

Understanding Gastroscopy

What is a gastroscopy?

Gastroscopy is a procedure that allows the endoscopist to look directly at the lining of the upper gut. The upper gut consists of the oesophagus (gullet), stomach and duodenum (part of the small intestine joining the stomach). A long flexible tube (thinner than your little finger) with a light at the end is passed through the mouth, into the oesophagus and then into the stomach and duodenum. The lining of these can be checked to see if there are any problems such as ulcers or inflammation. The procedure can take between 5 and 15 minutes.

Sometimes it is helpful to take a biopsy – a sample of the lining of the gut. This is performed by passing a small instrument through the gastroscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead) which is sent to the laboratory for analysis. This will not cause you any pain.

Getting ready for the procedure

Please fast for six hours before the procedure. On arrival, the procedure will be explained to you and you will be asked to sign a consent form. We want to make sure that you understand the procedure and its implications. Remember, you can change your mind about having the procedure at any time.

Sedatives

There are two options for this procedure

1. No sedation option: you will be given a local anaesthetic spray to the back of your throat. This will make it numb so that you cannot feel the gastroscope. The numbness will last for about half an hour. The advantage of this option is that you can leave as soon as you have talked to the endoscopist and resume your normal activities e.g working, driving. You will be fully aware of the procedure, most patients find this acceptable and not too unpleasant.

2. Intravenous sedation option: An intravenous injection is given into a vein to make you feel relaxed and sleepy but not unconscious (this is **not** a general anaesthetic). This option means you may not be aware of the procedure.

The disadvantages to this option are

(1) You will need to stay whilst you recover which may take up to two hours or more.

(2) You will need to be escorted home.

(3) The injection may continue to have a mild sedative effect for up to 24 hours and may also leave you unsteady on your feet for a while.

If you choose sedation you must arrange for a responsible adult to come with you, and then take you home. You will not be able to drive. Altogether, you may be in the department for up to four hours.

During the procedure

In the procedure room, you will be asked to remove false teeth and glasses, made comfortable on a couch lying on your left side. The endoscopist will give you the injection or throat spray. To keep your mouth open so that you do not bite the gastroscope, a plastic mouth guard will be put gently between your teeth. A plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels.

When the endoscopist gently passes the gastroscope through your mouth you may gag slightly, this is quite normal and will not interfere with your breathing. During the procedure, some air will be put in to your stomach so that the endoscopist will have a clear view and this may make you burp and belch a little. Some people find this unpleasant. The air is removed at the end. When the procedure is finished, the gastroscope is removed quickly and easily.

Minimal restraint may be appropriate during the procedure. However if you make it clear that you are too uncomfortable the procedure will be stopped.

Potential problems

Diagnostic gastroscopy procedures carry a very small risk (1 in 10,000 cases) of haemorrhage (bleeding) or perforation (tear) of the gut following which surgery may be necessary. There may be a slight risk to teeth, crowns or dental bridgework. You should tell the nurses if you have any of these. Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and an adverse reaction to the intravenous sedative drugs.

After the procedure

Afterwards, the back of your throat may feel sore for the rest of the day and you may feel bloated if some of the air remains in your stomach. Both these discomforts will pass and need no medication.

If you are given a throat spray you may go home immediately after the procedure. You are advised not to have anything to eat or drink until the numbness has worn off. After this, you can eat and drink normally.

If you have sedation, you will be taken to a recovery area while the sedation wears off. When you are sufficiently awake, you may go home. You are advised not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for the next 24 hours. You are also advised to have a responsible adult stay with you for the next 12 hours.