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**PATIENT INFORMATION:
UPPER GI ENDOSCOPY
G6500**

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What is an upper GI endoscopy?

An upper gastrointestinal (GI) endoscopy is a procedure used to visualise the inside of the oesophagus (gullet), stomach and duodenum using a flexible telescope. This procedure can also be known as a gastroscopy or simply an endoscopy.

You have been advised to have an upper GI endoscopy but it is your decision as to whether or not you choose to go ahead with the procedure. This information leaflet is designed to provide you with the necessary information to help you make an informed choice. If at any time you have further questions regarding the procedure which have not been covered in this leaflet, please do not hesitate to ask.

Why do I need an upper GI endoscopy?

We may be concerned that you have a problem in the upper part of your digestive tract. An upper GI endoscopy is an ideal way of establishing if there is a problem or not. If a problem is found, we can perform biopsies (removing tiny pieces of tissue) to help assist with the diagnosis.

What are the alternatives to an upper GI endoscopy?

We have recommended an upper GI endoscopy as it is the most effective way of diagnosing most problems within the upper digestive tract.

A barium meal is an x-ray test of the upper GI tract. This test is not as accurate as an upper GI endoscopy, and if a problem is found, you may still need an upper GI endoscopy in order that biopsies can be taken.

A urea breath test can be used to detect a germ (*helicobacter pylori*) that can cause stomach ulcers.

What if I decide not to have an upper GI endoscopy?

If you decided not to proceed with this investigation, we may not be able to establish the cause of the problem, however any such decision should be discussed fully your doctor.

What does the procedure involve?

Before the procedure takes place, a number of checks will be carried out to ensure that you have the procedure you came into hospital for. You will be asked to confirm your name and the procedure you are having, you will then have the opportunity to ask any questions you have before signing the consent form.

You should let us know if you are on Warfarin, Clopidogrel or any other blood thinning medication. You should also let us know if you are diabetic.

You should not eat anything for six hours prior to the procedure. You can drink small quantities of water for up to two hours before the investigation. This is to ensure that your stomach is empty so that we can have a clear view of the stomach, it will also make the procedure more comfortable for you. If you have diabetes you may need special advice, depending on the treatment you are on for your diabetes.

When you are taken down to the endoscopy room, you may be offered a sedative to help you relax. If you decide to have a sedative, this will be given through a small needle in your arm or the back of your hand. When you have removed any false teeth or plates, we will usually spray your throat with some local anaesthetic and ask you to swallow it. This can taste quite unpleasant. You will then need to lie on your left side in a comfortable position and a plastic mouthpiece will be placed in your mouth. A member of the endoscopy team will be monitoring your heart rate and oxygen levels using a finger clip. If you need oxygen, this will be administered through a small tube placed in your nose. A flexible endoscope will then be placed into the back of your throat. You may be asked to swallow when the endoscope is in your throat, this helps the endoscope to pass more easily into your oesophagus and down into your stomach. The endoscope will then pass into your duodenum. We can then look for problems in these organs such as inflammation or ulcers. We can perform biopsies or take photographs of any areas of concern to assist with the diagnosis. The procedure is not painful and usually only takes about ten minutes. You may feel that your stomach is bloated because air is blown into your stomach to provide a better view. You will be able to breathe easily and freely and with no hindrance. You will be monitored closely throughout the procedure.

What are the complications of an upper GI endoscopy?

We will endeavour to make your procedure as safe as possible. However, complications can happen, some of these can be serious and may even cause death (1 in 25,000 cases). The possible complications of an upper GI endoscopy are listed below. The numbers which relate to risk based on studies of people who have had this procedure. We may be able to advise you if the risk of a complication is higher or lower for you. Possible complications are:

- ❖ **Sore throat**, which will resolve quickly
- ❖ **Allergic reaction**, to the materials, sedative or equipment. We are trained to detect and treat any reactions which may occur but please let us know if you have any allergies or you have had any reactions to drugs or procedures in the past.
- ❖ **Heart irregularities or breathing difficulties**, as a result of a reaction to the sedation or inhalation of secretions such as saliva. To try to stop this from happening your oxygen levels are monitored and a suction device can be used to clear any secretions. Rarely, a stroke (loss of brain function resulting from an interruption of blood supply to the brain) or heart attack can occur if you have serious medical issues.
- ❖ **Making a hole in the oesophagus, stomach or duodenum** (risk 1 in 2,000). The risk is higher if there is an abnormal narrowing which is stretched. If a hole is made, you will need admission to hospital for further treatment which could include surgery.
- ❖ **Damage to teeth or bridgework**. A plastic mouthpiece will be placed in your mouth to assist with protecting your teeth. You should let us know if you have any loose teeth.
- ❖ **Bleeding** from the site of a biopsy or from minor damage caused by the endoscope. This usually stops by itself.
- ❖ **Incomplete procedure** This may occur due to a technical problem, food or blockage in the upper digestive tract, complications during the procedure or patient discomfort. We may recommend another endoscopy or an alternative investigation such as a barium meal.

If there is anything you do not understand or requires further clarification please let us know.

How soon will I recover?

If you did not have sedation you should be able to go straight home and will be able to return to normal activities immediately, although you should not eat or drink anything for at least an hour after your procedure.

If you had sedation you will be transferred to the recovery area where you can rest. You would normally recover in about an hour, but this depends on how much sedation you are given. Once you are able to swallow properly you will be able to have a drink. You may feel slightly bloated for a few hours but this will pass.

If you had sedation you will need a responsible adult to take you home by car or taxi and they should remain with you for at least twelve hours. You should be within reach of a telephone in case of an emergency. You must not drive, operate any machinery (including cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, co-ordination and movement. You should not drink any alcohol or sign any legal documents for 24 hours after sedation.

You will be advised of the outcome of your endoscopy and we will discuss with you any follow up or treatment required. Biopsy results will not be available until a few days after your procedure, so you may be asked to come back to clinic to receive these results.

Once you are at home, if you have any chest pain, breathing problems, pain in your abdomen, high temperature or if you vomit you should contact the hospital or your GP. If you have severe symptoms you should go to the nearest Accident and Emergency department or phone an ambulance.

You should be able to return to work or normal activities the day after your endoscopy, unless you are advised otherwise.

Lifestyle changes

If you smoke, you will improve your long term health if you are able to stop smoking.

You have a higher risk of developing complications if you are overweight, so try to maintain a healthy weight.

Regular exercise will improve your long-term health. Before you start exercising you should get advice from your GP or other healthcare professional.

Summary

An upper GI endoscopy is normally a safe and effective way of establishing whether you have a problem with the upper part of your digestive tract. Complications can occur and you need to be aware of them to help you make an informed decision about the procedure, being aware of them can also help detect and treat any problems early.

This leaflet is for information only and should not replace advice that your relevant healthcare professional would give you. Please keep this information and use it to help you if you have any further questions or queries.