



# Gastroscopy / Varices

## Information for patients from the Trust's Endoscopy Units

This information leaflet is for patients who are having a **gastroscopy with varices** treatment. It explains what is involved and any significant risks that there may be.

If you do not attend your appointment without telling the Endoscopy Unit in advance you may be removed from the waiting list.

Students and trainees, supervised by qualified staff may be involved in your care. If you do not want students to be present, please tell the endoscopist or nurse in charge.

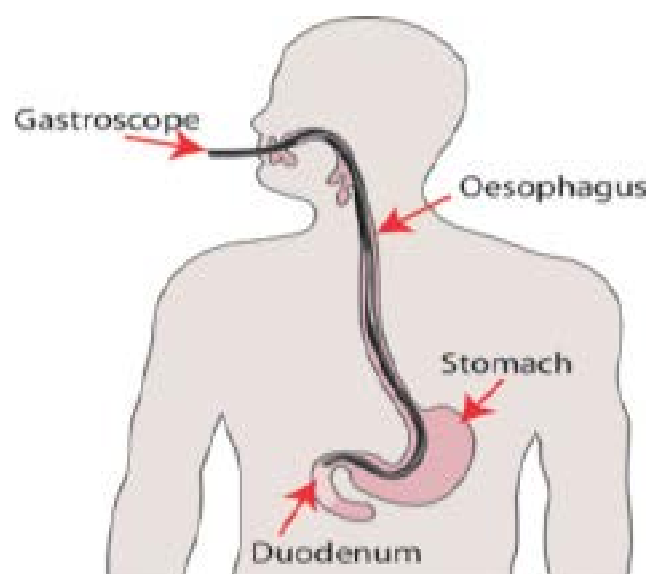
The time stated is your booking in time, please tell those coming to hospital with you that this is **not** your procedure time.

The test itself lasts about 20 minutes and normally you will be able to go home 45 minutes later. Occasionally, if there are emergency cases or very complex cases, the start of your test may be delayed and you may be in hospital for up to four hours.

### What is a gastroscopy?

A gastroscopy is an examination of the inside of your oesophagus (gullet), the stomach, and the duodenum (the first bend of the small intestine).

A thin, flexible tube approximately the size of a woman's little finger (a gastroscope) is passed through your mouth in to your stomach. The tip of the gastroscope contains a light and a tiny video camera so that the endoscopist can see inside your gut, allowing the endoscopist to see what might be causing the symptoms that you are experiencing. This procedure is sometimes called an endoscopy.



## What are oesophageal varices?

The **oesophagus** is the tube that connects your mouth and stomach and carries your food from your mouth to your stomach.

**Varices** are swollen (varicose) veins within the lining of the oesophagus. They may develop over many months or several years. Once they develop, they do not go away on their own.

## What causes oesophageal varices?

Oesophageal varices are associated with disease of the liver. Conditions which cause “scarring” of the liver can cause varices. Increased pressure in the veins that deliver blood to your liver can cause oesophageal varices. The increased pressure causes blood to back up in to other smaller veins, including those in your oesophagus.

Conditions such as liver cirrhosis, blood clots in the vessels that supply the liver, severe heart failure, certain drugs, and some infections (such as chronic hepatitis) can cause varices.

## Will I bleed?

Not everyone with oesophageal varices will bleed. In general, small varices rarely bleed but bigger ones may bleed. However over time, small varices can get bigger and the risk of bleeding increases.

There are medications which will help prevent bleeding, as well as some other treatments. The nurses and endoscopist will be happy to discuss these options with you.

## How can an endoscopy stop the bleeding?

If you vomit blood or pass black stools or blood through your bowel, this is a medical emergency and you must go immediately to hospital.

- **Injection sclerotherapy**

This is an injection of a sclerosant (a chemical) agent into the veins in your oesophagus. A fine, flexible needle is passed down through the endoscope and is used to inject the agent where it is needed. The injection causes clotting and scarring of the area and reduces the risk of varices returning.

- **Banding**

A device is fitted to the endoscope which allows the endoscopist to place a small band around the base of each varix, which will close off the area and stop or prevent bleeding.

These procedures are complementary and the endoscopist will use one or more, depending on what is best for your situation. This will be explained and discussed with you.

- **Balloon Tamponade**

Sometimes it is just not possible to get immediate control of severe bleeding. In this case, a flexible tube containing several compartments and two balloons is inserted through your mouth into your oesophagus and stomach, where one or both of the balloons are inflated to apply pressure to the bleeding site. This will give temporary control of bleeding to allow other measures to work.

### Will it hurt and how will I cope?

For the endoscopy you will be given a sedative injection/pain relief which will make you drowsy and relaxed. One of the nurses will be with you throughout your procedure to help you cope and make sure you are okay.

The procedure is not painful but is described as uncomfortable, especially the first few seconds as the endoscope passes across the back of your throat. The nurse with you and the sedation will help make this as tolerable as possible for you. There will be some discomfort as air is passed into your stomach to allow the endoscopist a clear view of the area.

