

Patient information

Gastroscopy

Endoscopy Unit-Aintree Hospital

This booklet will answer many of your questions about your gastroscopy, please read this booklet carefully. However, if you would like to speak to somebody about the procedure, please contact the endoscopy unit on the number shown below.

Patient's name:

NHS No:

Your appointment is on at

On the day of your procedure please ensure you have the following information:

- List of current medication.
- Details and contact number for the person who will be collecting you and escorting you home.

General points to remember

- We aim for you to be seen and investigated as soon as possible after your arrival. However, the endoscopy unit is very busy and your investigation may be delayed due to circumstances outside of our control. We will always prioritise clinically unwell patients.
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises. You are reminded to always keep your belongings with you. Please do not bring valuables to your appointment.
- You should expect to be on the unit for up to four hours, sometimes this may be longer. This depends on several factors including how quickly you recover and how busy the unit is.

Please make **every effort to attend the appointment you have been given**. If you are unable to attend, you must telephone 0151 529 0604 at your earliest to reschedule.

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What is a gastroscopy?

You have been advised by your general practitioner (GP) or hospital doctor to have a procedure known as a gastroscopy. A gastroscopy is an examination of the upper digestive tract which includes the oesophagus (gullet), stomach and the first part of your small bowel called the duodenum.

This is a flexible plastic tube with a camera and a light at the end. This is linked to a television screen which shows pictures of the inside of your upper digestive tract. Video recording and / or photographs may be taken to be included in your records. It is a very accurate way of looking at the lining of your upper digestive tract, to see if there is any disease or inflammation present.

It will be performed by or under the supervision of a fully trained endoscopist.

During the investigation the endoscopist may take biopsies (a small sample of tissue) from the lining of the upper digestive tract for analysis and any samples taken will be sent for analysis in our laboratories.

What are the risks of a gastroscopy?

As with all medical procedures there are some risks involved although these are very rare. The doctor / referrer who has requested the test will have considered these risks and compared them to the benefit of having the procedure carried out.

Some of the risks are associated with the procedure itself and some with administration of sedation.

The main risks are:

- Mechanical damage to teeth or bridgework.
- Perforation (tear) of the lining of the upper digestive tract which may be managed by observation only but a small number of patients require an operation to repair the hole. The risk is approximately 1 in every 2000 examinations.
- Bleeding may occur at the site of biopsy. It is usually fairly minor and will usually stop on its own.
- Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated promptly.
- Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by a clinician before having the procedure.

Are there any alternatives to a gastroscopy?

An X-ray procedure called a barium swallow / meal can be used as an alternative to examine your upper digestive tract, but this is not as accurate, and you may also need to have a gastroscopy if an abnormality is seen as there is no other way to take tissue samples if required.

Will the gastroscopy be painful?

A gastroscopy is normally very well tolerated as it is not a painful procedure. We recognise that it may be distressing and there are two options offered to help with any discomfort or anxiety you may feel.

Throat spray

- The throat is numbed with a local anaesthetic spray which has an effect very much like a dental injection.
- The benefit of choosing throat spray is that you are fully conscious and aware and can go home unaccompanied almost immediately after the procedure. You are permitted to drive and carry on with your usual day to day activities.

Sedation

- As an alternative, sedation can be given. This is given into a vein in your hand or arm which will make you lightly drowsy and relaxed but you will not be unconscious, as it is not a general anaesthetic.
- You may be slightly drowsy but you will still be able to hear and understand what is said to you. You will be able to follow instructions during the investigation.
- Sedation can sometimes make you unable to remember the test. You may feel drowsy later on with intermittent lapses of memory.
- If you have had sedation, the medication remains in your blood system for up to 24 hours. So, you must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure.
- **You will need someone to accompany you home and stay with you overnight, if you do not have someone to collect you and remain with you overnight at home we will not be able to give you sedation.**

Preparing for your gastroscopy

Eating and drinking

You must **not** eat solid food or have drinks with milk six hours before the procedure.

You are permitted to drink small amounts of clear fluid up to two hours before the procedure.

- If your **appointment is in the morning** have nothing to eat after midnight but you may have a drink at 6am.
- If your **appointment is in the afternoon** you may have a light breakfast before 8am and small amounts of water until two hours before your appointment.

