

Please telephone the Endoscopy Unit with regards information contained within this leaflet. A member of the nursing team will be glad to advise you.

For all general enquiries please use the following contact details:-

Tel : 01634 825027 or 01634 825028

Opening Hours:-

Monday - Friday: 7.30am - 6.00pm

However, if you need urgent advice out of these hours please contact Medway Maritime Hospital on 01634 830000 and ask for Sunderland Day Case EXT 5601

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Sunderland Day Case Centre Endoscopy

Having a therapeutic gastroscopy with oesophageal dilatation

Information for patients and carers



www.medway.nhs.uk

Checklist

Things to remember before your procedure

- Read the booklet carefully.
- Fill in the questionnaire and return it in the pre-paid envelope.
- Note appointment date in your diary.
- Nothing to eat **for 6 hours** before your test. You may however drink water until **2 hours** prior to your appointment.
- Please bring a list of medication you are currently taking.
- Transport arrangements made if you are having sedation.

If you wish to discuss any areas of concern, or need more information, in particular to get advice on medication, please contact the Endoscopy Unit on the following telephone number:

**Telephone Number:
01634 825027/5028**

General Points To Remember

- If you cannot keep your appointment please notify the department as soon as possible.
- It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is sometimes very busy and your procedure may be delayed. Emergency patients will obviously be given priority over less urgent cases.
- The hospital cannot accept any responsibility for loss or damage to personal property when on these premises.
- If you are having sedation, please arrange for a responsible adult to collect you and stay with you overnight.
- Following the procedure, if you have any problems with persistent abdominal pain or bleeding please contact your GP immediately, informing them that you have had an endoscopy.
- If you are unable to contact or speak to your GP, you must go immediately to the Accident & Emergency department.

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What is a gastroscopy with oesophageal dilatation?

You have been advised to have a gastroscopy to help find the cause of your symptoms, and dilatation of the oesophagus can help relieve difficulty in swallowing. The doctor thinks that it is possible and appropriate to try to improve your symptoms by stretching the narrow and diseased part of the oesophagus using endoscopy rather than a surgical operation. The most common conditions that require this treatment are scarring (peptic) strictures associated with stomach acid or following oesophageal surgery. Narrowing caused by growths and achalasia (a condition where the lower gullet muscle becomes very tight) are other reasons for this treatment.

A Gastroscopy is a technique to look directly into your gullet (oesophagus), stomach and the first part of the small bowel (duodenum).

The instrument used for this procedure is an endoscope. The endoscope is a thin, flexible tube. It has a bright light on the end and is passed through your mouth and down into the stomach. If there is a narrowing of the gullet it is sometimes necessary to stretch the narrowed area to allow the endoscope (and consequently food) to pass.

What are the risks associated with this procedure?

This is a safe procedure, however problems can arise;

- Perforation of the gullet or stomach (making a hole) is a recognised complication (about 1 in 10,000 without dilatation and about 1 in 40 with dilatation). This may require an operation to repair the damage and it can rarely cause death.

the procedure and your swallowing will be tested with a cool drink before we allow you home. An x-ray of your chest may be needed before you are allowed to drink.

Going home after the procedure

After the procedure, you will remain in the unit to rest. When nursing staff consider you to be safe for discharge and you have swallowed a drink you will be discharged home. At home you should rest for the remainder of the day. It is essential that a responsible adult accompanies you home by car or taxi - public transport is not suitable. This person should stay with you overnight. It is advisable to have the next day off work. During the first 24 hours following sedation you must not:

- Drink Alcohol
- Drive any vehicles (including a motorcycle or bicycle)
- Take sleeping tablets
- Operate machinery or electrical items (including cooker/kettle)
- Sign any legally binding or important documents
- Work at heights (including climbing ladders or onto chairs)

Please note that sedation can impair your reflexes and judgement for up to 24 hours even when you feel wide awake.

When will I know the results?

Before discharge, you will be given a brief outline of the test results. If a biopsy or polyp has been removed, the laboratory results will take longer, about 14 - 21 days. You will be given a copy of the endoscopy report for your own information.

