



Endoscopy Unit

Having a Gastroscopy and Banding of Varices

General Information

TELEPHONE NUMBERS FOR ENDOSCOPY DEPARTMENT

RECEPTION (general enquiries only):	01305 255225
APPOINTMENTS (appointment enquiries only):	01305 255701
CLINICAL ADVICE (enquiries about preparation):	01305 253512

If you are using hospital transport and your appointment is after 2pm, please contact the appointments line to rearrange an earlier appointment.

If you call the Clinical Advice line and your call goes to answer phone, please leave the following details:

- Name and telephone number
- The procedure you are having
- Date and time of appointment
- Your hospital number or NHS number (see appointment letter left hand corner at top)
- Your query

Someone will return your call as soon as possible to discuss your telephone message with you.

We are privileged to be a training hospital

There may be a trainee Endoscopist observing or performing your procedure. If this is the case, there will also be a Consultant present, and you will be informed during your admission. You do have the right to decline their participation in your procedure; please let the admitting nurse know of your wishes.

Planning your Care

If you are taking any of the following medications, or have the medical conditions listed here, please contact the Clinical Advice line above to help us plan appropriate care and management of your condition during your visit with us:

DO THE FOLLOWING APPLY?	IF YES:
You have a steroid deficiency eg Addison's (Adrenal Hyperplasia)	Call Clinical Advice line
You have Diabetes	Call Appointments to ensure early appointment
You have Parkinson's	Call Appointments to ensure late morning appointment
You take Aspirin	No action
You take Warfarin	Call Clinical Advice line
You take blood thinners such as Clopidogrel, Prasugrel and Ticagrelor)	Call Clinical Advice line
You take blood thinners such as Dabigatran, Rivaroxaban and Apixaban	Call Clinical Advice line

Any medication that needs to be taken can be taken with a sip of water four hours prior to the appointment.

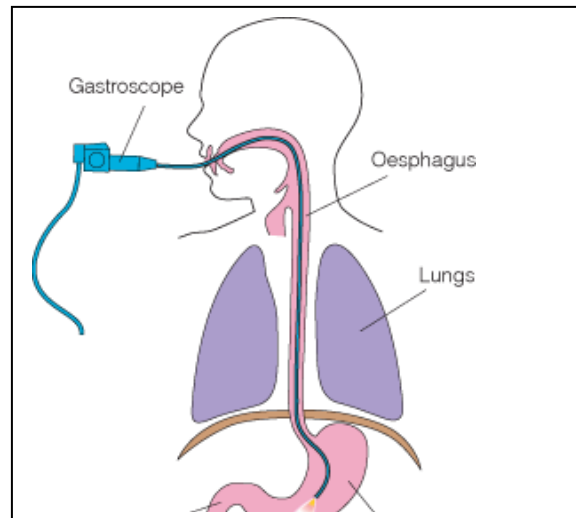
Having a Gastroscopy with Banding of Varices

You will soon be attending the Endoscopy Unit to have an examination called a Gastroscopy and banding of Varices. This leaflet will explain what a Gastroscopy and banding is and tell you what to expect when you come to the hospital.

When you come for your appointment the endoscopist will talk to you about your symptoms and will be able to assess if a banding is likely to be needed. They may not be sure until the procedure is underway and they can see your oesophagus.

What is a Gastroscopy?

A Gastroscopy is a look at your gullet, (called 'oesophagus'), stomach and first part of your bowel (called 'duodenum').



The instrument used to do the examination is called a Gastroscope. It is a flexible tube with a bright light and a tiny camera at the tip that transmits pictures of the inside of your oesophagus, stomach and duodenum to a video screen. It is inserted through your mouth.

Why do I need to have a Gastroscopy?

The purpose of a Gastroscopy is to see if there are any abnormalities of the oesophagus, stomach or duodenum. The video pictures will show any areas of inflammation or other abnormality.

The Gastroscope has a hollow tube inside that can be used to take samples of tissue (called biopsies). These can be looked at in the laboratory under a microscope.

What are Varices?

Varices are swollen veins in your oesophagus (gullet), rather like varicose veins, and are formed when blood-flow through the liver is compromised. These veins can bleed, in which case you may experience vomiting of blood or passage of red, dark plum or even black stool. Bleeding can sometimes be very heavy or even life-threatening. The risk of bleeding can be reduced by shrinking or obliteration of the varices with medications or endoscopic therapy.

