

INHEALTH ENDOSCOPY SERVICE

GASTROSCOPY INSTRUCTION NOTES

Your GP has recommended that you have a gastroscopy

What is a gastroscopy?

A gastroscopy is a procedure that allows us to examine the lining of the upper part of the gastrointestinal (GI) tract. This includes the oesophagus (the tube that carries food to your stomach), the stomach and the duodenum (the first part of the small bowel).

The procedure is useful in diagnosing a range of symptoms and for monitoring pre-existing conditions.

A flexible tube smaller than your little finger is passed trans nasally (through your nose), down the oesophagus and into the stomach by a specially trained doctor or nurse, called an endoscopist. We will numb your nose and throat with an anaesthetic spray to minimise discomfort.

What to expect on the day?

PLEASE ENSURE YOU HAVE YOUR CONSENT FORM, HEALTH QUESTIONNAIRE AND LIST OF MEDICATIONS WITH YOU WHEN YOU ARRIVE ONTO THE UNIT. IF YOU ARE RECEIVING THIS BY EMAIL, THE PAGES YOU NEED TO PRINT ARE INDICATED.

Please note: patients attending the unit must be able to transfer independently from a chair to a procedure trolley. They must also be able to turn from lying on their left side to their right side as required.

What happens before your procedure?

1. When you arrive onto the unit, please report to reception
2. You will be asked to take a seat in the waiting area until the admissions nurse is ready to see you. Although we endeavour to see you at your allotted appointment time, we do sometimes experience a delay in our list. Thank you for being patient, the reception staff and admissions nurse will be able to keep you updated on any delays.
3. In the admissions room, the nurse will take some information from you relating to your procedure and talk you through what to expect during your appointment. Once they are satisfied you understand what is going to happen, **they will sign your consent form with you**. This is a good opportunity to ask any questions you may have regarding the examination.
4. You will be taken into a preparation room to wait for your procedure. A nurse will come and administer some decongestant into your nose and you will be given a pre-procedure drink (a small volume of fluid), before taking you into the procedure room.

5. Once you are in the procedure room, the endoscopist will talk to you about your reasons for having the procedure, you may want to tell them about any symptoms you have been having and how long they have been occurring.

What happens during your procedure?

1. The endoscopist will spray your nostrils with a numbing anaesthetic spray, before lying you down (on your left hand-side) on a trolley ready to commence the procedure. We will monitor your heart rate and oxygen levels throughout the procedure with a monitor on your finger.
2. The scope, which has a camera and a light at the end of it, is passed through your nose, down your oesophagus and into your stomach. The lining of the GI tract is examined closely by the endoscopist on the screen in front of them. If we are unable to proceed through your nostrils for any reason, we will need to perform the procedure orally (through the mouth). In this case, your throat will be sprayed with the numbing anaesthetic spray beforehand.
3. Sometimes, the endoscopist will need to take biopsies. These are small samples of tissue that are removed painlessly, using small forceps that are passed through the endoscope. You will not feel this happening.

The procedure itself takes between 5-10 minutes, although it can sometimes take longer.

What happens after your procedure?

1. Once the procedure is completed, you will be walked through into recovery, where you will wait for the endoscopist to write your report.
2. A nurse will talk you through your aftercare information and let you know what time you can eat and drink safely again, this may be up to an hour from the time you had your nasal or oral spray.
3. Biopsies are sent to a laboratory with results taking up to 4 weeks to come back.
4. You may experience mild bloating, and/or slight discomfort in the nose or throat following your procedure. Nose bleeds occur about 1 in 20 and most stop without any need for treatment/ settle spontaneously. A very small number of patients may require treatment for their nose bleed.
5. Once you have received a copy of your report and have spoken with the endoscopist you will be free to go home.

Please note: Although the examination only takes 5-10 minutes you can expect to be at the clinic for about an hour, due to the time it takes to get you admitted and then discharged after your gastroscopy. This does vary from clinic to clinic, but the admitting nurse will be able to give you a better idea on the day. Please bear this in mind when organising people to collect you.

Sedation

Most people have this test carried out without any sedation, as we use an anaesthetic spray to numb your nose and throat. However, in some circumstances, patients may be offered sedation to help them undergo the procedure. You can discuss this with the admitting nurse or you can call us for more information prior to your procedure.

Please note: The sedation we offer is not a general anaesthetic but is a 'conscious sedation' used to relax you. You will not be fully asleep and will still be aware of your surroundings.

If having sedation, please be aware that:

- you will need to have a cannula, (a thin tube in your vein through which we give medication), inserted into your arm or hand prior to the procedure.
- It takes approximately 2 minutes for the sedation to reach your blood stream, the nurse will allow time for this to take effect.
- During the procedure, we will monitor your blood pressure, heart rate and oxygen levels. We will also need to administer a small amount of oxygen via your other nostril.
- You will be taken into recovery on the trolley and you will be given some time to recover from the sedation whilst we monitor your blood pressure and heart rate. This means you will be on the unit a little longer than if you were not having sedation. Recovery time will usually be around 30 minutes or longer as needed.
- You must arrange for somebody to collect you from your procedure (they will need to come into the building) and you must have a responsible adult that can stay with you for the remainder of the day and overnight. The sedation can remain in your system for up to 24 hours.
- You will not be able to drive or operate machinery for 24 hours.
- You are advised not to drink alcohol for 24 hours.

