



Gastroscopy/Oesophageal dilation

Information for patients from the Trust's Endoscopy Units

This information leaflet is for patients who are having a **gastroscopy with oesophageal dilation** examination. 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.

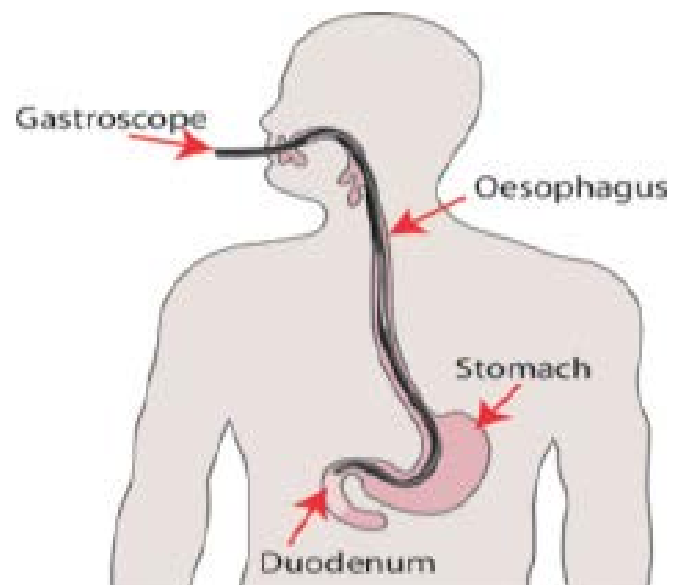
Students and trainees, supervised by qualified staff may be involved in your care. If you do not want students to be present, please tell the endoscopist or nurse in charge.

The time stated is your booking in time so please tell those coming to hospital with you that this is **not** your procedure time. The test itself lasts about 20 minutes. 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?

It 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 into your stomach. The tip of the endoscope 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 is an oesophageal dilation?

Oesophageal dilation is a procedure to stretch open a narrowing which slows or prevents the passage of food through the gullet. The procedure is carried out during a gastroscopy. A balloon or gradual dilator is used to stretch open the narrowing. X-rays are often used to check position and the result of the dilation at the end of the endoscopy.

An oesophageal dilation takes longer than a routine gastroscopy and may be painful, so sedation and/or painkillers are normally given. Depending on how you tolerate this procedure you may be allowed fluids and be discharged from hospital within a few hours of your procedure. Occasionally, your endoscopist may decide that you should not eat or drink for a longer period of time or that you stay in hospital overnight. Your endoscopist may also need you to have an x-ray before you start drinking and eating, to check for complications.

How do I prepare for my test?

- For this 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 the Endoscopy Unit at least one week before your test.
- If you have a pacemaker/ICD, please tell the Endoscopy Unit at least one week before your test.
- Continue to take your other medications with a sip of water.
- If you have any queries about your medication please ring the Endoscopy Unit.
- Please bring a list of your medications with you to the 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.
- Please remove any nail polish and all types of false nails before coming to hospital for your test.

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 the 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 need to change. Please bring your dressing gown, slippers, and something to read.
- 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?

The nurse or endoscopist will discuss with you whether you will have a **local anaesthetic spray** (numbing) on the back of your throat; this has a bitter taste. **You can also have an injection of sedative and painkiller** into a vein in your hand or arm, to help you relax. This may make you sleepy too. 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 the 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 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 the test.
- A wire is passed through the endoscope. The gastroscope may be removed leaving the wire in place.
- A balloon dilator, using the wire as a guide, is inserted through your stricture.
- A biopsy (a small sample of the stomach lining) may be taken during your examination to be 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.

What can I expect after my procedure?

- The nurses will continue to monitor your condition and make sure you are comfortable.
- You may have an x-ray at some point after your procedure.
- You will not have anything to eat or drink for at least one hour after your test or until the nurse or endoscopist are happy with your recovery. You will be advised about what you can eat and drink before you leave hospital. Generally you must chew your food well, avoid large chunks of food, and always have a drink with your meals.
- Your throat may feel slightly sore. Please tell the nurse if you have any other pain or discomfort.
- You must arrange for someone to take you home from hospital after your procedure. When home you must rest for the rest of the day.
- Before you leave hospital the nurse will tell you the result of your examination. A letter will be sent to your GP with the results.

Going home

- **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 or kettle), or sign important documents, for 24 hours following your test.
- You may have a mild sore throat, but this will pass and is nothing to worry about.
- You should eat a soft diet only for 48 hours following your procedure.

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
- a small amount of bleeding may happen following the biopsy
- fever (raised temperature)
- there is a slightly higher risk of developing a chest infection after this procedure
- perforation, which is a tiny tear in the gullet; this can be treated either with antibiotics and rest to allow healing, or a stent can be placed to seal the tear or rarely an operation is needed;
- 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/

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

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

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.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhft.nhs.uk/patientinformation

Information produced by the Trust's Endoscopy Units

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