

The ROYAL MARSDEN

NHS Foundation Trust

Having a gastroscopy and oesophageal dilatation

Endoscopy Suite

Patient Information



NHS

Contents

Introduction	1
What is a gastroscopy and dilatation?	2
What preparation will I need for my gastroscopy and dilatation?	3
What about my medication?	3
What should I bring on the day?	3
When you arrive	3
Your gastroscopy and dilatation procedure	4
How long will I be in hospital?	5
What are the benefits and risks?	5
What happens afterwards?	6
When will I know the results?	6
Follow-up appointments?	6
Going home after your gastroscopy and dilatation	6
Eating and drinking after oesophageal dilatation	7
Your medication after the procedure	7
How you may feel after your procedure	7
Complications	8
In an emergency	8
If you have any routine concerns or questions you can contact	9
Sources of information and support	9

Introduction

You have been advised by your doctor to have a gastroscopy and an oesophageal dilatation, to help you to eat and drink. This leaflet has been written by staff working in the Endoscopy Suite at The Royal Marsden NHS Foundation Trust. It tells you about the procedure and what to expect. We hope you find it useful. If, after you have read it you have any questions or concerns, please ring us on our direct line: 020 7811 8328.

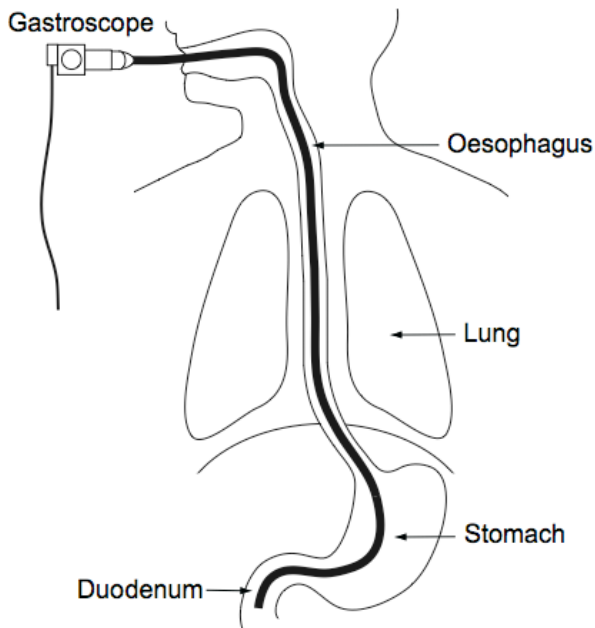
We advise you to discuss with your doctor if you prefer not to have this procedure. There are other methods of providing you with nutrition. Sometimes tube feeding can be achieved by a nasogastric (NG) tube or a percutaneous endoscopic gastrostomy (PEG). If you would like to discuss the options available to you, please speak to your medical team or dietitian.

Appointments for an endoscopy procedure are in high demand. If you are unable to attend your appointment, please contact the Endoscopy Suite as soon as possible so that your appointment may be offered to another patient. When you come into the Endoscopy Suite (ground floor, Granard House Wing) please talk to us about any worries and ask any questions you have.

Your procedure time in Endoscopy is approximate as some procedures may take longer than expected and emergency procedures need to take priority.

What is a gastroscopy and oesophageal dilatation?

A gastroscopy is a test where a long flexible telescope (gastroscope) about the thickness of your index finger, with a bright light at its tip is carefully passed through your mouth allowing the doctor to look directly at the lining of your gullet (oesophagus), stomach and small bowel (duodenum) - see diagram.



A video camera on the gastroscope transmits images of your digestive tract to a monitor, so that the doctor can see clearly. If your gullet (oesophagus) has a narrowing called a stricture it may be need to be stretched (dilated). Oesophageal dilatation is where the stricture (narrowing) of your gullet (oesophagus) is stretched to improve your swallowing. A balloon is passed through the gastroscope and into the narrowed area. The balloon is inflated to stretch the narrowing.

What preparation will I need for my gastroscopy and dilatation?