Preparing for the test

Instructions and important information relating to your test:

- It is extremely important that you **DO NOT EAT OR DRINK ANYTHING FOR 6 HOURS** prior to your procedure. This includes chewing gum and boiled sweets. You may have **sips** of **water only**, up until **2 HOURS** before your test.

This is extremely important as it ensures your stomach is completely empty when we perform the examination. We may have to rebook your appointment if it is not.

- Please make yourself familiar with the consent form and make sure you have this with you to complete with the nurse before your procedure.

- Please fill in the health questionnaire prior to arriving for your procedure (this is attached to the back of the consent form).
- Any regular medication may be taken on the morning of the procedure with a very small amount of water.
- Please bring with you a list of all current medications.
- For diabetic patients; please see diabetic advice sheet overleaf.
- For patients taking oral anticoagulants (blood thinning medication); please see anticoagulation advice sheet overleaf.

The day of your procedure checklist

No food or drink for 6 hours prior to the test	
No water for at least 2 hours prior to the test.	
Consent form printed	
Health questionnaire printed and completed	
Somebody can collect me and stay with me if I plan to have sedation.	
Contact number of escort home if you are having sedation.	
A book or tablet, just in case you are waiting.	

Anticoagulant advice

Warfarin

- Make an appointment to have your INR checked within 7 days of your appointment date and bring your results with you.
- If your INR is **within** the therapeutic range (the range specified for you by your doctor) then continue with the same dose of warfarin.
- If your INR is **above** your therapeutic range, then you will need to reduce your dose of warfarin to bring it back within its therapeutic range, please consult your GP for advice on how to do this safely. You do not need to stop taking your warfarin.

Anti-coagulants: Dabigatran, Rivaroxiban, Apixaban or Edoxaban

- Please do not take these on the morning of your procedure, unless you have been advised otherwise by your GP/Doctor.

Anti-platelets: Aspirin, Dipyridamole (Persantin), Clopidogrel (Plavix), Ticagrelor, Cangrelor or Prasugrel

- Please do not take these on the morning of your procedure, unless you have been advised otherwise by your GP/Doctor. You may be asked to stop your blood thinning medication, depending on the procedure(s) you are having, for example, removal of polyps.

If you have any questions relating to your blood thinning medications or you are unsure about stopping them, please feel free to contact, or speak to your GP for further advice.

Diabetic advice for gastroscopy

INSULIN

FOR A MORNING APPOINTMENT

- **The night before your test:** you should take **half** your normal dose of insulin with a snack.
- **On the morning of your test:** **DO NOT** take your insulin. You should, however, bring your insulin with you to the clinic. If possible, please check your blood sugar before leaving home. If it is low then you may take a small amount of a clear, sweet drink, such as Lucozade or fruit juice that is free from pulp.
- **After your test:** you should administer your **normal** dose of insulin and continue to eat as normal when safe to do so.

FOR AN AFTERNOON APPOINTMENT

- **On the morning of your test:** you should take **half** your normal dose of insulin and a light breakfast. Please ensure this is at least **6 HOURS BEFORE** your test is due.
- **After your test:** Have a light snack when it is safe to eat and drink again. You should take your **normal** dose of insulin in the evening (if you take an evening dose) and eat normally. If possible, check your blood sugar regularly and take sweet drinks if it is low.

TABLETS

FOR A MORNING APPOINTMENT

- **The night before your test:** you should take **half** your normal tablet dose with a snack.
- **On the morning of your test:** **DO NOT** take your tablets. You should, however, bring your tablets with you to the clinic. If possible, please check your blood sugar before leaving home. If it is low then you may take a small amount of a clear, sweet drink, such as Lucozade or fruit juice that is free from pulp.
- **After your test:** you should administer your **normal** tablet dose and continue to eat as normal when safe to do so.

FOR AN AFTERNOON APPOINTMENT

- **The night before your test:** If you take your tablets in the evening, take **half** your normal tablet dose with a snack.
- **On the morning of your test:** If you take your tablets in the morning, you should take **half** your normal tablet dose and a light breakfast. Please ensure this is at least **6 HOURS BEFORE** your test is due.
- **After your test:** Have a light snack when it is safe to eat and drink again. You should take your **normal** tablet dose in the evening (if you take an evening dose) and eat normally. If possible, check your blood sugar regularly and take sweet drinks if it is low.

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Please fill in patient details before attending
NHS No:
Surname:
First name:
DOB:
Address:
Tel No:

Consent Form for **Gastroscopy**

This is a test that enables us to look at the lining of the oesophagus, stomach and duodenum.

The purpose and intended benefit/s of this procedure is/are:

- To aid diagnosis and formulate a treatment plan for routine diagnostic investigations, planned surveillance or follow up.