How long does it take?

A Gastroscopy usually takes between 5 and 10 minutes. A Gastroscopy with banding takes a bit longer, usually about 15 minutes.

Banding of Oesophageal Varices

It is possible to reduce the risk of bleeding from the varices by destroying them. This is done by applying rubber bands to the varices. A flexible telescope (gastroscope) is passed down into your gullet with a special device attached to the tip of the telescope. This device contains several rubber bands that can be used to capture the protruding veins and 'strangle' them, thus reducing the risk of bleeding. It may take more than one treatment to ensure that the varices are adequately destroyed.

How can we make it comfortable?

You can have an anaesthetic spray to your throat to make it numb in order to pass the scope or a sedative injection is available to make you feel a bit sleepy and relaxed if this suits you better. The endoscopist will talk to you before the procedure and help you make a choice.

How safe is a Gastroscopy and Banding of Varices?

It is common to feel slightly "windy" immediately following the procedure, but this settles very quickly. Complications following Gastroscopy are rare but, as with all medical procedures, there are some risks and we must make you aware of these:

Risk of inhaling stomach contents - This is why we ask you not to eat or drink for six hours before your appointment (during the procedure any moisture in the mouth can be removed using a small suction tube, like at the dentist).

Risks from Sedation - Sedation medication can affect the breathing, but in order to minimise any risk, your dose is individually assessed and your oxygen level monitored throughout the procedure.

If you are asthmatic or have any breathing difficulties, please inform the nurse on your arrival and bring your inhalers with you.

It is rare, but an allergic reaction to medications can occur and will need medical treatment.

Risk of damage to teeth or bridgework - Please advise the nurses before the procedure if you have any broken or loose teeth. Dentures are removed before the procedure.

Risk of sore throat - You may experience an unusual sensation in your throat for a day or two after the procedure.

Risk of bleeding - A trace of bleeding noticed in saliva or a black stool is not unusual and should not cause alarm, especially following biopsies.

If heavier bleeding occurs, it may require further treatment in hospital. Please contact your GP or attend the Emergency Department.

Risk of perforation (a tear in the gut lining) - This is a serious, but rare complication, which would involve you having to stay in hospital and may need surgical treatment.

If you have any severe chest pains following the procedure, please contact your GP or attend the Emergency Department.

As with any test, there is a risk of minute abnormalities not being seen despite a thorough examination.

Discharge advice will be discussed with you following your procedure.

Is there an alternative to a Gastroscopy and Banding?

Banding of varices in the gullet is the best and safest treatment if they have been bleeding or the doctor is trying to prevent them from bleeding. In severe or exceptional cases there are more complicated alternatives, which you can discuss with your doctor.

PLEASE REMEMBER: IF YOU ARE UNSURE ABOUT THE THIS PROCEDURE, PLEASE SEEK MORE INFORMATION FROM THE DOCTOR THAT REFERRED YOU.

Preparing for your Gastroscopy and Banding of Varices

You should make arrangements for someone else to DRIVE you home and to look after you for the next 24 hours following the procedure. This is because the sedative injection will make you drowsy and forgetful for the next 24 hours.

If you have the throat spray only, you can make your own way home and be at home independently.

It is important that your stomach is empty for the procedure to be successfully performed. In order to do this, you **must not eat for 6 hours** prior to your appointment time. You may drink clear fluids up to 2 hours prior to your appointment time. No sweets or chewing gum.

Please bring with you a list of prescribed medications to your appointment.

What happens when you get to the Endoscopy Unit?

When you come to the Endoscopy Unit please give your name to the receptionist.

A nurse will take you through to a private office. You will be asked some questions about the arrangements you have made to get home and about your health. The nurse will check your breathing, pulse and blood pressure, if you take Warfarin your INR will be checked and if you are diabetic, your blood sugars will be checked. Please tell the nurse if you are allergic to any medicines.

You can ask any questions that you have or tell the nurse of any worries. It is not unusual to feel anxious about having a Gastroscopy with Banding of Varices. The nurses and endoscopists understand this and will do their best to reassure you.

Once the nurse has finished taking your details you will be asked to sit back in the waiting area. When the endoscopist is ready to see you, a nurse will come and take you through to get changed into a hospital gown.

