Upper GI Endoscopy– a guide for patients and carers

Welcome to the Endoscopy Unit. This information leaflet is intended to provide you with information about an upper endoscopy. It is not expected to cover every possible detail, if you have any questions, please contact us at the telephone numbers provided at the end of the leaflet.

The Endoscopy Unit is located in the Woodcroft Wing in the Red Zone.

Important information:

- You will receive an appointment letter in the post. Please bring this with you.
- Make sure that you tell the nursing staff about any allergies.
- You may have sedation during the procedure therefore you should arrange for a friend, relative or partner to collect you and stay with you for 24 hours. If you choose to have sedation, the sedatives are heavy and you may feel drowsy or unsteady on your feet, the effect should wear off by the next morning.
- After the test, you should not drive, operate machinery (even boiling a kettle can be dangerous) or drink alcohol for 24 hours.
- If you are on Warfarin or Clopidogrel, please contact Endoscopy Unit for advice at least 7 days in advance on telephone number: 0208 401 3073.
- If you are taking aspirin only, please continue as normal.
- If you are taking a combination of aspirin and dipyridamole, please stop dipyridamole 5 days before the procedure and continue with aspirin only.
- If you are taking anti-depressants and sedatives please do not take them the day before the procedure. Any other medication can be taken as normal.
- If you are taking any tablets (including any medication for blood pressure, epilepsy, asthma, heart disease), please continue to take them and bring them with you. Any other medication can be taken as normal.
- If you are diabetic you must also read the section starting on page 4 of this leaflet.
- It is preferable to stop lansoprazole, omeprazole, esomeprazole, pantoprazole and rebeprazole two weeks before the test.
**What is an upper endoscopy?**

An upper endoscopy is a test carried out by an endoscopist, (doctor or specialist nurse) to examine the lining of the upper part of your gastrointestinal tract; ie the oesophagus (swallowing tube), stomach and duodenum (first portion of the small intestine).

The procedure uses a gastroscope which is long thin flexible tube with a bright light on the end, allowing for a clear view of the lining on a monitor. We may take a biopsy, a sample of tissue for analysis in the laboratory. This tissue is removed painlessly through the endoscope, using tiny forceps. A photograph or video recording may also be made.

Why do I need an upper endoscopy?

There are many reasons for having an upper endoscopy, the main ones are:

- Indigestion or heartburn.
- Persistent upper abdominal pain
- Difficulty in swallowing
- Bleeding from the upper gastrointestinal tract
- Persistent nausea and vomiting
- To detect early cancer
- To investigate findings of other procedures
- Anaemia

**What are the risks of having an upper endoscopy?**

Problems are rare but can include:

- Bleeding or perforation
- Chest infection (aspiration of stomach contents)
- Rarely blood transfusion or surgery may be required
- Sore throat
- Damage to teeth, crowns and bridges
- Allergic reaction to drugs
Are there any alternatives?
Apart from upper endoscopy, there are other ways of looking at the upper gastrointestinal tract such as barium swallow/meal and computerised tomography (CT). These involve exposure to radiation and tissue samples cannot be taken. Capsule endoscopy is not yet approved as an alternative.

Is there anything I need to do before the upper endoscopy?
To get a clear picture, your stomach must be completely clean. The clinician will ask you some questions to ascertain any risks of the procedure. We will give you additional instructions on a separate sheet - please follow them carefully.
If you have any questions please telephone the Endoscopy Unit: 020 8401 3073 or ext 4663.

You should have nothing to eat or drink for at least eight hours before your test.

Where do I go for the upper endoscopy?
The upper endoscopy is performed in the Endoscopy Unit, located in the red zone of the Woodcroft wing, opposite the X-ray department. We will send you an appointment letter with details of the time, date and place of your examination.

How long will I be in hospital?
You can usually go home the same day. Some patients may need to be admitted for overnight observation.

Do I need to bring anything?
You may want to bring something to read as you will be in the Endoscopy Unit for two hours or more. Please leave any valuables including jewellery and large amounts of money at home, as the hospital cannot accept responsibility for the safety of any personal belongings.