The endoscopist will introduce the endoscope into your mouth, over your tongue, down your oesophagus (gullet) and into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing will not be affected. If dilatation of the oesophagus is carried out a thin wire will be passed through the endoscope into your stomach and then the endoscope will be removed. One to three other tapered tubes will then be passed using the wire as a guide so as to widen the narrowing, it can be uncomfortable when the narrowing is stretched but this discomfort does not last long. Alternatively, a special type of balloon dilator may be used. This is positioned using x-ray equipment and gently inflated to stretch the affected area. Following the dilatation procedure, the endoscope etc., you may be sent for a chest x-ray once the procedure has finished. During the procedure, samples may be taken from the lining of your digestive tract for analysis in our laboratories. These will be retained. Any photographs taken will be recorded in your notes. The whole procedure takes between 10 and 15 minutes.

How long will I be in the endoscopy department?

You should expect to be in the department between 1-3 hours. The department also takes emergencies and these can delay out-patients lists. We will endeavour to keep you informed of any expected delays.

Sometimes a person who has arrived after you may be taken through to the procedure room before you. We perform different procedures on various lists throughout the day and their appointment may be for a different list. It does not mean that they have been given priority over you.

You will stay on your trolley for an hour or two following

- Bleeding is also rare but can be serious enough for you to be admitted to hospital and treated with a blood transfusion.
- Mechanical damage to teeth and bridgework.
- Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems occur they don't usually last very long.
- Aspiration of fluid into the chest causing a cough.

Like all tests, this procedure will not always show up all abnormalities and on rare occasions, abnormalities may not be identified. The person doing the test will discuss any questions you may have about the risks.

What are the side-effects of the procedure?

You may have bloating and abdominal discomfort for a few hours as air is used to inflate your stomach. You may have a sore throat for 24 hours. You may have some burning sensation on swallowing for a few days following a dilatation.

What are the benefits of having a gastroscopy and dilatation?

Your swallowing should be improved, at least temporarily, after a successful dilatation of the oesophagus. It is also possible to take samples from the narrowed area and therefore decide on further treatment options.

What are the alternatives to gastroscopy with dilatation?

The gullet can be stretched using a balloon which is passed while you have an x-ray. This procedure allows the improvement in swallowing, but sampling from the gullet is only possible if gastroscopy is undertaken. The only other alternative is major surgery.

Preparing for a gastroscopy and dilatation

Please read the following information carefully. If you do have any queries, contact the unit. Also enclosed is a consent form. Please read this carefully and ensure you bring it with you to your appointment.

To allow a clear view the stomach must be empty, so follow these instructions:

- Do not have anything to eat for at least 6 hours before the procedure.
- Do not drink milk for 4 hours before the procedure. This is because milk will line the stomach and not allow a clear view of the lining.
- You may drink clear fluids (water, black tea or coffee) up to two hours before the procedure.

What about my medication?

Your routine medication should be taken. If you are diabetic or are currently taking Warfarin, Clopidogrel or if you are pregnant, please contact the unit as soon as possible as you may need some further information.

Sedation

This procedure is usually performed with sedation. This improves your comfort during the procedure. Sedation helps to relax the most anxious people. It will be given through a small needle in your hand or your arm. It will make you feel relaxed and sleepy and you may not remember the procedure taking place. After sedation, you must remain in the unit to rest until we are satisfied that it is safe to send you home. It is essential that a responsible adult accompanies you home by car or taxi—public transport is not suitable.

Throat spray - Local anaesthetic

Throat spray may be applied to the back of the mouth to numb it and enable you to swallow the gastroscop.

The Procedure

In turn, you will be taken into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions. Sometimes, this procedure requires the use of x-ray pictures and therefore some may be performed in the x-ray department, or by using a small x-ray machine in the endoscopy room. You will be asked again whether you understand the information and explanation and are willing to proceed with the test.

You will be asked to remove any dentures at this point. Any remaining teeth will be protected by a small plastic mouth guard, which will be inserted immediately before the procedure commences. If you are having local anaesthetic this will be sprayed onto the back of your throat whilst you are sitting up. It has a bitter taste and may feel hot on the back of the throat when you are asked to swallow it. The effect is rapid and you will notice loss of sensation to your tongue and throat. You will be given oxygen during the procedure through small plastic tubes which sit just inside your nostrils. A small plastic tube (cannula) will be placed into a vein in your hand or arm. The nurse looking after you will ask you to lie on your left side and will then place the oxygen monitoring probe on your finger. This measures the amount of oxygen in your blood and also your heart rate.

The sedative will be given at this time. Any saliva or other secretions produced during the procedure will be removed using a small suction tube, like the one used at the dentist.