

GASTROSCOPY INFORMATION SHEET

PLEASE READ THIS, SIGN THE 2 CONSENT FORMS ATTACHED AND BRING THESE WITH YOU ON THE DAY OF YOUR PROCEDURE

Why do I need to have a Gastroscopy?

You have been advised to undergo this investigation of your oesophagus (gullet), stomach and duodenum (first part of the small bowel) to help find the cause of your symptoms and if necessary, to decide on further investigations and treatment. Some reasons for which this investigation may be carried out include:

- Anaemia
- Difficulty swallowing
- Persistent vomiting
- Heartburn
- Vomiting blood or passing black stools (melaena)
- Follow-up inspection of previous disease
- To assess the clinical importance of any abnormalities found on x-ray

What is a Gastroscopy?

You have been advised by your GP or hospital doctor to have an investigation of the upper gastrointestinal tract called an **OGD** (oesophago-gastro-duodenoscopy) sometimes known more simply as a gastroscopy or an endoscopy.

A Gastroscopy is a routine procedure, which is commonly performed as a day case and it normally takes about 10 minutes. Please allow 2-3 hours for your visit as you will need to go through the admission process and recover adequately before being fit for discharge.

The test is a very accurate way of looking at the gullet, stomach and duodenum (known as the upper GI tract) to establish whether is any abnormality present.

The instrument used in this investigation is called a gastroscope it is a flexible tube and has a diameter less than that of a little finger. Within the scope is a channel, which allows light to be shone onto the lining of your upper GI tract, and another, which sends images back onto a television screen.

The procedure will be performed by or under the supervision of a trained endoscopist. On the day of your examination if you wish to discuss your clinical care in private please ask.

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FilenameV:\Secure Department Folders\Governance Department\Datix\Jackie K\Word Docs for PDFing\Consent forms\Gastro info and consent.doc		Revision no:	5

What are the benefits of a Gastroscopy?

The instrument allows the Endoscopist to have a clear view of the lining of the upper GI tract to check whether or not there is any abnormality present. During the investigation it is possible to take small samples of tissue (biopsies) from the lining of your upper GI tract for examination in the laboratory. Taking biopsies is painless. Photographs may be taken and kept for your hospital records.

What are the alternative procedures to a gastroscopy?

A barium meal or swallow can provide X-ray images of the upper GI tract. These are however, less sensitive and less routinely used. These tests have the disadvantage that biopsies cannot be taken if an abnormality is found. If this is the case a subsequent examination with a gastroscope may be required.

What are the risks from having a Gastroscopy?

Most gastroscopy procedures are performed without any problem.

- There is a risk of developing a chest infection or pneumonia following a gastroscopy, which is why we ask you to fast before your procedure.
- Damage to teeth or bridgework can occur, if you have any loose dental work please inform the endoscopist prior to your examination.
- Occasionally the gastroscope may cause damage to the lining of the gullet, stomach or duodenum known as a perforation, which is a tear of the lining it is thought to happen in approximately 1 case in 3000. An operation is nearly always required to repair the hole, in a few cases it may be treated with antibiotics and intravenous fluids.
- Bleeding may occur at the site of a biopsy and nearly always stops on its own.
- Risks from sedation are discussed below.

How do I prepare for a gastroscopy?

Please read and follow the instructions on the enclosed information sheet carefully

What happens when I arrive?

- The Endoscopist and the nurses will ensure you understand the procedure and discuss any outstanding concerns or questions you may have, when you are satisfied with the information and your questions have been answered you will be asked to sign a consent form.

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Ref. No:	Page 2 of 5	Next review due:	Aug. '12
FilenameV:\Secure Department Folders\Governance Department\Datix\Jackie K\Word Docs for PDFing\Consent forms\Gastro info and consent.doc		Revision no:	5

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- You will be offered the choice of sedation or local anaesthetic throat spray.
- Your blood pressure, heart rate and oxygen levels will be recorded.
- If you have any dentures you will be asked to remove them just before entering the endoscopy room.

Will I be given sedation?

Most gastroscopy procedures are performed without sedation. You can choose whether to have sedation or not. The endoscopist may advise older patients and those who have other health problems for example, people with breathing difficulties due to a bad chest, to have only the throat spray.

If you choose to have sedation it will be administered into a vein in your hand or arm which will make you slightly drowsy and relaxed but not unconscious.

You will be in a state called conscious sedation this means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. The sedation used also makes it unlikely that you will remember much about the procedure.

What are the risks of sedation?

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived and managed by the endoscopy unit staff. Rarely, these complications are more serious, and may need more intensive management.

Is there an alternative to sedation?

You may chose to have a local anaesthetic throat spray with this method, sedation is not used but the throat is numbed with a local anaesthetic spray. This is a safer alternative for patients with chest problems. The only constraint is that you must not have anything to eat or drink for about an hour after the procedure, until the sensation in your mouth and throat has returned to normal. It is strongly advised that when having your first drink after the procedure, it should be a cold drink and should be sipped to ensure you do not choke.

What happens during the Gastroscopy?