What happens when I arrive?
When you arrive at the Endoscopy Unit, please go to the reception desk where your details will be checked. A nurse will take you to the consultation room and ask you a few questions. Then the nurse will carry out certain observations, for example taking your blood pressure, pulse and oxygen saturation. You will then be asked to change into hospital clothes.
You will also be given a consent form to read so that you have enough time to discuss its contents with the endoscopist carrying out the examination before you sign it (you may have already signed this in outpatients).
If you have any worries or questions at this stage please ask. We want you to be as relaxed as possible and will not mind answering your questions.

What happens to me during upper endoscopy?
In the examination room, you will be made comfortable on the examination trolley, resting on your left side. A nurse will stay with you throughout the test. The nurse will place a mouth guard to allow the endoscope to be inserted through your mouth into the food pipe (oesophagus). The endoscopist may spray your throat with a local anaesthetic and/or give you a sedative. A sedative injection will make you drowsy and relaxed but able to cooperate with the endoscopist during the test. This is called ‘conscious sedation’ and not
general anaesthesia. When the endoscope is in place air will be passed through it to make the stomach lining more visible. This air may give you some wind like pain when you wake up from the sedation but will not last long.

**Biopsies:**
Sometimes little pieces of tissue called ‘biopsy specimens’ are taken and sent to the laboratory to be examined. Sometimes a polyp (a small projection of tissue, rather like a wart) is removed and sent to the laboratory to be examined in more detail. In addition to biopsies, we normally take pictures during the procedure.

**How long will the test take?**
The test usually takes around 15 minutes, but sometimes it may take longer. There is a possibility that the test may have to be stopped if you find it too uncomfortable or if the stomach is full of food or fluids.

**What happens afterwards?**
You will be taken to the recovery area where a nurse will take observations. You may feel a little bloated with wind pains or excessive burping. Please speak to a nurse if the discomfort does not settle or if the pain becomes more severe.

**Medicine:**
You can start taking your normal medication again immediately after your test, but do not take any strong laxatives. If you are not sure whether your medication will be safe, please ask.

**When can I go home?**
When the nurses think you are awake enough you can go home. This varies from person to person. You must have an adult to take you home in a private car or taxi, as you cannot travel on public transport.

**When will I know the results?**
In many cases, you will be told the results of your test as soon as you are awake.

**Follow up care:**
Your GP will be sent a copy of the upper endoscopy report. We may send you an appointment for the outpatient clinic to discuss the results. If tissue samples have been taken, the results may take several days to be ready.

**Advice for diabetic patients:**
If you are on insulin or tablets:
- You must let the nursing staff and doctor know that you have diabetes.
- You must bring your supplies of insulin, tablets and food with you so that after the test you can take your morning dose of insulin, tablets and some food.
- If the test has been booked late in the afternoon, omit your morning dose of insulin or contact your diabetes care team for advice if you have any queries. **Please contact the admission or appointment office to request a morning appointment.**
- Do not take your anti-diabetic tablets on the morning of the examination. Take your tablets with some food after the examination.
Your questions and comments:
If you have a problem when in hospital that the nurses or doctors are unable to resolve, you can contact the Patient Advice and Liaison Service (PALS). They offer assistance, advice and support for patients and their families. The PALS office is open to callers from 10am to 3.30pm, Monday to Friday. Telephone number: 020 8401 3210.

Data Protection:
During your visit you will be asked for some personal information. This is kept confidential and used to plan your care. It will only be used by staff who need to see it because they are involved in your care and we may send details to your GP. Information about the procedure may be used for audit purposes.
If you wish to exercise your legal right to have access to all information held about you by the Trust or you would like to talk to someone about Data Protection, please contact the Data Protection Officer on (020) 8401 3475.

Useful telephone numbers:

Main switchboard: 020 8401 3000
Endoscopy Unit: 020 8401 3073
Appointments: 020 8401 3001/3349
PALS: 020 8401 3210
Booking Office: 020 8401 3294 or 020 8401 3000 ext 4086

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