Milton Keynes Hospital
NHS Foundation Trust

Milton Keynes Endoscopy Unit
Direct to Test Service

Upper Gastro-Intestinal Endoscopy
(Gastroscopy)
What is an UGI endoscopy?

An Upper Gastro-Intestinal endoscopy (which is also sometimes called a gastroscopy, endoscopy or oesophagogastroduodenoscopy) involves putting a tube through the mouth into the oesophagus (throat), down through the stomach and into the first part of the intestine (duodenum). By doing this the doctor can examine the upper digestive tract to detect any abnormality. Commonly found abnormalities are inflammation, hiatus hernia and ulcers. During the procedure the doctor may take some biopsies (tissues samples). Often these biopsies help diagnosis. This is a routine procedure which is not painful.

Occasionally, treatment is required which can also be performed through the endoscope. This may involve treating any bleeding vessels or ulcers. Sometimes, there may be a narrowed area in the oesophagus which needs dilatation (stretching). These procedures will only be done if you have already given your permission.

How do I prepare?

To get a clear view of the oesophagus and stomach it is important that the stomach is empty. Please do not eat or drink anything for at least six hours (preferably overnight) before the procedure. If you are taking any medications such as blood pressure tablets you may
take these with a small sip of water first thing in the morning.

If you are diabetic it is important that you contact your diabetic specialist nurse prior to any of these preparations so that they can instruct you on what you need to do.

If you are taking any medicines e.g. Warfarin, Aspirin or Clopidogrel these may need to be altered or stopped before your procedure. You may also need to have blood tests. Please contact your GP for advice.

What will happen?

On arriving in the Endoscopy Department, a nurse will welcome you. The nurse will also take details on whether you have any allergies to any medicines, any medical conditions which would require you to be given antibiotics before the procedure (for example an artificial heart valve or if you suffer from valvular heart disease) and also details of any medicines you are currently taking, e.g. Warfarin. It is important that the Doctor in the endoscopy department is aware of these and any other conditions before the procedure starts.

The doctor will come and discuss the procedure with you, what is going to happen, any risks and any serious or common side effects.
You will be given the opportunity to ask any questions before you sign the consent form.

Before the procedure you may be asked to put on a hospital gown although this is not always necessary. If you wear spectacles or dentures you will be asked to remove them. All your belongings will be kept with you during your procedure to prevent anything being lost. You are advised to leave your valuables at home as we do not accept responsibility for them.

Many people decide to have a gastroscopy just with a local anaesthetic throat spray to make the throat numb. However, some need a little bit more help to keep them relaxed. If you have decided that you want sedation, a sedative called Midazolam will be administered though an IV cannula (a plastic tube which is placed in a vein in your arm/hand).

In the endoscopy room, where your procedure is performed, your throat will be made numb by using the local anaesthetic spray. You will then be asked to lie on your left side. A “probe” will be placed on your finger which can read your pulse and the amount of oxygen in your body (pulse oximeter). Oxygen will be given, usually via a sponge which is placed into one of your nostrils. A mouth guard is placed lightly between your teeth.

The procedure will take about 15 minutes.
Aftercare:

After the procedure, you will remain in the Endoscopy Unit for about 40 minutes. This is to enable the numb feeling in your throat to wear off. You may feel some abdominal bloating due to the air which will have been pumped into your stomach during the procedure.

If you have had sedation, it is important that you do not drive and that a responsible adult accompanies you home and stays with you for at least twelve hours. You should not drive, operate machinery or drink alcohol for about 24 hours after the procedure, nor should you make any important decisions. The reason for this is that the sedation may, despite the fact that you may feel perfectly normal, still be in the body and may impair your judgement.
When do I know the result?

Usually, the doctor 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. The report will also be sent to your GP and the details of results and any necessary treatment may be discussed with your general practitioner (GP) if necessary, after leaving hospital.

Before leaving you should receive a copy of your report, the top copy of your consent form and if you have had sedation, some sedation discharge information.

Are there any risks?

Gastroscopy does have some risks associated with it. These may be related to the medication given (sedative). There is also risk of perforation (tear) of the oesophagus (throat) or the stomach, and bleeding. These are rare complications but it is important that you are aware of them.

However, if it has been necessary to carry out a treatment such as stretching of the oesophagus to dilate a narrowed area, the perforation risk is about 1 in 100 dilatations. This causes chest pain or, stomach
or abdominal pain. It is important to inform us if you have any pain which does not ease off.

**What to do if you feel unwell:**

If you have persistent abdominal or chest pain, fever or bleeding after the procedure, please contact the Endoscopy Unit (tel: **01908 826524**) between the hours of 8.30am to 6.30pm, Monday to Friday. If you have these symptoms outside these hours or at a weekend please contact the hospital on **01908 660033** and ask to speak to the on-call medical registrar.

Further information is available on the internet. For example: [www.corecharity.org.uk](http://www.corecharity.org.uk)

References for the information contained within this leaflet if required may be obtained for the author.

**People are unique and the alternatives, risks and benefits will of course vary from person to person. We hope this leaflet will support the information you have already received from your doctor in enabling you to make an informed decision about your care.**