

Upper GI endoscopy

affix patient label

What is an upper GI endoscopy?

This is a procedure that allows the endoscopist to look directly at the lining of your oesophagus, stomach and around the first bend of your small intestine. A long flexible tube (gastro scope) about 1cm thick with a bright light and camera at the end is passed through your mouth and into your stomach.

Why do I need it?

We use this procedure to help diagnose and treat symptoms and conditions that affect your oesophagus, stomach and upper intestine. It can help find the cause of unexplained symptoms you may be having as well as diagnosing diseases such as gastric ulcers, oesophageal strictures and cancers.

Are there any alternatives?

The alternatives would be to either have a procedure called a barium swallow or barium meal. This would involve you drinking some fluid and X-rays being taken to enable the medical team to assess your ability to swallow and manage food and fluids. These do not allow us to collect any tissue samples and are also less informative than an endoscopic investigation.

How do I prepare for it?

You should have nothing to eat and drink for 6 hours (and preferably overnight) before the procedure. If this procedure is your first, please stop taking any of these medications for 14 days before your procedure:

- Omeprazole (Losec)
- Lansoprazole
- Pantoprazole
- Esomeprazole (Nexium)
- Ranitidine (Zantac).

If your procedure is for follow up on your condition, please continue to take these medicines. If your procedure is for an assessment for anti-heartburn or reflux surgeries please stop these for 10 days before.

If you are taking medication to thin your blood such as Warfarin or Clopidogrel your specialist should have discussed this with you and given you clear instructions. If they have not please contact the department using the phone number on your letter. If you take Warfarin please make an appointment at your GP surgery to have an INR test as close as possible to your procedure (maximum 3 days before.) We may have to cancel your procedure if we do not have an up to date INR.

What does it involve?

You will receive a letter with your appointment time – this is not the time your procedure will start but will ensure that the team have adequate time to go through the paperwork and complete this consent documentation.

A nurse will check you in to explain the procedure, go through your medical details and obtain your consent for the test. You will have the opportunity to ask questions and discuss throat spray and sedation. You will be taken into the examination room where the endoscopist and nurses will introduce themselves and go through a checklist. You will be asked to lie comfortably on your left side. Throat spray and/or sedative injection will be given before the gastroscope is passed through your mouth and into your throat. The tube will not cause you any pain and will not interfere with your breathing.

A mouth guard will protect your teeth. Once inserted, your stomach is inflated with air to give the endoscopist a clearer view.

During the procedure the endoscopist may wish to take a sample of tissue (biopsy) for examination in the laboratory. Only a small piece of tissue is removed using tiny forceps and it is completely painless. Sometimes treatment is possible through the gastroscope, such as the stretching of narrowed areas (dilation), removing of polyps or swallowed objects and treating bleeding lesions such as ulcers.

You may feel bloating or the urge to belch during the procedure because of the air passed through the gastroscope, but this will pass quickly. If your mouth fills with saliva, the nurse will remove it with suction.

Will I need anaesthetic or sedation?

The procedure is unlikely to be painful but it may be uncomfortable. We can perform the test using either throat spray (local anaesthetic to numb the back of the throat) and/or a sedative injection that will make you drowsy but not unconscious. Just having throat spray is safer than a sedative injection and has a much shorter recovery time.

When using sedation most patients will remember little or nothing of the procedure but will have a longer recovery time and a possible 'hangover' with some drowsiness. If you choose sedation you will not be able to operate machinery, take alcohol, sign legal documents or drive for at least 24 hours, though insurance companies vary and you should check with your insurance company if you need to drive between 24 and 48 hours. You will need someone to escort you home, and have immediate access to a telephone if you are planning to be alone at home.

Many people prefer throat spray as it's more convenient, although a little more uncomfortable compared to sedation. Modern endoscopes are now much smaller and easier to insert. If you prefer to have both throat spray and sedation, your clinician can advise whether this is appropriate for you.

Are there any risks or complications?

An upper GI endoscopy is a safe and simple procedure for most people. Complications following an upper GI endoscopy that is performed for diagnosis are rare (less than 1 in 1000). The risk of complication is higher when endoscopy is used to apply treatment, such as dilation of the oesophagus. Possible complications include:

- perforation or tear of the oesophagus or intestine that could require surgery
- bleeding – usually minor and stops on its own but can be treated endoscopically if necessary
- a reaction to the sedative injection
- an incomplete procedure (not being able to complete the whole procedure)
- missed lesion – there is a small risk (1 in 100) that an important finding may be missed
- there may be slight risk to crowned teeth or dental bridgework, and you should tell the endoscopist if you have any of these.

What should I look out for?

You should not expect any problems. However if you experience:

- severe abdominal pain
- severe throat or chest pain
- trouble swallowing or breathlessness
- vomiting blood
- passing blood or black stool rectally

call the Endoscopy department for further advice and guidance within working hours, or your out-of-hours GP.

What happens afterwards?

The procedure usually takes between 5-15 minutes. However, you could be in the endoscopy unit for up to 4 hours in total for preparation and recovery.

If you have had throat spray you should not eat and drink for an hour after the procedure as the spray can temporarily interfere with swallowing. Remember that if you have sedation you must be collected and will be unable to drive, operate machinery or work for 24 hours.

When will I get my results?

The endoscopy nurses will discuss your results with you as part of the discharge process, and give you a report to take home. However it will take more time to get results if a biopsy has been taken or polyps removed, depending on the urgency of your test. These results will be sent to your GP, or the doctor who referred you will discuss these results with you.

Will I need a repeat procedure?

For certain findings you may be invited to have a repeat endoscopic procedure, one or more years in the future. Before any future procedures take place your notes will be reviewed. If clinical information becomes available or guidelines change, the appointment may be changed or possibly cancelled. We aim to contact you at least two months before the expected repeat procedure date to inform you of any changes to the original plan.

Final points

Please note that we are a training centre. All training lists are closely supervised by a trainer specialising in endoscopy procedures. Please use the phone number on your appointment letter if you do not wish to participate.

Any questions?

We want to ensure you are completely comfortable about your procedure. If you have any queries please contact the Endoscopy Booking Office using the contact telephone number on your appointment letter. The office is open Monday – Friday 9am – 4pm.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Upper GI Endoscopy

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

AFFIX PATIENT LABEL

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To diagnose and treat a possible cause of your symptoms, or*
- *To review the findings of any previous endoscopy*

Significant, unavoidable or frequently occurring risks:

- *Perforation or tear of the oesophagus or intestine that could require surgery*
- *Bleeding usually minor and stops on its own but can be treated endoscopically if necessary*
- *A reaction to the sedative injection*
- *An incomplete procedure (not being able to complete the whole procedure)*
- *Missed lesion – there is a small risk (1 in 100) that an important finding may be missed*
- *There may be a slight risk to crowned teeth or dental bridgework, and you should tell the endoscopist if you have any of these.*

Any extra procedures which may become necessary during the procedure:

- *Blood transfusion (required very infrequently)*
- *Photographs, emergency endoscopic, radiological or surgical intervention*
- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust’s approved patient information leaflet for this procedure: Upper GI Endoscopy (CHA4261) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this 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.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Upper GI Endoscopy (CHA4261) which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

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