To allow a clear view, your stomach must be empty. Therefore it is important that you have nothing to eat for at least SIX HOURS before the test. Unless you are told otherwise, please stop drinking clear fluids THREE HOURS before your appointment at the hospital.

What about my medication?

Unless advised otherwise, take all your regular morning medications with a small sip of water on the day of the procedure.

If you are on anti-coagulants (such as warfarin or clopidogrel) or are diabetic you will be given instructions by the telephone pre-assessment nurse.

NB if you feel unable to comply with any of the instructions, please contact the Endoscopy Suite.

What should I bring on the day?

If you are diabetic, please bring your insulin or tablets with you. If you use reading glasses, please bring them with you so that you can read the consent form and any other paperwork. You are welcome to bring a book or other reading material.

When you arrive

When you arrive at the hospital, please make your way to Endoscopy Reception (ground floor Granard House Wing). If you need wheelchair access, please enter the hospital by the Wallace Wing entrance on Dovehouse Street. On arrival you may be asked to go for a blood test in outpatients. Please note: the time of your procedure will be dependent on the results of your blood test. This can take an hour to process but you will be kept informed of the anticipated time of your procedure.

When you return, a nurse will take you to the admission area. As we have limited space in the department, only one escort/relative will be able to come into the admission area. Refreshments are available in the Mulberry Tree Cafe (1st floor).

In the admission area, a nurse will ask you several questions about your health, your current medication, take your blood pressure and pulse and ask you to change into a gown. The doctor will see you before the procedure. This is the opportunity to discuss the test before you sign a consent form. Please ask any questions you may have. It is important that you understand what is going to happen.

Your gastroscopy and oesophageal dilatation procedure

Your gastroscopy and oesophageal dilatation procedure will be carried out in the Endoscopy Procedure Room. We will make you comfortable on a trolley, lying on your left side. We will put a plastic mouthpiece gently between your teeth to keep your mouth slightly open. The procedure may be unpleasant and, at times uncomfortable. We will give you sedation before the test to make you feel sleepy and relaxed. We will inject the sedation through a small needle placed in a vein on the back of your hand. This is not a general anaesthetic but will make you relaxed and sleepy. You may also receive some pain relief during the procedure. A nurse will stay with you throughout the test, explaining what is happening, monitoring your blood pressure and pulse, level of comfort and assisting the doctor. You will be given oxygen during the test, through little prongs that fit just inside your nostrils.

The doctor will carefully pass the gastroscope through your mouth and into your gullet (oesophagus). This should not cause you any discomfort, nor will it interfere with your breathing at any time. During this time some air and then water will be passed down the tube to allow the doctor a clearer view. If you get a lot of saliva in your mouth, the nurse will clear it using a small suction tube.

The doctor will pass a balloon through the gastroscope and into the narrowed area. The balloon is inflated to stretch the narrowing. When the examination is finished the gastroscope is removed quickly and easily. The procedure usually takes between 15 and 30 minutes.

How long will I be in hospital?

You will be in the Endoscopy Suite for 2 to 3 hours. Once you have recovered from the sedation you will be discharged home, unless you have been informed by the pre-assessment nurse that you will be having this procedure as an inpatient. Occasionally some patients will be asked to stay overnight for observation. You will be told about this by the telephone pre-assessment nurse.

What are the benefits and risks?

The procedure will allow you to follow a more varied diet. Gastroscopy and oesophageal dilatation are generally safe, but all procedures have some risks, which you should discuss with your doctor. These are the more common risks:

- Sore throat which should wear off within 24 hours.
- Complications such as bleeding or damaging the gastrointestinal tract are very rare for example about one in 3,000 risk of bleeding or tearing (perforation) of the gut. This risk is increased to one in 15 in patients with oesophageal cancer.
- Other rare complications include inflammation of the lungs (aspiration pneumonia) and a reaction to the intravenous sedative drugs or local anaesthetic spray.
- Upper gastrointestinal endoscopies may involve a slight risk to crowned teeth or dental bridgework. These risks occur in less than one in 100 procedures.
- In some instances the doctor may be unable to perform the dilatation. In this situation alternatives ways of providing you with nutrition will be discussed with you.

