



Endoscopy Unit

Having a Gastroscopy with an Oesophageal Dilatation

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 Oesophageal Dilatation

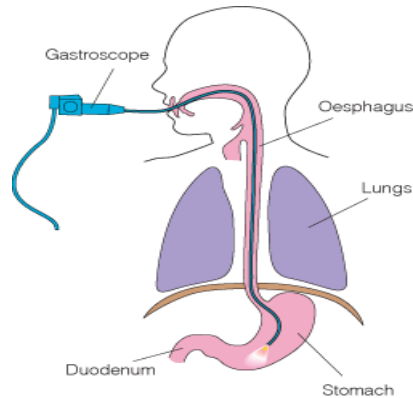
You will soon be attending the Endoscopy Unit to have an examination called a Gastroscopy. This leaflet will explain what a Gastroscopy is and tell you what to expect when you come to the hospital. It contains additional information about having an Oesophageal Dilatation - which is a treatment that **could** be offered at the same time as the Gastroscopy examination if it is appropriate for you.

You will only have a dilatation if your oesophagus has become narrow from a build-up of fibrous tissue which is usually the result of long-term acid indigestion. It will only be done if it is necessary and you have agreed that you would like this procedure.

When you come for your appointment, the endoscopist will talk to you about your symptoms and will be able to assess if a dilatation 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 the 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 is a Dilatation?

A Dilatation is a stretch of the oesophagus using a balloon which is gradually inflated.

Why do I need Dilatation?

Dilatation will improve your ability to swallow.

How long does it take?

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

How can we make it comfortable?

You can have an anaesthetic spray to your throat to make it numb. This is the usual option for people who are having a Gastroscopy alone.

A sedative injection is available to make you feel a bit sleepy and relaxed if this suits you better.

If you are having a dilatation, you will have a sedative injection and an analgesic (pain killer). It is important that you are relaxed for this longer procedure that would be uncomfortable without.

The endoscopist will talk to you before the procedure and help you make a choice.

How safe is a Gastroscopy?

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?

Yes an X-Ray, such as a Barium swallow, can show the cause of your symptoms. However it cannot take biopsies which may be necessary to confirm a diagnosis.

Is there an alternative to a Dilatation?

Again a Barium swallow may show a narrow area in your oesophagus, but it cannot tell the nature of that narrow area or treat it.

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

Preparing for your Gastroscopy or Gastroscopy with Dilatation

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 but this will ONLY apply to people that do NOT have a dilatation.

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

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 an Oesophageal Dilatation. 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 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 put on your arm
- A small plastic mouth guard will be placed between your teeth
- The endoscopist will inject the sedation medication 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.

Sometimes it is necessary to take tissue samples, called biopsies. This will be explained when the endoscopist or nurse discusses your consent. Photographs are taken to record abnormalities and areas in the upper gut.

The procedure can feel a little uncomfortable at times, but 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.

Gastrosocopy and Dilatation

If you are to have a Gastrosocopy and a dilatation, you will be given a sedative injection, as above, and also an analgesic (pain killer) into the same cannula. This may be at the beginning before the procedure starts, or part of the way through when the doctor sees that a dilatation is the right treatment for you.

The procedure is the same as above to begin with and then a soft balloon will be passed down a hollow tube in the gastroscope and inflated with water to expand the narrowed area of your oesophagus. The balloon is left inflated for 1 minute. Afterwards you will be taken back to the ward area on a trolley to rest.

Recovering from the procedure and going home

With Throat Spray

A nurse will give you some discharge advice. You will be advised not to eat or drink until the effects of the spray have worn off (about 1 hour). Start with some sips of cool water and, as long as you can swallow this normally, you can go on to eat and drink normally. There are no other restrictions to your lifestyle. You will be advised to visit your GP in 7-10 days to discuss the results of the Gastrosocopy.

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 and discomfort. The nurses will tell you if you have had a Gastrosocopy alone or had a Dilatation as well.

If you have had a Gastroscopy alone, you can have a drink as soon as the nurses have assessed your swallow.

If you have had a Dilatation, you must wait for 2 hours before you can have a drink. This is a precaution because we want to watch you carefully for the first part of your recovery when any complications should become apparent, although this is still very unlikely.

It is important that you tell the nurse if you have any pain in your chest or back.

When it is time to have a drink you will start with sips of cool water. If the water goes down comfortably, you can go on to have a warm drink. If the water causes you pain, STOP and inform the nurse.

The endoscopist or a nurse will come and talk to you about any findings. It is helpful to have a responsible adult with you to hear the discharge advice, because the medication that you had may make you temporarily forgetful.

Going Home Following Sedation

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.

If you have had a Gastroscopy with Dilatation you should keep to soft food and avoid anything too hot for the first 24 hours as your oesophagus will be a bit tender. Gradually build up the foods that you try. The dilatation should have improved your ability to eat.

Symptoms to watch out for

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

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

It is not unusual to get some bleeding following a biopsy or a dilatation.

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.

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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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