do not have a Barrett's Oesophagus, a stomach ulcer or oesophagitis and you are taking any of the following drugs, **you must stop taking them 10 days before your upper GI endoscopy.**

If your appointment is within the next 10 days, stop taking them now. This will help us to assess your symptoms.

Ranitidine (Zantac)
Lansoprazole (Zoton)
Pantoprazole (Protium)
Nizatidine (Axid)

Famotidine (Pepcid)
Omeprazole (Losec)
Nexium (Esomeprazole)
Pariet (Rabeprazole).

On the day of your endoscopy:

- do not smoke
- long hair should be tied back for comfort
- avoid bringing valuables with you
- wear loose fitting clothing.

If you are at all unsure about how to prepare for your upper GI endoscopy please contact your Endoscopy Unit for advice.

What will happen when I arrive for my appointment as an outpatient?

When you arrive at the Endoscopy Unit you will be advised by the endoscopy nurse the approximate time you should be ready to go home. Anyone wishing to stay and wait for you will be advised where they can wait.

There is limited space in the unit, so only in special cases will anyone be allowed to stay with you, for example, parents with children or adults with special needs.

A nurse will call you through to the unit, check your personal details, ask you questions about your health, check your blood pressure and pulse and explain the examination and risks to you. This is to make sure you understand everything before you sign the consent form.

You should tell the nurse if you have had any allergies or reactions to drugs or other tests in the past and of any previous endoscopies you may have had.

Please bring with you a list of medications (drugs) you are currently taking, either prescribed by your doctor or those you have bought yourself.

If you are to have sedation you will be asked for a contact telephone number of the relative or friend who will take you home after your endoscopy.

You will be taken to a comfortable waiting area to wait your turn. We operate a list system. This means you will be seen when it is your turn and not the time given for you to arrive at the unit.

Before your examination if you have any worries or questions please talk to your nurse or endoscopist.

When it is time for your upper GI endoscopy a nurse will take you into the examination room.

If you are an inpatient then please read the following:

One of your doctors or nurses will explain the procedure and discuss the risks and possible complications. You should tell the nurse if you have had any allergies or reactions to drugs or other tests in the past and of any previous endoscopies you may have had. You will be allowed to take your normal medication with a small amount of water on the morning of your gastroscopy.

When it is time for your upper gastro-intestinal endoscopy you will be taken from your ward to the Endoscopy Unit in a wheelchair or on a trolley or bed. If needed one of the ward nurses will go with you and hand over your care to the nurses in the Endoscopy Unit.

What will happen during my examination?

Before your examination begins, if you have any false teeth you will be asked to remove them. A local anaesthetic is sprayed on to the back of your throat to numb the area.

The effect of this lasts for about 30 minutes but does not stop you from being able to swallow. You will then be asked to lie down on a trolley. Your pulse and the oxygen levels in your blood will be

checked before and during your examination by putting a small plastic clip on to one of your fingers.

You will be given extra oxygen to breathe through a soft plastic tube on your nose. A small plastic guard will be put gently between your teeth to protect them. Do not worry, this is all routine and is not painful.

A nurse will stay with you during your examination and make sure you are comfortable.

The endoscopist will then pass the gastroscope through your mouth, into your stomach and then into your duodenum. Air will be passed through the tube to inflate your stomach so your endoscopist can see all parts of your stomach wall. This can cause "windy" discomfort.

During the examination any extra saliva will be cleared from your mouth using a fine suction tube. When the test is over the air and the gastroscope are removed quickly and easily.

We routinely take photographs or videos of your insides during this procedure. These are used to help in your investigations and treatment.

What happens to the pictures taken during my examination?

The pictures taken during your examination will be kept as part of your healthcare record. These may sometimes be used anonymously for training or research. If hospital staff want to use any of your pictures for any other purpose, for example, in an article to be published (printed) in a professional magazine or book, they will ask your permission before this happens.

Can I be sedated for the examination?

If you need sedation you will be given a sedative drug before the examination starts. This is called conscious sedation. You will still be awake but should feel more comfortable and relaxed. This involves injecting medication (drugs) through a cannula (a fine tube) inserted into a vein in the back of your hand or arm using a small fine needle.

The effect of sedation will stay with you for at least 24 hours so it is important you follow this advice.