Medications

Your routine medication should be taken as normal with a small amount of water two hours before your scheduled appointment time.

Medications for Digestive Conditions

- If this is your **first** gastroscopy and you are presently taking tablets to reduce the acid in your stomach, please discontinue them two weeks before your investigation.
- If you are having a **repeat** gastroscopy for surveillance or to check for ulcer healing, please continue your anti-acid tablets unless you have been advised otherwise.
- If you are unsure about your digestive medication, please telephone the endoscopy unit.

Medications for Diabetes

- If you have diabetes and are taking insulin, then you will need an early morning appointment. You should omit your insulin dose on the morning of the procedure and check your blood sugars regularly.
- If you have diabetes and taking tablets, you should omit your diabetes tablets while fasting. Please bring your diabetic medication with you.

Anticoagulants / Antiplatelet Medications

Please telephone the unit on 0151 529 0385 if you are taking any blood thinning medication and have not been given specific advice.

Medications for Epilepsy

- Please ensure the endoscopy unit is aware of your health condition so that you are offered a morning appointment only.
- Please continue to take your regular medications as usual unless informed otherwise by a specialist nurse or doctor.

Allergies

- On the day of your procedure, you will be asked if you have any allergies. Please can you have this information available.
- Please telephone the unit if you have an allergy to latex.

Coming in for your gastroscopy

How long will I be in the endoscopy unit?

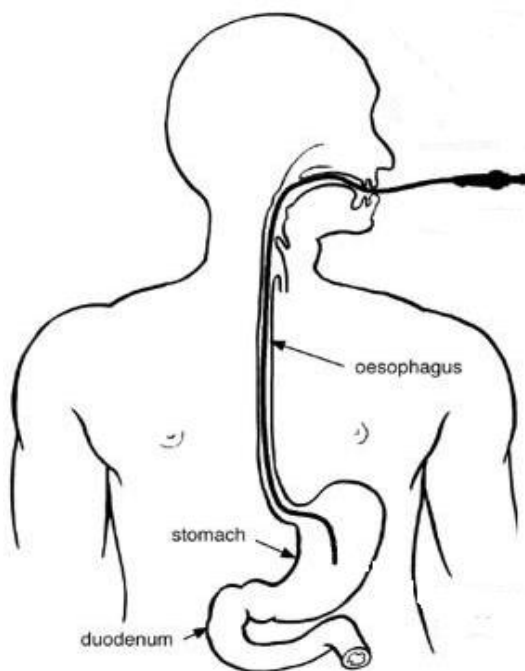
- You should expect to be on the unit for up to four hours, but this depends on how quickly you recover and how busy the unit is.
- Please note that the unit also looks after emergencies, and these can take priority over our planned outpatient lists.

What will happen when I arrive?

- When you arrive at the elective care centre, please go to the endoscopy reception on the third floor and give your name to the receptionist who will check that your personal details and current GP information is correct.
- You will be asked to wait until you are called by a qualified nurse or health care assistant. They will ask you a few questions, one of which concerns your arrangements for getting home.
- If you are having sedation you must not drive or travel home alone, and the nurse will need to make a note of your escort's phone number to call when you are ready to leave. They will discuss the gastroscopy with you and answer any other questions you may have.
- You will then have an assessment by an endoscopy nurse who will ask you some questions about any surgery or illnesses you have had, to confirm that you are fit to have the gastroscopy.
- You will have your blood pressure, pulse, breathing rate and oxygen levels taken. If you are diabetic you will have your blood glucose level checked and if you are taking warfarin you will have your clotting level checked.
- If you are happy to proceed with the gastroscopy, you will be asked to sign your consent form which confirms that you understood what has been explained to you and this must include a description of the examination and the risks involved in the procedure.
- If you are having sedation, a small cannula (small plastic tube) may be inserted in the back of your hand through which the sedation will be given later. You may be called for this to be done before reaching the procedure room or it may be inserted when you are taken into the procedure room.
- You will then be asked to take a seat back in the waiting area until the theatre/procedure room is ready for you.
- In turn you will be escorted into the theatre where the endoscopist and the nurses will introduce themselves, perform some final safety checks and you will have the opportunity to ask any final questions.
- You may be given oxygen during the procedure via small prongs in the nostrils and we will monitor your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected to a finger probe to measure your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded.
- At this point you will be asked to remove dentures (if applicable) and or any oral jewellery and the throat spray will be administered. The throat spray has a peculiar taste however is very effective. It numbs the back of your throat making it easier for the camera to pass.
- If you are having sedation it will be given through the cannula in your hand or arm.
- The sedation is only given to you when you are in the procedure room, laying on the bed and the test is about to begin, it is very fast acting so do not worry. Please remember the sedation is conscious sedation and you will not be put to sleep.

