

Patient information factsheet

Having a gastroscopy (off PPI)

We have given you this factsheet because your doctor has referred you for a gastroscopy. It explains what gastroscopy is, what the procedure involves and what the possible risks are. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us before your procedure using the details at the end of this factsheet or ask to talk to a nurse when you arrive for your appointment.

Please make sure you read this information and follow the instructions carefully before your procedure.

Before your appointment

You must contact the endoscopy unit as soon as you receive your appointment letter if you:

- are unable to keep your appointment
- have diabetes and have any queries about your medications
- are pregnant or think you might be pregnant
- are taking any blood-thinning or anti-platelet medications, such as warfarin or clopidogrel (unless we have advised you about this already)

This is very important, because if any of these apply to you and you don't let us know in advance, we may need to delay or cancel your procedure on the day.

What is a gastroscopy?

A gastroscopy is a procedure which allows a specially trained doctor or nurse (called an endoscopist) to examine your:

- oesophagus (the tube connecting your throat to your stomach, sometimes called the food pipe or gullet)
- stomach
- duodenum (the first part of your small bowel)

It is performed using an endoscope, which is a long, thin, flexible tube with a light and a tiny video camera built into its tip. The video camera relays images to a television (TV) screen.

Why do I need this procedure?

A gastroscopy can help to:

- monitor long-term conditions
- investigate problems
- diagnose conditions
- treat conditions

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The doctor who referred you for this procedure will have explained the reason why you need this procedure.

How should I prepare for the procedure?

Medication

Stop taking the following acid suppressant medications **two weeks** before your procedure:

- Zantac (Ranitidine)
- Tagamet (Cimetidine)
- Axid (Nizatidine)
- Pariet (Rabeprazole)
- Losec (Omeprazole)
- Zoton (Lansoprazole)
- Protium (Pantoprazole)
- Nexium (Esomeprazole)

You **can** take Rennie, Gaviscon or Peptac to help relieve your symptoms.

On the day of your procedure:

- continue to take your other medications as normal (unless we have advised otherwise)
- bring a list of all the medications you are currently taking in with you to hospital

Eating and drinking

On the day of your procedure, you must not eat or drink anything for **six hours** before your procedure.

You can drink sips of water right up until you go for your procedure (up to one small cup (170ml) of water every hour).

Sedation

Before we begin the procedure, we will spray the back of your throat with a local anaesthetic spray. This spray will numb the back of your throat, making the procedure more comfortable for you.

After having a local anaesthetic spray, you will not be able to eat or drink for up to an hour after the procedure.

We will also give you the option to have sedation (medicine that makes you drowsy) for this procedure. Sedation will help you to stay relaxed and pain-free during the procedure. However, most people choose to have this procedure **without** sedation, as it is relatively quick.

If you do choose to have sedation, you **must** have a responsible adult to take you home and stay with you overnight.

For 24 hours after being sedated you must not:

- drive
- drink alcohol
- operate machinery
- sign important documents

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What will happen before the procedure?

When you arrive for your appointment, please check in at our reception desk. If there isn't anyone at the desk, please take a seat in our waiting room.

A nurse will then take you into an interview room and will go over a pre-procedure checklist. The nurse may then ask you to change into a hospital gown.

The endoscopist performing the procedure will then explain the procedure to you in more detail and answer any questions you may have. If you are happy to proceed with the procedure, we will then ask you to sign a consent form.

If you choose to have sedation, we will then insert a cannula (a small plastic tube) into a vein in your hand or arm. This will allow us to give you any necessary medications, including a sedative, during the procedure. We will also spray the back of your throat with a local anaesthetic spray to numb it.

What will happen during the procedure?

The procedure will be performed in the endoscopy unit.

We will ask you to lie down on a hospital bed on your side. Once the local anaesthetic throat spray and/or sedative have taken effect, we will pass an endoscope over the back of your tongue and then gently guide it down your throat and into your stomach and the first part of your small bowel (if there is a narrowing in your food pipe, this may not always be possible). This will not affect your breathing in any way, but it may make you gag or retch. This is normal and the sensation will ease as the endoscope reaches your food pipe.

We may take small samples of tissue during the procedure and send them to be checked in a laboratory under a microscope. This is called having a biopsy. It will not cause you any pain, but you might feel a slight tugging sensation.

We will monitor your pulse rate and oxygen levels throughout the procedure. If you need extra oxygen, we will give you this via a small tube placed just inside your nostrils.

How long will the procedure take?

The procedure will take approximately five to 15 minutes. However, please expect to be in the department for up to four hours in total.

What will happen after the procedure?

After your procedure, we will take you to our recovery area, where we will monitor you for 30 to 60 minutes to make sure you are feeling well before you go home. We will also explain what we have done today and what we have found and give you an aftercare factsheet.

After the procedure, it is normal to experience the following side effects:

- a sore throat
- windy, cramp-like pain

These side effects should settle within 24 to 48 hours.

If the pain does not settle or you are at all concerned about your recovery, please contact your general practitioner (GP) or our endoscopy unit using the details at the end of this factsheet.

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Are there any risks?

A gastroscopy is generally a safe procedure, but as with any medical procedure, there are some possible risks.

Risks include:

- **damage to teeth or bridgework**
- **bleeding** (approximately less than one in 1,000 people) - If this occurs, the bleeding will usually stop by itself. Occasionally, observation and further treatment in hospital may be necessary.
- **perforation** (a tear or a small hole in the food pipe) (approximately less than one in 3,000 people) - If this occurs, observation in hospital is necessary. Occasionally, surgery may be needed to seal the tear or the hole.

When to seek urgent medical help

Sometimes complications can occur up to two weeks after the procedure.

Go to your nearest emergency department if you experience any:

- unexpected or severe pain in your abdomen or chest
- bleeding

Please take a copy of your procedure report with you so that you can show it to the healthcare professional caring for you.

When will I receive my results?

We will explain what we have found immediately after your procedure. If we do take any biopsies (this is rare), we will then send these to the laboratory to be examined. It may take up to three weeks for the results to come back. The results will then be sent to the doctor who referred you for this procedure. Your doctor will then contact you to discuss your results or to arrange a follow-up appointment.

Important information

If you have chosen to have sedation

If you have chosen to have sedation for this procedure, you must not drive for 24 hours after your procedure. You must also arrange for a responsible adult to collect you from the hospital and stay with you overnight after your procedure.

Parking

As our car parks can get very busy, we recommend either getting a lift by car or coming by public transport to the hospital. Please note that if you get a lift, there is a drop off point outside the main entrance of Southampton General Hospital.

Contact us

If you have any questions or concerns, please contact us.

Endoscopy unit

Telephone: **07500 761793** (every day, 8am to 6pm)

Useful links

www.nhs.uk/conditions/gastroscopy

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **PFSH@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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