### How do I prepare for my test?

- For your examination to be successful and for the endoscopist to have a clear view, your stomach must be empty.
- **It is important to have nothing to eat or drink for six hours before your test.**
- If you are a diabetic or haemophiliac, please phone the Endoscopy Unit for specific advice.
- If you are taking warfarin, clopidogrel, or other blood thinning medications, please tell us at least one week before your test.
- Continue to take your other medications with a sip of water.
- Please bring a list of your medication with you to the Unit.
- If you have any queries about your medication, please ring the Endoscopy Unit. It is especially important to remember to bring any asthma inhalers or angina sprays with you.
- **Patients should not bring in large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

### What happens when I arrive at the hospital?

- Please report to the reception of the Endoscopy Unit.
- A nurse will check your details, blood pressure, and pulse. If you are allergic to anything (such as medicine, latex, plasters), please tell the nurse.
- Please do not hesitate to ask any questions you may have.
- The endoscopist performing your test will explain the procedure and ask you to sign a consent form. This confirms that you understand the examination and agree to go ahead with it. Remember you can withdraw your consent for treatment at any time.
- You will be asked to remove any spectacles, contact lenses, tongue studs, and dentures (if you have them).
- A nurse will stay with you throughout your examination.

## What does the examination involve?

A small needle will be placed in to your hand/arm. This needle will be left lightly strapped to your hand/arm until you are recovered from the procedure.

- You will have a device attached to your finger, which monitors your heart rate and breathing.
- A cuff will be placed on your arm to monitor your blood pressure; please tell your nurse if there is a reason why a certain arm cannot be used.
- You will be asked to lay on your left side, and a small mouthpiece will be placed in your mouth and, if you have sedation, you will be given oxygen.
- The endoscopist will gently insert the gastroscope into your stomach. This is not painful and will not make breathing or swallowing difficult, but you may feel like retching and feel uncomfortable during the test.
- Your stomach will be gently inflated with air to expand it, so that the lining can be seen more clearly. The air is sucked out at the end of your test.
- After the varices and their position have been found they will either be injected or the endoscope removed for the banding kit to be placed on the tip. If necessary, the gastroscope will be re-introduced and the varices will be banded.
- A biopsy (a small sample of the stomach lining) may be taken during your examination and sent to the laboratory for more tests; you cannot feel this.
- A video recording and/or photographs may also be taken.
- The nurse may need to clear saliva from your mouth using a small suction tube.
- Afterwards the gastroscope is removed easily.

## What happens afterwards?

You will be cared for in the recovery area for at least one hour, where the nurses will monitor your recovery.

You may have some discomfort in your chest and a mild pain relieving medication will help.

You may be advised to eat a soft diet for the first couple of days after your procedure, depending on what has been done.

The nurse will explain all this to you before you leave the hospital. A letter will be sent to your GP with your results.

## When can I go home?

- If you have come to the Unit for a routine check you will be able to go home after one or two hours, depending on how well you recover.
- If you came to the Unit from a ward, you will return to the ward and your medical team there will decide when you can go home.
- If you have come as an emergency following a bleed, you will be staying in hospital. This will be explained and discussed with you at every stage of the process.

It is very important that you feel free to ask any questions you have or tell us if you are worried or have any concerns. We will be happy to help.

- **If you had the sedative injection you must have a responsible friend or relative to take you home and stay with you for 24 hours.**
- You must not drive, drink alcohol, operate machinery (including the oven and kettle), or sign important documents, for 24 hours following your test.

You may have a sore throat, but this will pass and is nothing to worry about.

## Are there any risks?

As with any procedure there are some risks. These include:

- damage to crowned teeth or dental bridgework
- a reaction to the sedative; the sedative can affect your breathing making it slow and shallow
- perforation, which is a tiny tear in the gullet or stomach; this would need repairing involving a short stay in hospital and occasionally an operation
- a small amount of bleeding may occur due to the banding and injection, causing ulceration
- fever (raised temperature)
- there is a slightly increased risk of developing a chest infection after this procedure
- a sore chest for a few days after the test, this will slowly wear off
- difficulty swallowing which should wear off after a few days; and
- scarring leading to difficulty swallowing.

Please talk to your endoscopist before your examination if you have any worries about these risks.

## Any further questions?

Please phone the **Endoscopy Unit**. The units are open Monday to Sunday 8am to 6pm.

- William Harvey Hospital, Ashford Telephone: 01233 61 62 74
- Kent and Canterbury Hospital, Canterbury Telephone: 01227 78 30 58
- Queen Elizabeth the Queen Mother Hospital, Margate Telephone: 01843 23 43 70

If you have any questions between 6pm and 8am Monday to Sunday then contact the **Emergency Department** on:

- William Harvey Hospital, Ashford Telephone: 01233 61 62 07
- Queen Elizabeth the Queen Mother Hospital, Margate Telephone: 01843 23 50 30

A short film outlining what patients can expect when coming to hospital for an endoscopy is available on the East Kent Hospitals web site [www.ekhft.nhs.uk/endoscopy/](http://www.ekhft.nhs.uk/endoscopy/)

Our units are regularly inspected and audited; please ask if you want any information about our performance standards. You can also visit [www.patientopinion.co.uk](http://www.patientopinion.co.uk)

**This leaflet has been produced with and for patients**

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

**Any complaints, comments, concerns, or compliments** please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)

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**Further patient leaflets** are available via the East Kent Hospitals web site [www.ekhft.nhs.uk/patientinformation](http://www.ekhft.nhs.uk/patientinformation)