

Gastroscopy

Your Gastroscopy - Some Information

These notes give a guide to your stay in hospital. They also give an idea about what it will be like afterwards. They do not cover everything. If you want to know more, please ask.

What is a Gastroscopy?

Strictly speaking a gastroscopy (ga-**stross**-copy) is just an examination of your stomach. But on the way we examine you from the back of your mouth right down the oesophagus which runs inside your chest into your stomach. And we can examine beyond your stomach into the upper part of the gut called the duodenum.

How is it done?

The back of your throat is numbed with a spray. We slide the gastroscope down the back of your tongue for about 3 minutes while the examination is done. Then we slide the gastroscope out again. That is all you notice.

Are there any alternatives?

We need to know what is going on inside your stomach and the other parts of your feeding system. X-rays and scans are not the answer at this stage. Doing nothing may mean we miss something important.

What happens before the operation?

Welcome to the Day Procedure Unit.

You will be welcomed to the unit by the nurses or the receptionist. You will have your details checked. We will check that you have not had anything to eat or drink for at least 5 hours so that your stomach will be empty.

You will be asked to make yourself comfortable on a wheeled couch.

You will be asked to sign a consent form agreeing to the gastroscopy.

You will be seen by the surgeon who will be doing the operation. He will check that all the necessary preparations have been made.

Timing of the operation

The operation is timed to the nearest quarter hour or so. Do not be surprised, however, if there are delays.

Premedication

A sedative before the operation is not always needed.

The Gastroscopy (without Sedation)

First you will have your mouth and the back of your throat sprayed 3 or 4 times to make the lining numb. The spray tastes of bananas.

Many patients find the procedure acceptable without sedation. Some Specialists therefore do the procedure using only a throat spray to numb the back of the throat thus removing any discomfort. If during the procedure you feel the need of sedation you can request that you are given some.

With Sedation or Anaesthetic

You will be unaware of the procedure and this is usually provided through using an intravenous sedative which rapidly makes you sleep and the recover rate is very quick.

You will have a little needle put into an arm vein for the sedation to be given.

You will be turned to lie on your left side. You will be given a plastic tooth guard to bite on.

Then the gastroscope is passed slowly down the back of your tongue. It tickles and makes fizzing noises. You will be asked to swallow once or twice to get the tube started on its journey down the back of your throat.

You will be able to breathe normally, but you will find it difficult to talk because of the tube.

You may feel your tummy swelling a little with wind as we blow air down the gastroscope to get a good view. You may even burp loudly. This is normal. The swelling soon passes off.

Some people get a sickly feeling at one moment during the examination. This passes quickly.

You can have a look down into your stomach by looking at the T.V. screen if you want.

As the gastroscope is taken out at the end of the examination, it makes a noise in your mouth clearing any secretions.

What happens after the operation?

Coming round after the gastroscopy if you have had sedation

You may feel drowsy afterwards. You may in fact not remember the gastroscopy at all.

Drinking and eating

You should not drink for 1 hour after the gastroscopy while your throat is numb. After 2 hours you can eat and drink normally.

What about informing my relatives and contacts?

With your permission, the nurses and doctors will keep your relatives and contacts up to date with your progress.

How long in hospital?

You can leave hospital after an hour or two. You must be collected.

If you have had Sedation.

After you leave hospital

You may feel tired for a day or so.

Important

You should not drive, use machinery or make any important decisions for 24 hours since the gastroscopy can be a little upsetting to the system.

General advice

The examination is very quick and easy.

If you have any problems or queries, please ask the nurses or doctors.

Special Situations

1. Diabetic on Insulin. Your procedure will be performed in the morning if possible. Since you will be fasting DO NOT TAKE your insulin in the morning on the day of the procedure.
2. Medications – if you are on medications for epilepsy, high blood pressure etc., please take your medication.
3. If you are pregnant please inform the Nurse or Doctor when you arrive on the Ward.

Warning

All endoscopic procedures carry a very small risk of haemorrhage¹ or perforation² of the gut, following which surgery may be necessary. Other rare complications include aspiration pneumonia and a reaction to the IV sedative drugs used to sedate. Having a gastroscopy may involve a slight risk to crowned teeth or dental bridgework.

Any Questions?

If you have any questions, jot them down here and ask the doctors or nurses for answers.

If your stay has been pleasant or you have any suggestions to improve the experience in Hospital please write to me at the address below. If any member of staff has stood out in your care again write to me. Positive feedback is always appreciated. Use the form overleaf to help with this.

Any complaints?

If you have any complaints, please contact the doctors or nurses straight away. If this does not solve the problem, please write to me at Surgical Unit, Causeway Hospital, 4 Newbridge Road, Coleraine. BT52 1HS.

Mr M G Brown, MD FRCS
Consultant Surgeon & Vascular Surgeon.

Have you any comments?

We welcome your comments and suggestions covering your illness, your treatment in hospital, and your recovery. Please write below any points you would like to make. If you prefer, you need not give your name.

Full name:

Hospital:

Ward:

Date of stay in hospital:

Operation:

Out patients department:

Your admission arrangements:

Your welcome on the ward:

Nursing staff:

General ward atmosphere:

Medical staff:

Ward orderlies:

Portering staff:

X-ray staff:

ECG staff:

Did you know who was who?:

Bedding:

Food and drink:

Privacy:

Locker space:

Toilets:

Bathrooms:

Other patients:

Noise:

Information:

Telephone/TV/radio/newspapers:

Timing of operation:

Preparations for your operation:

Going into the theatre:

In the operating theatre:

In the recovery room:

Coming back from theatre:

Intensive Care ward:

Pain control:

Wound dressings:

Progress reports:

Rest room:

Going-home arrangements:

Anything else?

Recovery on the ward:

Sleeping:

Stitches, clips:

Visiting hours:

Tablets, medicines, injections:

Out-patient follow up: