

MISS JOANNA B REED

CONSULTANT SURGEON

GASTROSCOPY - A PATIENT INFORMATION LEAFLET

What is a gastroscopy?

A gastroscopy is a special test using a long thin flexible telescope. It is performed to visualise and investigate the oesophagus (or gullet), stomach, and the first part of the small bowel, called the duodenum. The gastroscope has a very bright light and a tiny video camera on the end connected to a screen so that the doctor can see the lining of your gut. The gastroscopy is performed by your doctor or 'Endoscopist'.

Why do you need a gastroscopy?

Your doctor or specialist has recommended that you have a gastroscopy in order to investigate your health problems. Gastroscopy is performed for a wide range of symptoms. These include heartburn, difficulty swallowing or acid reflux, stomach pains, vomiting or indigestion, anaemia or weight loss, as well as a large number of other reasons.

What are the doctors looking for during the gastroscopy?

The test can pick up abnormalities in the gullet due to acid reflux, hiatus hernias, stomach or duodenal ulcers, inflammation and other problems. It can also pick up cancers or malignant changes in the lining of the oesophagus, stomach or duodenum.

Preparation for a gastroscopy

It is very important that you take nothing at all by mouth for 6 hours before your gastroscopy. This is to make sure that the Endoscopist gets a clear view. However it is also important to ensure that no food or fluid passes into your lungs during the test.

When you come to the hospital, a nurse will check your details and discuss the gastroscopy with you, to ensure you understand what the procedure involves. If you have any allergies or reactions to drugs or other tests, please make sure you have told the nurse and doctor. If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure. You will be seen by the Endoscopist and will be able to ask any questions. You will also be asked to sign a consent form. Remember, you can change your mind about having the procedure at any time.

Please note that the appointment time you have been given is for your pre procedure check, not the time of your examination. You may be at the hospital for up to 2 to 3 hours.

Before the Gastroscopy

Most patients having a gastroscopy will walk to the examination in ordinary clothes. You do not need to get changed for a gastroscopy. You will be asked to sit on the couch and to remove any glasses or dentures. The Endoscopist will spray the back of your throat with the anaesthetic throat spray. This may be done several times to ensure that your throat is really numb. After a couple of minutes to allow the anaesthetic to work, you will be asked to lie on your left side with your head on a firm pillow. A probe will be placed on your finger to measure your heart rate and the oxygen in your blood. A small soft sponge may be placed in your nostril which will give you extra oxygen during the procedure. A mouth guard will be placed in your mouth and you will be asked to bite gently on it to hold it in place. This is to protect your teeth, particularly any crowns you may have, and to protect the gastroscope. A nurse will stand at your head to reassure and to support you; she will also have some suction to remove excess saliva from your mouth.

What happens during the gastroscopy?

The Endoscopist will pass the gastroscope into your throat. At this point you will be asked to swallow to open the muscle at the top end of the gullet to allow the gastroscope to pass into the oesophagus. Most people will cough at this point in the examination, however once the gastroscope moves into the oesophagus everything will settle down. The gastroscope does not interfere with your breathing and you will be able to breathe normally throughout the investigation.

Once into the gullet or oesophagus, the gastroscope will pass very gently and easily down the oesophagus, through the stomach and into the duodenum. Air will be passed down the gastroscope into your stomach to give good views of the whole lining of your stomach. This will make you feel full and bloated and you may wish to burp, but you should try to hold on to the wind if possible. On the way back, the gastroscope is withdrawn very slowly, taking care to examine all parts of the stomach and duodenum in detail. The air will be taken out as the gastroscope is withdrawn. Photographs may be taken for your medical records, and biopsies may also be taken. This involves taking a tiny pinch of tissue, only a couple of millimetres across, from the lining of the gut. It does not hurt and is not dangerous – some people feel a slight tugging sensation in the abdomen when this is done. The whole examination may take a couple of minutes if it is normal, and may take 4 or 5 minutes if biopsies need to be taken.

After the gastroscopy

After the gastroscopy you will be told the results of the examination immediately. You will have a chance to ask any questions. If biopsies have been taken the results take one to two weeks to come back from the laboratory. You will get these results either by letter or at a later appointment. Once you have recovered, you will be taken back to your room. You may leave immediately if you wish, or may stay until you have had something to eat and drink. **It is very important that you take nothing by mouth until an hour after you had the throat spray**, to ensure that it has fully worn off. You should have a cold drink initially – if your throat feels normal you may then have a warm drink and something to eat. Diabetic patients may be asked to stay for a little while to ensure that their blood sugar is normal.

Risks and side effects

A gastroscopy is an extremely safe investigation and the risks are very low. They include:

- An allergic reaction to the drugs given
- Perforation of the oesophagus or the duodenum (this is very rare and happens in less than 1 in 10,000 endoscopies, but may need major surgery to correct it if it occurs)
- Bleeding
- Aspiration of fluid into the lungs, causing chest infections or pneumonia
- Damage to teeth or crowns
- A small number of people have a heart attack or stroke during, or soon after, a gastroscopy. These tend to be older people who are already in poor health.
- A sore throat is common after a gastroscopy but usually wears off by the next day
- In a few cases, the gastroscopy is not successfully completed and may need to be repeated.

Tablets and medication

Please take your usual medication at the normal time with a little water, however if you are on Warfarin, Aspirin or Clopidogrel, please make sure that your doctor knows. Most patients will be asked to stop these tablets a week before the examination.

If you are on strong medication to reduce acid such as Omeprazole (Losec), Esomeprazole (Nexium), Lansoprazole (Zoton), Pantoprazole (Protium), Rabeprazole (Pariet), you may continue to take them, unless you are asked not to before the test.

If you are on diabetic medication (insulin or tablets), please contact the hospital on 01206 752121 and a nurse will give you advice.

Frequently Asked Questions

- Is a gastroscopy the same as an endoscopy?

Endoscopy is a term used to mean a telescopic examination of any part of the body. A gastroscopy is a type of endoscopy used to look at the stomach (or *gastric* part of the gastro-intestinal tract). Other types of endoscopy include a colonoscopy (to look at the large bowel or colon) or cystoscopy to look into the bladder.

- Is there a different test that I could have?

The only alternative to a gastroscopy is an xray called a barium meal. This used to be done before gastroscopy was invented but it is not as accurate and can easily miss abnormalities in the stomach. It also requires a dose of radiation for the xray. Barium meals are hardly ever done these days unless there is a medical reason why a gastroscopy cannot be performed.

- Why can't I have an anaesthetic?

A gastroscopy is a very quick, simple and safe examination. To have an anaesthetic would increase the risks significantly and is not necessary.

- I am worried that I won't be able to breathe

The gastroscope does not interfere with your breathing, and most people breathe easily and normally throughout the test. Concentrating on your breathing enables you to feel calmer and will take your mind off the strange sensation in your throat. It helps to try and breathe in through your nose and out through your mouth.

- I am worried about retching or gagging

Almost everybody is worried about this; however the anaesthetic throat spray is very effective and mostly abolishes the gagging sensation in the majority of patients.

- Is gastroscopy reliable?

Gastroscopy is a good test for seeing abnormalities in the upper gut. However, it is not foolproof and gastroscopy may not detect a small number of cases of early ulcers or early cancer. Sometimes a repeat gastroscopy may be advised if symptoms persist or get worse, even if a previous gastroscopy was reported as normal.

- Will the gastroscopy be stopped if I cannot tolerate it?

If you have had the throat spray and have not been sedated then the gastroscopy will only continue as long as you are happy and are tolerating it. If you wish the test to be stopped or the telescope to be removed then the Endoscopist will do this, although they may try to persuade you to carry on so that a diagnosis can be made.

- Should I have a sedative injection?

Some very anxious patients are given a very mild sedative injection instead of the throat spray, however this is not the best choice for most patients. It is not an anaesthetic and does not 'knock you out'. You are still awake and conscious during the procedure, but feel calmer and 'floaty'. However it does not affect the sensation at the back of the throat. Because of this most patients who have the sedative injection retch or gag more, and the examination takes longer. You also have to stay in hospital longer and will need to be driven home, and have someone stay with you for the rest of the day. You cannot drive or operate machinery for 24 hours after a sedative injection, and you may not remember information given to you by the doctors or nurses.

Useful websites

[http://www.patient.co.uk/health/Gastroscopy-\(Endoscopy\).htm](http://www.patient.co.uk/health/Gastroscopy-(Endoscopy).htm)

<http://www.guardian.co.uk/lifeandstyle/besttreatments/gastroscopy>