



Phoenix
Health
Solutions

PATIENT LEAFLET

Upper GI Endoscopy (Gastroscopy)



Having an Upper GI Endoscopy



You have been advised to have an upper gastrointestinal (GI) endoscopy to help find the cause of your symptoms. The test is sometimes called a 'gastroscopy' or simply an 'endoscopy'.

This leaflet has been prepared after talking to patients who have had the test. It may not answer all your questions. So, if you have any please don't hesitate to ask. The staff who carry out the test will be available to answer any queries. Not every hospital does things in exactly the same way.

WHAT IS AN UPPER GI ENDOSCOPY?

Upper GI endoscopy is a test 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.

To do the test, an endoscope is passed through your mouth into the stomach. The endoscope is a long flexible tube with a bright light and video chip at the end. The view through the endoscope is often displayed on a TV screen, so you may be able to watch the procedure yourself. The endoscopist gets a clear view of the lining of the stomach and can check whether any disease is present. Sometimes the endoscopist takes a biopsy—a sample of tissue for analysis in the laboratory. The tissue is removed painlessly through the endoscope using tiny forceps.

WHAT SHOULD YOU EXPECT?

The preparation:

To allow a clear view, the stomach must be empty. You will therefore be asked not to eat or drink for at least six hours before the test. When you come to the department, the endoscopist will explain the test to you and will ask you to sign a consent form. This is to ensure that you understand the test and its implications.

Please tell the endoscopist or nurse if you have previously had any allergies or bad reactions to drugs or other tests. They will also want to know about any previous endoscopies you have had. If you have any worries or questions, don't be afraid to ask. The staff will want you to be as relaxed as possible for the test and will not mind answering your queries. You may be asked to undress and put on a hospital gown. It will also be necessary for you to remove any false teeth. They will be kept safely until after the examination.

During the test:

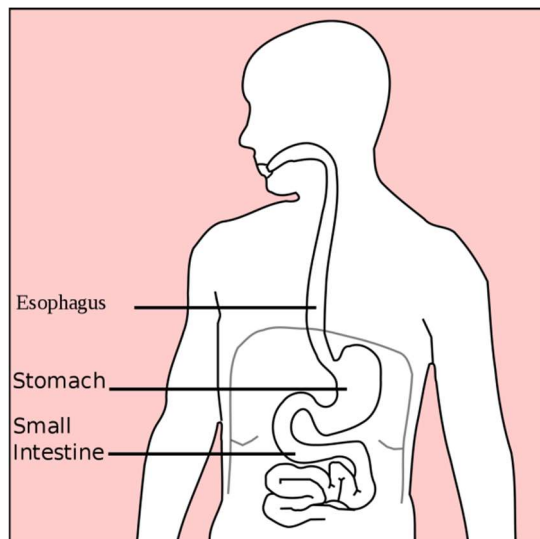
In the examination room, you will be made comfortable on a couch, resting on your left side. A nurse will stay with you throughout the test. Some endoscopists may spray a local anaesthetic on the back of your throat or give you a tablet to suck to numb the area. You may also be given an injection to make you feel sleepy and relaxed. A significant number of tests, however, are performed without sedation as one of the main risks of this type of test is over-sedation. To keep your mouth slightly open, a plastic mouthpiece will be put between your teeth. When the endoscopist passes the endoscope into your stomach, it will not cause you any pain nor will it interfere with your breathing at any time. It may take up to fifteen minutes to examine all the areas of the stomach carefully. During this time, some air will be passed down the tube to distend the stomach and allow the endoscopist a clearer view—the air is sucked out at the end of the test. If you get a lot of saliva in your mouth, the nurse will clear it using a sucker. When the examination is finished, the endoscope is removed quickly and easily.

RISKS

There is a slight risk of damage to teeth, crowns or bridges.

AFTER YOUR TEST

You will be left to rest in the unit for at least thirty minutes. You will be given a drink but if you have had your throat numbed by the spray, you will have to wait until your swallowing reflex is back to normal. This usually takes over an hour. After this, you can eat and drink normally, however the back of your throat may feel sore for the rest of the day. You may also feel a little bloated if some of the air has remained in your stomach. Both these discomforts will pass and need no medication.



GOING HOME

If you are going home after the test, it is essential that someone comes to pick you up. Once home, it is important to rest quietly for the remainder of the day. Sedation lasts longer than you think, so if you have been given an injection during the examination, you should not:

DRIVE A CAR, OPERATE MACHINERY OR DRINK ALCOHOL.

The effects of the test and injection should have worn off by the next day when most patients are able to resume normal activities.

WHEN DO I KNOW THE RESULTS?

In many cases, the endoscopist or nurse will be able to tell you the results straight after the test, or if you have been sedated, as soon as you are awake. However, if a sample (biopsy) has been taken for examination, the results may take several days.

It is a good idea to have someone with you when you speak to the endoscopist after the test since, if sedation has been used, people often find they forget everything that has been said to them, and many do not recollect having the test at all.

Details of the results and any necessary treatment should be discussed with your general practitioner or hospital specialist, whoever recommended you have the test.

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