The gastroscopy examination

- The procedure will be done whilst you are laying on your left side.
- The nurses will ask you look towards your feet and keep your chin towards your chest.
- A mouthguard (plastic dental device) will be inserted into your mouth. Try not to bite on this as you may cause dental damage.
- The gastroscopy involves manoeuvring the gastroscope around the upper digestive tract which includes the oesophagus (sometimes called the gullet), stomach and first part of the small bowel which is called the duodenum.
- Air is gently passed into the upper digestive tract during the investigation to facilitate the passage of the gastroscope.
- During the procedure biopsies may be taken. Any samples taken from the lining of your upper digestive tract will be sent for analysis in our laboratories.
- Whilst all the above is happening you will be reassured by a nurse that you are safe, you can breathe normally and if needed suction will be used to remove any fluid from your mouth.
- One of the nurses during your procedure is dedicated to making sure you are looked after.



What will happen after the procedure?

- After your procedure is complete you will be taken to the recovery room. You will be allowed to rest until you are recovered.
- Your blood pressure, heart rate and oxygen will be monitored.
- If needed, we will re-check your blood sugar levels.

- If you had sedation, you will be required to stay for at least one hour from the time the sedation was administered.
- If you had throat spray, you may be able to leave the department almost immediately, providing you feel well.
- You can eat and drink once the numbness caused by the throat spray has worn off.
- The findings of your test will be explained to you.
- You will be given written discharge information.
- If you had sedation the nursing staff will telephone the person collecting, you when you are ready for discharge.
- Your escort will need to collect you from the discharge area which is located at the rear of the endoscopy unit reception.

How will I find out the results of the test?

Before you leave the unit, the nurse or endoscopist will discuss the findings and any medication or further investigations required. He or she will also inform you if you require further appointments. A copy of the report will be given to you. The results of any biopsies will be sent to the person who referred you for the procedure and a copy will also be sent to your GP.

- Before you leave the unit, the nurse or endoscopist will discuss the findings of your report with you. You will be told about any medication or further investigations which may be required.
- If you do require further investigations, you will be advised on how these will be arranged for you.
- A copy of the report will be given to you and another copy will be sent to the referrer and a third copy to your GP.
- Please do not contact the endoscopy department for the results of any biopsies taken.
- These will be available from your referrer and your GP.
- Please note results from your biopsies may take a few weeks to reach the referrer / GP.

Important

If you have any problems with persistent abdominal pain or bleeding please contact your GP immediately and tell them that you have had a gastroscopy.

If you are unable to contact or speak to your doctor, you must go immediately to your nearest Accident and Emergency department and take your report with you.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Car Parking

The Trust's five-floor, multi-storey car park has space for 1,250 vehicles including 50 disabled parking spaces. The multi-storey is located at the rear of the hospital, in front of the elective care centre and is connected by a link bridge. This is the ideal location to access the endoscopy unit which is situated on the third floor of the elective care centre.

There is a charge for car parking at Aintree Hospital. For further information on the charges please see the Aintree Hospital website:

http://www.aintreehospitals.nhs.uk/patient_information/parking_information.asp
or telephone the customer services department on 0151 529 3287.

Further information

If you have any questions about your gastroscopy examination and would like to speak to somebody about the procedures, then please call the endoscopy unit on:

Tel: 0151 529 0604 (admin queries) or 0151 529 0385 (for procedure/medication queries).

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Useful websites

www.aboutmyhealth.org – for support and information you can trust.

www.corecharity.org.uk – Digestive Disorders Foundation

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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