



Northumbria Healthcare
NHS Foundation Trust

Your guide to having a Gastroscopy

Issued by the Endoscopy Team



Purpose of the treatment/procedure or investigation

The purpose of this examination is to investigate your problem. The result from this will be used to guide your further treatment.

What is gastroscopy?

A gastroscopy is an examination of the lining of the stomach with a narrow flexible tube, approximately the thickness of your little finger. The tube is passed through your mouth into the gullet and then into the stomach.

Benefits of having a gastroscopy

Gastroscopy is used to investigate symptoms such as indigestion, heartburn, difficulty in swallowing, vomiting, weight loss and/or bleeding from the stomach. The results are then used to guide your future treatment.

What happens before the test?

Before the test, **you must not have anything to eat for at least six hours**. You can drink clear fluids (such as water) until **two hours** before your appointment time.

What about taking my tablets?

Please bring with you:

- A list of your tablets
- Any inhalers or sprays you use

If you take any of the tablets listed below, please follow these instructions:

Ulcer tablets: You should stop taking any ulcer tablets, if possible, for 2 weeks before your gastroscopy **unless** specifically advised by your general practitioner or at pre-assessment to continue.

Such tablets include omeprazole (Losec), lansoprazole (Zoton), rabeprazole (pariet) and pantoprazole (Protium). The reason for this is that these medications may obscure the cause of your symptoms.

You can continue to take ranitidine (Zantac®) or cimetidine (Tagamet®) and still use an antacid such as Gaviscon® or Rennie® to control your symptoms.

Warfarin, Phenindione, Acenocoumarol - If you are on these tablets you should continue to take your tablets. Please bring in your yellow anticoagulation record book and we will check your INR on arrival.

Rivaroxaban, Dabigatran, Apixaban - These anticoagulants normally need to be stopped prior to your procedure. If you are taking any of these tablets or any other anticoagulant (blood thinning) medication, it is important that you contact the Endoscopy Unit for further instructions.

Clopidogrel/Prasugrel are safe to take as normal.

Aspirin and Dipyridamole are safe to take as normal.

Tablets for all other conditions such as angina, asthma and epilepsy should be taken as normal. If you are on an oral contraceptive pill, please take your pill as normal.

What if I am receiving treatment for diabetes?

If your diabetes is controlled by diet, then you need take no particular action other than following the instructions on page 2 concerning eating and drinking.

If you take tablets or insulin injections for your diabetes we try to give you a morning appointment.

After the test you can take your normal diabetic treatment and we will give you something to eat. Please bring your tablets or insulin with you to the Endoscopy Unit. If in doubt, please telephone the Endoscopy Unit for further advice.

If you have an afternoon appointment the advice will be different, so please contact the Endoscopy Unit.

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 that we can see what is

happening, so you may feel like belching. The tube does not interfere with your breathing. We frequently take a small sample of the lining of the stomach (a biopsy) for further analysis.

This is not painful. The whole procedure usually takes between 5 and 10 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
- Sign any legally documents
- Drink any alcohol

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

Alternatives/options for treatment

We used to use an x-ray technique called a barium meal to find out if a patient had ulcers. This is not nearly as accurate as a gastroscopy and so is now only advised under special circumstances. However, if you are having difficulty swallowing, a barium x-ray may still be helpful.

If you are less than 55 years of age, a gastroscopy is not always necessary. You can have a blood, stool or breath test to see whether you have bacteria in the stomach called helicobacter pylori, which is the cause of most ulcers. If the test is positive, your doctor can then treat the bacteria without the need for a gastroscopy.

If you are under 55 years of age and have not had the test for helicobacter pylori, please talk to your doctor about this.

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).

Who will do your gastroscopy?

A doctor or nurse-endoscopist will perform your gastroscopy. We also have qualified doctors who are being trained in endoscopy. You can be assured that whoever does your gastroscopy is highly trained in this procedure or is being supervised at an appropriate level. We may ask if you mind whether medical students can observe your gastroscopy but this is requested on a voluntary basis.

When will I get the results?

The doctor or nurse will speak to you before you leave and explain what was seen and done during your test.

Contact us

If you have any queries please contact us:

North Tyneside General Hospital 0191 349 9670
Monday to Saturday, 8am - 6pm

Wansbeck General Hospital 01670 529 063
Monday to Friday, 8am - 6pm

Hexham General Hospital 01434 655 321
Monday to Friday, 8am - 6pm

Alnwick Infirmary 01665 626 794
Monday to Friday, 8am - 6pm

Berwick Infirmary 01289 356 635

Please note this unit is not open daily,
if there is no response please contact Alnwick Infirmary.

If you need urgent care outside of these hours call 111 or go to:

- your local walk-in service at Hexham, North Tyneside or Wansbeck
- your local minor injuries unit if you live in Alnwick, Berwick, Blyth or Haltwhistle

If you need emergency care dial 999 or go to the Northumbria Specialist Emergency Care Hospital, Northumbria Way, Cramlington, NE23 6NZ.

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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