Introduction
This leaflet has been written for patients who have been referred for a gastroscopy procedure at the hospital.

What is a Gastroscopy?
Upper Gastrointestinal (GI) endoscopy (sometimes called a 'Gastroscopy' or simply an 'endoscopy') is a procedure which allows the Endoscopist to look directly at the lining of the oesophagus (the gullet), the stomach and around the first bend of the small intestine - the duodenum. The procedure is performed using an endoscope; this is a narrow tube with a light at one end that transmits an image to a camera. The endoscope is passed through your mouth into the stomach. The procedure takes approximately 5-10 minutes. It has been described as unpleasant but not painful.

Why do I need a Gastroscopy?
A Gastroscopy is often performed to investigate what is causing symptoms such as:
- Indigestion
- Heartburn
- Anaemia
- Dysphagia (difficulty swallowing)

What are the alternatives?
Barium meal x-ray examination is an alternative investigation to a Gastroscopy. It is not as informative as a Gastroscopy and has the added disadvantage that tissue samples cannot be taken. If you want further information, please discuss this with your GP or the doctor who has referred you for this test.

Is Gastroscopy safe?
All procedures carry some risk but outpatient diagnostic Gastroscopy is very safe. Minor complications are uncommon and major complications are very rare.
How can I prepare for the procedure?
To allow a clear view, the stomach must be empty. You will therefore be asked not to eat or drink for at least eight hours before the procedure. 
If you are a Diabetic or taking Warfarin, Aspirin or Clopidogrel tablets please contact the Endoscopy Unit.

What will happen when I arrive for my Gastroscopy?
When you come to the department, you will be admitted by a member of the nursing staff, if you have any worries or questions at this stage don't be afraid to ask.
You will be asked to sign a consent form indicating that you understand the procedure. The consent form is a legal document, therefore please read it carefully.
The procedure may be carried out using either a sedative injection or a local anaesthetic spray applied to your throat.

Using a sedative injection: The sedative injection makes you sleepy, relaxed and less anxious. It is not a general anaesthetic and you will not be unconscious, but it is unlikely you will remember much about the procedure. You will usually be able to go home after about an hour.

Using local anaesthetic spray: Local anaesthetic spray is applied to the back of your throat to make it numb. You will not be sleepy and will be able to go home soon after the examination.
These options will be discussed with you on admission

What will happen during the test?
You may be given a local anaesthetic spray to numb the back of your throat or an injection as described above.

Your procedure will be performed by a qualified endoscopist or a supervised trainee endoscopist. A qualified nurse will remain with you throughout the procedure.
In the examination room you will be asked to lie on a trolley on your left side, it is not necessary to get undressed.

You will be asked to remove any dentures or glasses. A plastic guard will be placed in your mouth to protect your teeth and the gastroscope. A clip will be lightly attached to your finger to check your pulse rate and oxygen level. Oxygen may be administered into your nostrils.
The endoscopist will pass the gastroscope over your tongue, (you may experience a slight choking sensation at this stage, however this will pass quickly) down into your gullet and into your stomach. This will not interfere with your breathing and will not be painful. Any saliva or other secretions produced during the test will be removed using a small suction tube, rather like the one used at the dentist. Small tissue samples (biopsies) may be taken through the gastroscope this is painless. Photographs may be taken for your records and will only be seen by those involved in your care.

What will happen after the procedure?
You will be taken into the recovery room, once the staff are happy with your condition they will offer you a drink and a biscuit, if you have had a throat spray you will have to wait until your swallowing reflex has returned. Following this you will be taken back to the waiting area; you will be discharged by a member of the nursing staff. Please expect to be with us for up to an hour following your procedure.

Going Home
If you have had sedation for the procedure, it is essential that someone comes to the department to pick you up and then stays with you for the remainder of the day. Once home it is important to rest. Sedation lasts longer than you think, so if you have had sedation you should not do any of the following for 24hrs:
• drive a car
• operate machinery
• drink alcohol
• do not make important decisions or sign important documents.

Who can I contact if I have any questions or problems?
If you have any concerns or problems please contact the Endoscopy Unit:
Open between 0830 am – 5pm Monday to Friday Tel: 01895 279214

Who to contact out of hours
If you develop any urgent problems following your discharge and you feel that they cannot wait until the Endoscopy Unit is next open, then please contact your GP or NHS Direct who will advise you.

NHS Direct
Tel: 0845 46 47
www.nhsdirect.nhs.uk
Languages/ Alternative Formats

Please ask if you require this information in other languages, large print or audio format. Please contact: 01895 279973

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نيدل اب: افطل، بسنا ويتوص بلاق اي و رگمید یانابقیپ ده باره یام بیاز لیمئال نویا زا رگا افطل 01895 279973

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Proszę pytać, jeśli te informacje w innych językach, dużym drukiem lub w formie audio. Proszę o kontakt: 01895 279973

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