



Northumbria Healthcare
NHS Foundation Trust

PROOF 1

Gastroscopy for Barrett's Oesophagus Surveillance

Issued by Northumbria Endoscopy Services

This leaflet has been produced to explain what is involved in having a Gastroscopy for Barrett's surveillance and should answer any question you have.

What is Barrett's Oesophagus?

Barrett's oesophagus is the term used for a condition where the normal cells lining the oesophagus (gullet) have been replaced with abnormal cells. The abnormal cells start from where the oesophagus meets the stomach and spread upwards. The main concern with this condition is that it can increase the risk of developing oesophageal cancer.

Does Barrett's Oesophagus need to be monitored?

Monitoring Barrett's Oesophagus is vital and is usually a lifelong part of treatment. This is because even if no cell changes are found on biopsy at one gastroscopy, this does not mean that you will never get changes which in very rare cases can progress to cancer. You have been entered into a surveillance program which ensures regular and appropriate monitoring, usually by gastroscopy, although this does depend on your fitness and any medical risk factors. The frequency of surveillance gastroscopy varies from person to person and is based upon the type and length of the abnormal lining seen.

What is a Gastroscopy?

A gastroscopy is an examination of the lining of your oesophagus (gullet), stomach and your duodenum (small bowel) which is performed by passing a small flexible tube with a camera at the end through your mouth and into your stomach.

The complete test will take from 10 to 25 minutes. Small tissue samples (biopsies) will be taken through the gastroscope and will be sent for analysis to ensure your medication is working.

The most commonly used medications in the treatment of Barrett's Oesophagus are Proton Pump Inhibitors (PPI,s) It is very important that you stay on your acid reducing medication such as omeprazole, nexium or lansoprazole . You do not need to stop them for the Gastroscopy.

If you are taking warfarin, clopidogrel, rivaroxaban, dabigatrin, apixaban or any blood thinning medication you must ring the endoscopy unit prior to coming in for your appointment for advice on when to stop these medications. Failure to stop these medications may result in your test being rescheduled as it will be unsafe to take the biopsies needed for monitoring.

Please ring one of the units below at least 5 days before your test.

Wansbeck General Hospital

01670 529063

Hexham General Hospital

01434 655 321

North Tyneside General Hospital

0191 349 9670

Alnwick Infirmary

01665 626 794

Worries about having a gastroscopy

It is natural to feel worried about having the test, many people do. People are worried about the feeling of the tube in their throat or about feeling sick during the test. If you are particularly worried, come and see us beforehand

Are there any risks in having a gastroscopy?

Like all medical procedures, there are some (small) risks from having a gastroscopy. Minor side-effects such as a sore throat and windy tummy are quite common. There is a very small risk of damage to dental crowns or bridgework. Serious side-effects are extremely rare and occur in approximately 1 in 2,000 people. The most serious is damage to the lining of the stomach or gullet that can require a surgical operation to repair. Like all clinical procedures there is a very small risk of death if a complication does occur, but this is extremely rare (less than 1 in 10,000 endoscopies).

What happens when I come to the endoscopy unit?

You will be met by a member of staff and shown into the waiting area. When your turn comes, a nurse will ask you some questions about your general health. You will choose whether you want a sedative injection or the throat spray (see next section). The doctor or nurse who is doing the test will then talk to you. They will explain what will happen and give you an opportunity to ask questions. At this point you will be asked to read and sign a form that gives your consent to the test. It is very important that you understand the test before signing the form. If you have any questions please do ask. A nurse will be with you throughout the procedure.

Sedative injection or throat spray?

You have the choice of either having your throat sprayed, which makes it numb, or an intravenous injection of a sedative. The aim of these two treatments is to make the test easier for you. The advantage of the throat spray is that you can resume normal activities shortly after the test and you can go home alone.

If you have the injection it is essential that you have someone to accompany you home and stay with you overnight. You cannot go back to work, drive a car or operate machinery until the next day. Many people choose the injection because they want to be drowsy during the test. People respond to the injection in different ways. Some people are very drowsy and do not remember having the test afterwards but others may be more alert and remember some of the examination. It is not always safe to give more of the sedative drug so we cannot guarantee that you will be completely asleep during the procedure.

What happens during the test?

First, we place a small protector between your front teeth. The tube will be passed through your mouth and over the back of your tongue and you will be asked to swallow to help the tube go down. We will inflate your stomach with a little air so you may feel like belching. The tube does not interfere with your breathing. We will take small samples of the lining of the gullet (a biopsy) for further analysis. This is not painful. The whole procedure usually takes between 10 and 25 minutes, but can take longer.

What happens after the test?

If you have the throat spray: The doctor or nurse will talk to you straight away and may be able to tell you the result. You can go home soon afterwards. You cannot have anything to eat or drink until the numbness in your throat has worn off. This will take about 30 minutes.

If you had the sedative injection: The doctor will talk to you when you are more alert. It is best to have a friend or relative listen to this because you will not remember much of what you have been told. It is essential that you arrange for someone to accompany you home and stay with you until the next day.

After the test, and for the next 24 hours, you should not:

- Drive a vehicle or motorbike
- Use potentially dangerous appliances such as a cooker
- Have a bath unsupervised
- Look after children on your own
- Go to work
- Operate any potentially dangerous machinery

You will be advised by nursing staff regarding any follow-up requirements.

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

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General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

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