- If you have chosen to have a sedative before the gastroscopy begins, a small canulla (thin plastic tube) will be inserted into your vein, and the sedative will be administered into this.
- If you have chosen to have a local anaesthetic spray this will be administered before you lay down.
- The nurse looking after you will ask you to get into a comfortable position on your left hand side with your knees slightly bent.
- Whilst you are undergoing the procedure you will have a small probe on your finger that will monitor your pulse and oxygen levels, you will be given oxygen via a small sponge in your nostril.
- A small plastic mouth guard will be inserted immediately before the examination this will protect any remaining teeth and the endoscope and help to keep your mouth open during the procedure.

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Ref. No:	Page 3 of 5	Next review due:	Aug. '12
FilenameV:\Secure Department Folders\Governance Department\Datix\Jackie K\Word Docs for PDFing\Consent forms\Gastro info and consent.doc		Revision no:	5

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- The endoscopist will ask you to swallow the first section of the gastroscop. Then, the endoscopist gently advances the gastroscop into your oesophagus, and into your stomach and duodenum.
- During the gastroscopy you may be aware of a gagging sensation in the back of your throat, it will not interfere with your breathing at any time.
- The procedure does not usually hurt, but it may be uncomfortable.
- Air is passed down the gastroscop into the stomach to make the stomach lining easier to see. This may cause you to feel 'full' and want to belch.
- The air is sucked out at the end of the procedure. If you have a lot of saliva in your mouth, the nurse will clear it using a sucker (as is done at the dentist).

What happens after the gastroscopy?

If you have had sedation it will normally make you feel quite relaxed, and possibly drowsy. Most patients are ready to go home after resting for half an hour, following the procedure.

If you have chosen to have throat spray most patients are ready to go home within about fifteen minutes.

Some people may experience a sore throat for a day or so afterwards, this is quite normal.

You may also feel a little bloated if some of the air has remained in your stomach, however this will pass.

The Endoscopist or nurse will talk to you following the procedure, explaining what has been found. If biopsies have been taken the results usually take seven to ten days to be processed. Details of the results of the gastroscopy and any necessary treatment will be sent to the doctor who referred you for the gastroscopy.

Going home

Throat spray

- If you have had throat spray you can travel home alone and are able to drive a car.

Sedation

- If you have had sedation - after the gastroscopy it is not suitable for you to travel home by public transport.
- You **MUST** arrange for a responsible adult to accompany you home by private car or escort you in a taxi **AND STAY WITH YOU FOR 24 HOURS.**
- You must avoid alcohol for 24 hours following sedation
- You should not drive, operate machinery, ride a bicycle or sign legally binding documents for 24 hours following sedation as the drugs used remain in your system for up to 24 hours.
- You will be given advice and written information on the aftercare following the gastroscopy before you go home.

If you have any questions before your procedure contact the Day Surgery Unit
Advice line: Monday – Friday 8:00am – 7:30pm on 020 8541 5370.

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Ref. No:	Page 4 of 5	Next review due:	Aug. '12
FilenameV:\Secure Department Folders\Governance Department\Datix\Jackie K\Word Docs for PDFing\Consent forms\Gastro info and consent.doc		Revision no:	5

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Useful websites:

www.patient.co.uk

www.nhsdirect.nhs.uk

If you would like this information in your own language, in large print, in Braille or audio tape please call 020 8934 2003

Patient
Sticker

CONSENT FORM FOR GASTROSCOPY

Kingston Hospital NHS Trust

Patient agreement to endoscopic investigation and/or treatment

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Ref. No:	Page 5 of 5	Next review due:	Aug. '12
FilenameV:\Secure Department Folders\Governance Department\Datix\Jackie K\Word Docs for PDFing\Consent forms\Gastro info and consent.doc		Revision no:	5

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- Name of procedure(s): - **OGD**
- **Inspection of the upper gastrointestinal tract with a flexible endoscope (+/- biopsy, photography)**
 - **Biopsy samples will be kept by the hospital**

Statement of patient:

- † **I have read** and understood the information in the attached booklet including the benefits and risks.
- † **I agree** to the procedure described in this booklet and on this consent form.
- † **I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

Signed:.....*Date:*.....

Name (print in capitals).....

**You have the right to change your mind at any time,
including after you have signed this form.**

**If you would like to ask further questions, please do not sign the form now.
Bring it with you and you can sign it after you have talked to the doctor or nurse.**

Confirmation of consent (Completed by health professional when admitted for the procedure.)

- † I have confirmed that the patient / parent understands what the procedure involves including the benefits and any risks.
- † I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

Signed:.....*Date:*.....

Name (print in capitals).....

Job description.....

COPY FOR PATIENT



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FilenameV:\Secure Department Folders\Governance Department\Datix\Jackie K\Word Docs for PDFing\Consent forms\Gastro info and consent.doc		Revision no:	5

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COPY FOR THE NOTES

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Ref. No:	Page 7 of 5	Next review due:	Aug. '12
FilenameV:\Secure Department Folders\Governance Department\Datix\Jackie K\Word Docs for PDFing\Consent forms\Gastro info and consent.doc		Revision no:	5