Signing the Consent Form

The endoscopist or a senior endoscopy nurse will meet and talk to you about the procedure. It is important before signing that you understand what is likely to happen. You will be given time to ask any questions that you may feel necessary to make up your mind.

What are the key things to remember?

It is YOUR decision and you can choose whether or not to consent to what is being proposed. Ask as many questions as you like and remember to tell the team about anything that concerns you or about any medication, allergies or past history which might affect your general health.

Your Gastroscopy and Banding of Varices procedure:

- You will be taken to a procedure room for the procedure
- The team will complete a safety check list for your procedure
- You will be asked to remove any dentures
- If you are having throat spray, your throat will be sprayed with a local anaesthetic, which will numb the back of your throat. (It tastes bitter and alters the sensation in your throat)
- If you are having sedation, the endoscopist or nurse will ask you to lie down on the trolley and a plastic tube called a cannula will be inserted into your arm or hand
- You will be asked to lie on your left side on a trolley
- A small device will be placed on your finger or ear to take your pulse and record your oxygen level. For sedated patients a blood pressure cuff will be placed on your arm and supplementary oxygen will be given
- A small plastic mouth guard will be placed between your teeth
- The endoscopist will inject the sedation medication +/- analgesia (Fentanyl), allowing time for it to work
- The gastroscope will be gently guided over the back of your tongue and down your throat. This is the way your food goes down every day. The first few seconds may feel unusual, but settles very quickly
- A nurse will be supporting your head at all times to reassure you. They may use a small suction tube to remove any moisture from your mouth
- There is nothing to stop you breathing normally
- After the procedure you will then be taken to a recovery area
- The procedure can feel a little uncomfortable at times, but it is not a painful procedure. It is not unusual to feel some discomfort when the gastroscope passes into the gullet. Your stomach will be inflated with a little air to give a clearer view. You will be monitored by a nurse throughout the procedure.

Recovering from the procedure and going home

With Throat Spray

You will stay in the Endoscopy Unit for an hour, where you will be monitored for any complications. You will have your swallow tested with sips of cool water and, as long as you can swallow this normally, you can then have cool drinks and eat a warm soft diet for 24 hours.

A nurse will give you some discharge advice.

With Sedation

If you have had a sedative injection, you will need to rest for a while before you are ready to go home. You may feel a bit light-headed. The nurses on the ward will be monitoring you and checking your pulse, blood pressure, breathing, discomfort and for any complications.

You will have your swallow tested with sips of cool water and, as long as you can swallow this normally, you can then have cool drinks and eat a warm soft diet for 24 hours.

A nurse will give you some discharge advice.

PLEASE REMEMBER: If you have chosen the sedative injection, you **must** have a responsible adult to come into the Endoscopy Unit to collect you, drive you home and look after you for 24 hours. We cannot administer sedation if these arrangements are not in place.

Travelling on public transport (train or bus) is inappropriate. You can travel by taxi, but must have a responsible adult with you.

For the 24 hours after the procedure you **must not:**

- have any alcohol
- drive a car
- operate machinery
- sign any legally binding documents
- be responsible for young children, frail or elderly people
- lock the bathroom door.

Symptoms to watch out for

It is not unusual to get some discomfort from 'wind'; the pain should not be severe or unbearable.

Your throat may be sore but this should soon feel better.

If you experience severe pain or bleeding that worries you, go to your local Emergency Department with your discharge paperwork.

If you experience any problems related to your visit to the Endoscopy Unit, including the need to see your GP or attend hospital, please let the department know. A brief written summary would be helpful. We welcome all feedback to enable us to further improve the service offered.

Please note: individuals are unable to donate blood for 4 to 6 months after flexible endoscopy and until they have informed the blood service of the diagnosis.

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Patients' Property

You are advised not to bring expensive items of jewellery or clothing with you when you visit the Endoscopy Unit.

You will be given a patient property bag to place your clothes in if changing for your procedure.

You will be asked to keep your property with you at all times.

The Endoscopy Unit and Dorset County Hospital NHS Foundation Trust cannot accept responsibility for the safeguarding your property.

Getting Here

The car park is pay & display. You will need to pay for the first 2 hours and a permit will be issued thereafter.

When you enter the hospital grounds, follow the signs for North Wing Entrance 1. The Endoscopy Unit will be signposted as you enter the main entrance.

About this leaflet:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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Williams Avenue, Dorchester, Dorset DT1 2JY
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