

Patient information

Inpatient Gastroscopy

Gastroenterology Department

Your consultant or doctor has advised you to have a gastroscopy.

What is a gastroscopy?

A gastroscopy is a very accurate way of looking at the oesophagus (gullet), stomach and first part of the small intestine - the duodenum. The test usually takes no more than five minutes.

We are a large teaching Trust and so we are involved in teaching students and in research work. Qualified doctors and nurse practitioners in training to perform endoscopy may perform your test under supervision by a skilled endoscopist.

You may also be asked to take part in research. If you do not feel happy about this, please tell a member of staff. You have the right to refuse and your decision will not affect your treatment in anyway.

What are benefits of a gastroscopy?

It allows your doctor to see if there is any disease present. It also allows if necessary a sample of tissue to be taken (called a biopsy), which is examined by the Pathology Department.

What are the risks of a gastroscopy?

- There is a very small risk of perforation approximately 1 in 1,000 (making a small hole in the lining of your gullet, stomach or duodenum). This is rare and if it happened would require an admission into hospital for treatment.
- There is a very small risk of bleeding if samples of tissue are taken (usually minor).
- There is a small chance of a reaction to the medicines used for sedation or occasionally even from throat spray.
- You may have a slightly sore throat following the procedure, which will usually wear off within 24 hours.
- You must let the nurse know if you have any loose teeth, caps, crowns or veneers, as there is a risk they could become dislodged.

Are there any alternatives to this procedure?

- A gastroscopy is the only test that can visualise the lining (tissue) of your gastric tract.
- Barium meal is an alternative investigation but it does not allow the doctor to view the lining of the gullet, stomach and first part of the small bowel directly or take samples of tissue in order to diagnose your particular problem.
- Any abnormalities found at barium meal will usually result in the doctor referring you for a Gastroscopy.

What will happen if I don't have this procedure done?

If you decide that you do not want a Gastroscopy then you can ask your doctor if you can have the alternative procedure of barium meal. However, this may result in the doctor not being able to diagnose your problem and give you the correct treatment and your symptoms may get worse.

What anaesthetic or sedation will I be given?

There are two ways that a Gastroscopy can be done.

Using a local anaesthetic spray

A local anaesthetic spray is used to numb your throat. You will be wide-awake through the procedure. However, there are advantages and disadvantages with this method.

The advantages of this method are that you can talk to the endoscopist (a doctor or nurse experienced in performing these procedures) immediately after the test and then drive home, go to work etc.

The disadvantage is that you will be aware of the unpleasant sensation of the endoscope in your throat for the five minutes that the test takes.

Using intravenous sedation

This method involves an injection that is given into your arm, which will make you slightly drowsy and relaxed. You will not be unconscious. This method has the advantage of reducing any unpleasant sensations from the procedure. The disadvantage is that you will be required to lie on a trolley in the department to recover from the sedation for up to an hour.

The drugs used in sedation may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards.

A side effect of these drugs is to slow your breathing – this should not normally happen but sometimes patients can be oversensitive to the drug. This is the main reason we do not give high doses of these drugs. We also will give you oxygen during the test.

If you are worried about any of these risks, please speak to your consultant or a member of their team on the ward.

Important:

Getting ready for your gastroscopy

- Do not have anything to eat for at least six hours before your test. This is to make sure that we can have a clear view of your stomach.
- You will be asked to remove any tight clothing, ties, dentures, spectacles and contact lenses.
- Please do not bring large amounts of money or valuables with you as the Trust cannot be held responsible for them.
- When you come to the department, please tell the doctor or nurse about any drugs you are taking and in particular, about any possible allergies or bad reactions you may have had.

Your gastroscopy

The test involves passing a slim (less than the diameter of your little finger) telescope through the mouth and down into oesophagus and stomach. This is not a painful procedure but the sensations are slightly unpleasant.

After your gastroscopy

- If you have had a local anaesthetic spray, you will be allowed to return to the ward following the test and you can then eat and drink once the effects of the throat spray has worn off.
- If you have sedation, you will be made comfortable lying on your left side and returned to the ward and allowed to recover.
- You may also be given some oxygen and a nurse will record your blood pressure, pulse and in some cases your temperature. You will be allowed to eat and drink when you are fully awake.

Minor post procedure symptoms

You may or may not experience a sore throat. If you do, it can last for a couple of days but usually passes after a couple of hours.

Stomach ache is most likely due to the air inflated into your stomach during the procedure. This will pass in its own time.

Serious post procedure symptoms

Please tell the medical staff if you have severe pain in your neck, chest or stomach.

Results

Sometimes the doctor or nurse can let you know after the test what the results are. Sometimes biopsy, photography or other information is taken which may need to be assessed further and the result may not be available for a week or two. In this case the result will be sent to your family doctor (GP) or be available to discuss with you during your next clinic appointment.

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.

Further Information

If you have any questions or queries, please contact

The Gastroenterology Unit

(Between 10.00am and 3.00pm Monday to Friday)

Tel: 0151 706 2720

Text phone number: 18001 0151 706 2720

Clinic appointment enquiries

Tel: 0151 706 5555

Text phone number: 18001 0151 706 5555

Author: Gastroenterology Department

Review Date: May 2027

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

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونياً.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字

體、音頻、盲文、穆恩體 (Moon) 盲文和電子格式，敬請索取。

در صورت تمایل می‌توانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاری پئوه‌ندیدار بهو نه‌خوشانه‌ی له‌لایمن تراسته‌وه پسه‌ند کراون، نه‌گسر داوا بکریت له فورماته‌کانی تردا بریتی له زمانه‌کانی تر، نیزی رید (هاسان خوینده‌وه)، چاپی گه‌وره، شریتی ده‌نگ، هیلی موون و نه‌لیکترۆنیکی هیه.

所有经信托基金批准的患者信息均可以其它格式提供，包括其它语言、易读阅读软件、大字体、音频、盲文、穆恩体 (Moon) 盲文和电子格式，敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.