



Medicine
& Emergency
Department

Upper gastrointestinal (GI) endoscopy



If you would like this leaflet in large print, braille, audio version or in another language, please contact the Patient Advice and Liaison Service (PALS) on 01872 253545



When will my GP and I know the result?

In many cases, the endoscopist will be able to tell you the results of the test immediately. However, it may take several days or weeks to get the results if a biopsy has been taken or polyps removed. These results will be sent to your GP and to your consultant in the outpatient clinic, or on the ward, who will discuss the results with you.

Final points

Don't worry if you do not remember all you have read, as you will have plenty of opportunity to discuss the test and your condition with the medical and nursing staff.

Please note we are a training centre for endoscopy training and all training lists are closely supervised by a senior Consultant specialising in endoscopy procedures – please contact the telephone number on your appointment letter if you do not wish to participate in same.

Repeat procedures

Some patients will be invited to have a repeat endoscopic procedure, one or more years in the future. Before any future procedures take place your notes will be reviewed. Occasionally, if clinical information becomes available or guidelines change, the appointment for the endoscopy may be changed or sometimes cancelled. We aim to contact you at least two months before the expected repeat procedure date, to inform you of any changes to the original plan.

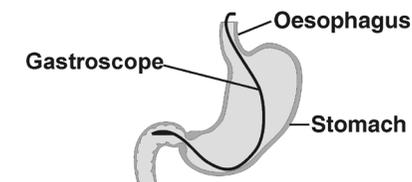
If you have any queries please contact the Endoscopy Booking Office using the contact telephone number on your appointment letter.

The office is open Monday - Friday between 9am - 1pm

We want to ensure that you are completely comfortable about your procedure.

What is an upper GI endoscopy?

It is a procedure that allows the endoscopist to look directly at the lining of your oesophagus (gullet), stomach and around the first bend of your small intestine (duodenum). A long, thin, soft, flexible tube (gastroscope), about the thickness of your little finger, with a bright light at the end is passed through your mouth.



Why do I need an upper GI endoscopy?

This test is usually performed when patients complain of symptoms such as persistent upper abdominal pain, nausea, vomiting or difficulty in swallowing. An alternative test is a barium meal. However, upper GI endoscopy is more accurate for detecting inflammation, ulcers, tumours or bleeding of the oesophagus, stomach or duodenum.

What do I need to do to prepare for the test?

You should have nothing to eat or drink for at least 4 hours (and preferably overnight) before the procedure, although you can drink a small cup of water up to 2 hours before the test if very thirsty. Regular prescription medication can be taken. If you are taking medicine to thin your blood such as warfarin or clopidogrel, your specialist will discuss with you whether you need to stop it for the test. Please bring a list of these with you when you attend for your procedure.

Throat spray or sedation?

We can perform the test using either throat spray (local anaesthetic to numb the back of the throat) or a sedative injection that will make you drowsy but not unconscious as it is not a general anaesthetic. Throat spray is safer than a sedative injection. The other advantages of throat spray are:

- a shorter recovery time afterwards
- you will be able to return to your normal daily routine on the same day
- you will have the opportunity to discuss the findings of your endoscopy immediately with the endoscopist.

The main advantage of sedation is that most patients will remember little or nothing of the procedure. The main disadvantage of sedation is a longer recovery time afterwards and a possible 'hangover' with some drowsiness that may last for up to 24 hours. Also you will need someone with you for 24 hours and will not be able to drive, work or operate machinery for 24 hours either.

Many people prefer throat spray, as it's more convenient, although a little more uncomfortable compared to sedation. Modern endoscopes are now much smaller and easier to swallow. You will be given the choice of either throat spray or sedation.

What will happen?

You will be asked to put on a hospital gown and remove any glasses or dentures. A endoscopist and/or nurse will explain the procedures and choice of sedation or throat spray available to you. Please let us know when you call to book your appointment if you have any of the following:

- heart, lung, diabetes or other medical problems
- allergies
- an artificial heart valve or have suffered from an infected heart valve (endocarditis)
- are taking medicines to thin your blood eg warfarin/clopidogrel.

You will be asked to lie comfortably on your left side. A throat spray or sedative injection will be given before the gastroscopie is passed through your mouth into your throat. The tube will not cause you any pain, and will not interfere with your breathing. A mouth guard will protect your teeth. Once inserted, air is passed through the gastroscopie to give the endoscopist a clearer view.

During the procedure the endoscopist may wish to take a sample of tissue, called a biopsy, for examination in the laboratory. Only a small piece of tissue is removed using tiny forceps and it is completely painless. Sometimes treatment is possible through the gastroscopie, such as the stretching of narrowed areas (dilation), removing polyps or swallowed objects, and treating bleeding lesions such as ulcers.

You may feel bloating or the urge to belch during the procedure because of the air passed through the gastroscopie, but this will pass quickly. If your mouth fills with saliva, the nurse will remove it with a sucker as used by a dentist.

What happens after an upper GI endoscopy?

The procedure will usually take between 5-15 minutes. However, you should be prepared to be in the Endoscopy Unit for up to 4 hours in total, for preparation and recovery. If you have had throat spray, you should not eat or drink for an hour after the procedure since the spray can temporarily interfere with swallowing. Remember that if you have sedation, a friend must be able to pick you up as the effects of sedation may last for up to 24 hours. We would also advise that you do not drive, operate machinery, work or make any important decisions for 24 hours. A relative or friend must be able to stay with you for 24 hours after the procedure.

What are the known risks of upper GI endoscopy?

Upper GI endoscopy is performed by endoscopists who have been specially trained and are experienced in these procedures. However, there may be slight risk to crowned teeth or dental bridgework, and you should tell the endoscopist if you have either of these. Other complications can occur and include:

- perforation or tear of the gullet or intestine that could require surgery
- bleeding
- a reaction to the sedative injection.

Although complications following an upper GI endoscopy that is performed for diagnosis are rare (less than 1:1000), it is important for you to recognise early signs of any possible complications. The risk of complications is higher when endoscopy is used to apply treatment, eg dilation of the gullet. Contact your GP or attend the emergency department if you notice any of the following symptoms or if you are worried:

- fever or chills
- have trouble swallowing
- have increasing throat, chest, or abdominal pain
- passage of black tarry stools.