

## Having a Gastroscopy

### What is a gastroscopy?

A gastroscopy is alternatively known as an OGD (oesophago-gastro-duodenoscopy) or more simply an endoscopy and is an examination of your oesophagus (food pipe), stomach and the duodenum (first part of the small bowel). Passing a long flexible tube containing a camera and a light allows your endoscopist to view the lining of the organs of the upper part of the gastrointestinal (GI) tract.

### Why would I need this procedure?

A gastroscopy will help your endoscopist to find out why you are having symptoms and make a diagnosis. If it is related to your upper GI tract it will give your endoscopist a clear view of the lining of upper digestive tract and allows your endoscopist to take tissue samples (biopsies) if necessary.

### What should I do before I come into hospital?

To be successful your stomach needs to be empty for this procedure. It is important that you do not have anything to eat for at least six hours before your procedure and only drink water until two hours before your appointment time.

If you are diabetic, we will discuss your diabetic management with you prior to your test. If you are taking any blood thinning medication (except aspirin) such as warfarin or clopidogrel please contact the Endoscopy Unit for further advice as you may have to stop these drugs. Please contact our Endoscopy Units;

Conquest Hospital Endoscopy Unit – Tel: 0300 131 5297

Eastbourne DGH Endoscopy Unit – Tel: 0300 131 4595

Opening hours: Monday to Friday - 08.00 hours to 18:00 hours (except bank holidays)

Email both departments at [esht.endoscopypreassessment@nhs.net](mailto:esht.endoscopypreassessment@nhs.net)

On the day of your procedure, you may take your usual medication or bring it with you and take it after the procedure if required, although we would advise medication for blood pressure is taken as usual.

### Will I need conscious sedation?

You will be offered local anaesthetic throat spray, most patients will choose throat spray, which numbs the back of your throat making the procedure more comfortable and for some patients this will be sufficient. Local anaesthetic throat spray can be given in conjunction with a conscious sedation injection, you must be aware it is not like having a general anaesthetic. It will make you feel relaxed and drowsy; you will be able to hear and understand what is being said to you. The sedative is given through a cannula that will be inserted in your arm.

### What do I need to bring with me?

Please wear loose comfortable clothing and bring the following with you:

- A list of all your medications and allergies any allergies you may have.
- Reading glasses
- If you intend to have conscious sedation, bring the name and telephone number of the

person who will be collecting you. A responsible adult will need to stay with you for 12 hours following the conscious sedation.

Do not bring any valuables with you, as the Trust cannot take responsibility for any losses.

### What will happen when I arrive for my procedure?

Please remember that your appointment time is not the time you will have your procedure. There will be a waiting time between your admission and having your procedure, as well as a recovery period afterwards. Expect to be at the hospital for 1.5 to 2.5 hours.

You will be greeted by a member of the endoscopy team at the endoscopy reception and your personal details will be checked.

A nurse will review your medical history, medications and any allergies. Your blood pressure, pulse and oxygen saturations will be taken. The nurse will explain the procedure, discuss your preference for conscious sedation or a local anaesthetic throat spray and will give you the opportunity to ask questions.

If you choose conscious sedation you will have a small plastic tube (cannula) inserted into a vein in your arm so the medication can be administered.

### What are the potential risks and side effects?

Upper gastrointestinal endoscopy is an extremely safe procedure; the chances of any complications are minimal.

Risks include:

- **Perforation** - approximately 1 in every 10,000 procedures. It is possible to damage the lining of upper gastrointestinal tract. An operation may be required to mend the tear.
  - **Bleeding** - approximately 1:1000 for diagnostic procedures.
  - **Missed pathology** - this is possible if a procedure is incomplete.
  - **Adverse effects of medications** - Although the dose of sedative used is small, some patients can become over-sedated. This can result in slowing of the breathing. This can be reversed with medication. On rare occasions, patients may have an allergic to the medication used, should this occur the endoscopist would give medication to manage this reaction.
- Other procedures;**
- **Polypectomy** - Procedure to remove polyps from the wall of the stomach, if left in place these can sometimes develop into cancer, depending on the type of polyp.
  - **Haemostasis therapies** - treatments used to stop bleeding.

The risks of the procedure will be discussed; if you wish to proceed you will be asked to sign a consent form. This confirms that you understand the procedure and want to go ahead with it. We want you to feel safe, supported and comfortable, so please do not be afraid to ask if you have any worries or questions. Once prepared you will wait in the pre-procedure waiting room until you are collected and taken to the procedure room for your gastroscopy.

### What happens during the gastroscopy?

A gastroscopy takes approximately 10 minutes. Any dentures will need to be removed before the procedure begins. You will be asked to lie on your left side. You will be given oxygen nasally. The nurses will monitor you closely during the procedure and will observe your pulse and oxygen saturations.

Before the starts you will be given the local anaesthetic throat spray and/or conscious sedation injection depending on your choice. A mouth guard is placed in your mouth prior to passing the gastroscope. Your endoscopist will ask you to swallow to allow the gastroscope to pass into your oesophagus and down towards your stomach. You may cough, any saliva in your mouth will be suctioned away. To see the lining of the stomach and duodenum, air will be gently blown through the gastroscope. This can feel a little uncomfortable giving you a bloated feeling.

### What happens after the procedure?

After a procedure with conscious sedation, you will be taken to the recovery area where your pulse, oxygen saturations and blood pressure will be monitored for a minimum of 30 minutes to one hour until you are fully awake.

If you have the local anaesthetic throat spray, you will be in recovery for approximately 10 minutes for the nurse to record your blood pressure and discharge you. Please note that if the endoscopist has taken oesophageal biopsies you will have to stay in recovery for 30 minutes to ensure there is no bleeding.

The back of your throat may feel sore for the rest of the day, and you may feel a little bloated. If you had the sedation, you may feel tired.

When you are ready to go home the nurse or endoscopist will discuss the results of your gastroscopy with you in a private room. If you wish to have a family member/friend present, please inform the nurse.

After your procedure if you develop any of the following symptoms you need to consult a doctor immediately:

- **Vomiting blood**
- **Trouble swallowing**
- **Severe abdominal pain**
- **Difficulty breathing**
- **Fever**
- **Chest pains**
- **Abdominal distension**
- **Bowel motions turn black**

### What can I expect following conscious sedation?

The effects of sedation can last up to 24 hours.

- We advise you to go home and rest. A responsible adult (aged 18+) will need to collect you from the Endoscopy Unit and stay with you for at least 12 hours.
- You must not drive a car/motorbike, operate machinery (including using your cooker), or drink alcohol.
- You should not look after any young children alone.
- You should not take sleeping tablets.
- You should not sign a legal document within 24 hours of having a sedative.
- You can eat a light diet, drink as normal and take your usual medication.
- If you have had sedation you should be able to return to work after 24 hours.

### What can I expect if I only have local anaesthetic throat spray?

If you have had a local anaesthetic throat spray, you do not need an escort to take you home, you can drive a car/motorbike after your procedure. You can resume your normal activities as soon as you feel able to, it is advisable to go home and rest. You can eat and drink normally one hour after the spray has been given and take your usual medication.

## Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

## Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following have been consulted and agreed this patient information:

Consultant: Mrs A. Morris, Clinical Lead and Dr A. Jeevagan, Gastroenterology Clinical Lead

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Responsible clinician/author: T. Holmes-Ling

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