What happens afterwards?

- As you have had sedation, you will need to rest in the recovery area until you are fully awake (usually an hour and a half). Your blood pressure and pulse will be monitored.
- If you are having this procedure as an outpatient, an adult must be available to escort you home as the sedation impairs your reflexes and judgement. If you are having this procedure as an inpatient, you will be transferred to the ward after 1-2 hours.
- We will advise you when you can start to eat and drink.

When will I know the results?

In many cases your doctor will be able to tell you the results of the test as soon as you are awake. If you have had sedation it is a good idea to ask for your escort or relative to be present when the doctor speaks to you because the sedation can make you forget what is discussed.

A copy of your procedure report will be given to you before you leave the Endoscopy Suite and another copy will be sent to your GP or specialist who referred you.

Follow-up appointments?

You will have a follow-up appointment with the specialist who referred you for the procedure.

Going home after your gastroscopy and oesophageal dilatation

If you have had sedation, it is essential for an escort to accompany you home and stay with you for at least 6 hours. Please note: your procedure will be cancelled if you do not have an escort. We cannot escort you home. The sedative will make you drowsy, and even if you feel wide awake your reactions may still be affected. You may find it difficult to concentrate and you may forget things that you have been told. You will be given the written information that you need when you leave the hospital.

This includes advice that for 24 hours after sedation you should not drive or ride a bicycle, operate machinery, look after young children alone, take sedatives or alcohol or sign legal papers.

Eating and drinking after your oesophageal dilatation

The dilatation should allow you to follow a more varied diet. We will advise you when you can start to eat and drink. Food should be of a soft consistency. Please ask us if you require additional information about the types and consistencies of foods suitable for you.

Your medication after the procedure

Unless you are told otherwise, you can take your normal prescription medicines as soon as you are able to drink safely. Please let us know if you require your medication in a soluble or liquid form and we will inform your referring doctor

How you may feel after your procedure

You may have a sore throat. You may also feel a little bloated if some air has remained in your stomach. Both of these discomforts should pass naturally within 48 hours. Throat lozenges may help with the sore throat. Walking around, warm drinks and peppermint water may also help you to pass wind. If pain is a problem, you may find it helpful to take a pain killer, such as paracetamol (according to manufacturer's instructions).

Complications

You should seek medical help immediately if you develop any of the following symptoms:

- Severe chest or shoulder pain
- Persistent vomiting or vomiting blood
- Unable to swallow liquids or food
- Shortness of breath
- If bowel motions turn black
- Severe abdominal pain
- Worsening abdominal swelling
- Fever (above 38°C) and/or chills

If you experience any of these complications, stop eating and drinking and immediately contact the Endoscopy Suite (Monday to Friday 08.00 - 17.00) on 0207 811 8328. Please do not leave an answerphone message as it is important that you are assessed promptly. Outside of working hours (or at times when you are unable to get hold of the Endoscopy Suite) you can call the main switchboard number: 0207 352 8171 and ask to speak to the Clinical Site Practitioner at Chelsea (bleep 022).

In an emergency

Telephone your GP surgery (or your GP out of hours service) or else go to your nearest A&E (Accident and Emergency) and then inform the Endoscopy Suite at The Royal Marsden.

If you have any routine concerns or questions you can contact

For routine advice, contact the Endoscopy Suite between 8am and 5pm (Monday to Friday): telephone: 020 7811 8328.

If we are unable to take your call, please leave a message. Answerphone messages will be collected twice daily, Monday to Friday, and a member of the Endoscopy Suite will return your call.

Sources of information and support

If you would like this information leaflet in a different format, please contact the PALs office on 0800 783 7176 or talk to the clinical staff responsible for your care.

Notes and questions

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: patientcentre@rmh.nhs.uk

No conflicts of interest were declared in the production of this booklet

© The Royal Marsden NHS Foundation Trust
Published xxxxxxxx 2012. Planned review xxxxxxxx xxx
xx-xxxx-xx

Life demands excellence