Possible side effects of the procedure:

- Mild abdominal discomfort and bloating.
- Sore nose and/or throat.

Possible complications of the procedure:

- The main risks are of mechanical damage to teeth or bridgework.
- Perforation or tear of the lining of the stomach or oesophagus (risk approximately 1 in 2000 cases) and bleeding which could entail you being admitted to hospital. Certain cases may be treated with antibiotics and intravenous fluids. Perforation may require surgery to repair the hole.
- Bleeding may occur at the site of biopsy, and nearly always stops on its own.
- Pneumonia, caused from aspiration (when liquid/food from the stomach enters the lungs), this is very rare.
- Nosebleeds can occur if the endoscope causes trauma to the nostrils.

Possible complications with sedation:

- Sedation can occasionally cause problems with breathing, heart rate and blood pressure, although this is extremely rare. If any of these problems occur, they are usually short lived and easily managed by the endoscopy unit staff. Careful monitoring by the endoscopy nurses ensures that such problems are identified rapidly.

Statement of Health Professional

[To be completed by the admitting nurse with appropriate knowledge of the proposed procedure, as specified in the consent policy]

- I have explained the procedure to the patient including benefits and serious or frequently occurring risks.
- I have discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any concerns of those involved. I confirm that patient understands.
- I have discussed sedation with the patient, including the benefits and risks, and agree with them that they:

Will receive local anaesthetic spray to the nose and/or throat

Will receive intravenous sedation for this procedure

Confirmation of Consent

- I have discussed withdrawal of consent with the patient they understand they have the right to withdraw their consent at any time, before and during the procedure, even after they have signed this consent form.
- The following leaflet has been provided: **Gastroscopy Instruction Notes**
- I have confirmed that the patient has no further questions and wishes to go ahead with the procedure.

Please tick to identify:

Consent form signed in advance

Consent form signed in presence of Health Professional

Signed.....Date.....

Name [PRINT].....Job Title.....

Statement of Patient

- I agree to the procedure or course of treatment described on this form.
- I have read the '**Gastroscopy Instruction Notes**'
- I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- I understand the complications/risks associated with the procedure and the risks associated with sedation if I choose to have it.
- I have been told about and I understand that any procedure in addition to the Gastroscopy, will only be carried out if it is necessary, in my best interests and can be justified for medical reasons.
- I understand that my treatment may provide an important opportunity for training or teaching of appropriate health professionals. Where necessary this will be supervised by a senior and experienced health professional. If this is relevant to your treatment, this will be discussed by the admitting nurse and you will have the right to opt out of a trainee being present.
- I understand that I have the right to withdraw my consent at any time, before and during the procedure, even after I have signed this consent form.
- I understand that once consent for the procedure to go ahead or continue has been denied or withdrawn, the endoscopist will be unable to complete the procedure.
- I confirm that I have the capacity to consent to the procedure, I am aware of what the procedure entails and am giving consent voluntarily.

Signature Date.....

Name [PRINT].....

If the patient is competent but unable to sign and has indicated his/her consent, a witness should sign below.

Signed (Witness).....Date.....

Name of witness (PRINT).....

Statement of Interpreter [*where appropriate*]

- I have interpreted the information to the patient to the best of my ability and in a way, that I believe s/he can understand, and/or the person signing on his/her behalf understands the information given.

Signed..... Date.....

Name [PRINT] Job Title.....

If you have any questions, please make a note of them here and we will answer them when you come in for your test.

InHealth Endoscopy Service

Patient Information - Health Questionnaire

NAME.....

Please answer the following questions:

- | | |
|---|----------|
| 1. Do you have any allergies? | YES / NO |
| 2. Are you pregnant? | YES / NO |
| 3. Have you ever had a stroke? | YES / NO |
| 4. Have you ever had a heart attack? | YES / NO |
| 5. Do you suffer with any heart conditions? | YES / NO |
| 6. Do you have a pacemaker or an internal defibrillator? | YES / NO |
| 7. Do you have any breathing problems? | YES / NO |
| 8. Do you have kidney disease or any problems with your kidneys? | YES / NO |
| 9. Do you have diabetes? | YES / NO |
| 10. Do you have high blood pressure? | YES / NO |
| 11. Do you have epilepsy? | YES / NO |
| 12. Do you have glaucoma? | YES / NO |
| 13. Have you ever had abdominal surgery? | YES / NO |
| 14. Have you ever been advised that you are at risk of CJD or Vcjd | YES / NO |
| 15. Have you had any recent infections? | YES / NO |
| 16. Do you have any problems with your immune system,
or have you had recent chemotherapy or radiotherapy? | YES / NO |
| 17. Do you have any metal work inside your body? | YES / NO |
| 18. Are you taking blood thinning medications? | YES / NO |
| 19. Do you have any loose teeth or dentures? | YES / NO |
| 20. Do you have any other relevant medical history? | YES / NO |

If you answered yes to any of the above questions, please provide further information below.

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