There **must** be a responsible adult to take you home and look after you for the first 24 hours after your examination as the effects of the sedation **will** affect your judgement.

If you have not made these arrangements you will not be able to be sedated and your endoscopy will have to be postponed.

Will it be painful?

No, not painful, but you may feel some slight discomfort. We try to keep this to a minimum. You can ask for the procedure to stop at any point if you wish.

What will happen after my examination?

If you have only been given a local anaesthetic **throat spray** you will be taken to the discharge area to wait until the numbing effect of the throat spray has worn off.

You will then be offered a drink and will be ready to go home after about 30 minutes.

If you have had **sedation** you will be taken to the recovery area where you will be able to rest on a trolley until the immediate effects of the sedation have worn off.

You will usually be able to go home within an hour of your examination. The person you have arranged to take you home will then be asked to come onto the unit to collect you. **You will not be able to go home on your own.**

If you are an inpatient you will be returned to your ward.

When will I be told the outcome of my examination?

Before you leave the unit your nurse or endoscopist will explain the outcome of your examination to you. A copy of your report will be sent to your GP within 24 hours.

If you have had any biopsies taken are sent to the laboratory for further examination; you may have to wait up to six weeks for these results. Your GP will also be sent a copy of these results.

You can make an appointment to discuss biopsy results with your GP or if you have been given an outpatient appointment your results will be discussed with you then.

Biopsy results will not be available from the Endoscopy Unit.

If you are an inpatient the outcome of the gastroscopy will be discussed with you on the ward by the doctor responsible for your care.

Contact numbers

If you need further advice, or have any problems, please contact the unit where you are to have your examination.

University Hospital of North Tees

Endoscopy Unit

Telephone: 01642 624387

Monday and Wednesday, 8.00am - 7.00pm

Tuesday, Thursday and Friday, 8.00am – 9.30pm

Saturday, 8.00am – 2.00pm

Emergency Department

Telephone: 01642 382899

24 hours a day, 7 days a week

University Hospital of Hartlepool

Rutherford Morrison Unit

Telephone: 01429 522356

Monday, Tuesday, Thursday and Friday, 8.00am - 6.30pm

Wednesday, 8.00am – 9.30pm

Further information is available from:

NHS Choices

Telephone: 111 (when it is less urgent than 999)

Calls to this number are free from landlines and mobile phones

or via the website at www.nhs.uk

If you have any worries or concerns you should contact your GP during normal surgery hours. Outside surgery hours you should contact NHS 111.

References:

1. Cotton P& Williams C. (2000) Practical Gastrointestinal Endoscopy 4th edition Blackwell Science

2. SHC Anderson, G Davies HR Dalton (1999) Key topics in gastroenterology BIOS Scientific publishers

This leaflet has been produced in partnership with patients and carers. All patient leaflets are regularly reviewed, and any suggestions you have as to how it may be improved are extremely valuable. Please write to the Quality Assurance Team, University Hospital of North Tees or email: patientinformation@nth.nhs.uk

Comments, Concerns, Compliments or Complaints

We are continually trying to improve the services we provide.

We want to know what we're doing well or if there's anything which we can improve, that's why the Patient Experience Team is here to help.

Our Patient Experience Team is here to try to resolve your concerns as quickly as possible. If you would like to contact or request a copy of our PET leaflet, please contact:

telephone: 01642 624719

Monday – Friday, 9.00am – 4.00pm

Messages can be left on the answering machine and will be picked up throughout the day.

freephone: 0800 092 0084

Email: patientexperience@nth.nhs.uk

Out of hours if you wish to speak to a senior member of Trust staff, please contact the hospital switchboard who will bleep the appropriate person.

telephone: 01642 617617

24 hours a day, 7 days a week

The Patient Experience Team is available to discuss your concerns in person Monday – Friday, 1.30pm – 4.30pm. The office is based on the ground floor at the University Hospital of North Tees.

Data Protection and use of patient information

The Trust has developed a Data Protection, Caldicott and Disclosure Policy (IG5) in accordance with the Data Protection Legislation (General Data Protection Regulations and Data Protection Act 2018) and the Freedom of Information Act 2000. All of our staff respect this policy and confidentiality is adhered to at all times. If you require further information please contact the Information Governance Team.

telephone: 01642 383551 or email: information.governance@nth.nhs.uk

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