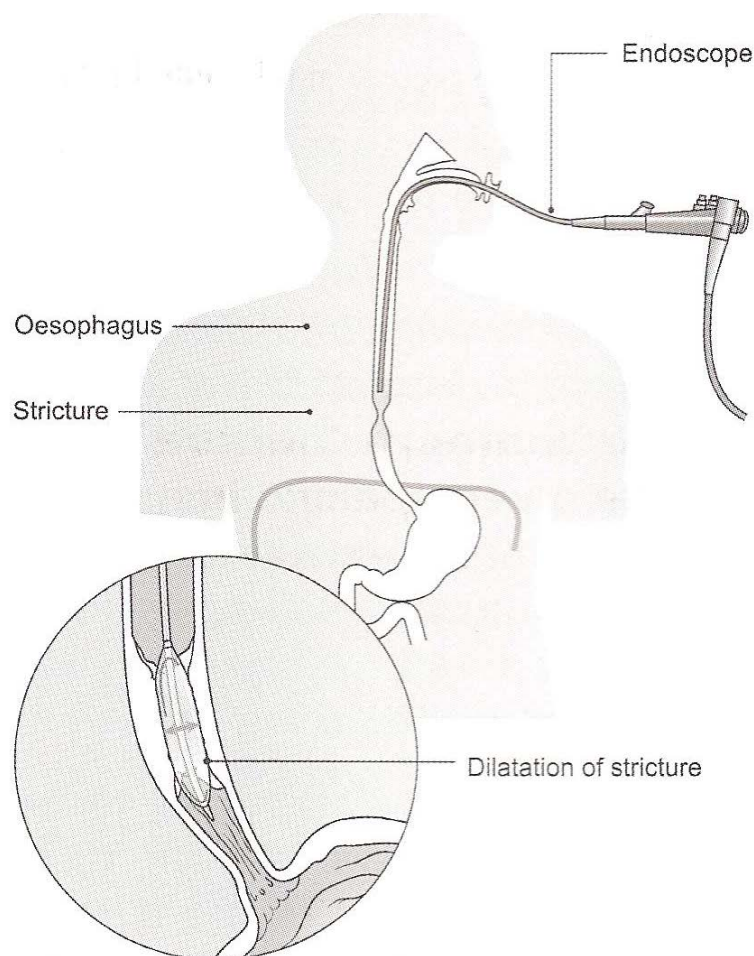


HAVING A GASTROSCOPY WITH OESOPHAGEAL DILATATION

This information sheet is for patients who are having a procedure known as a gastroscopy with oesophageal dilatation. This is an examination of the oesophagus, stomach and duodenum, with the intention to treat or stretch a narrowing in the oesophagus.

A gastroscopy is an examination of the inside of the oesophagus (gullet), stomach and duodenum, using a long flexible instrument called a gastroscope. An image is projected from the tip of the gastroscope onto a screen. Abnormalities or a narrowing (stricture) in the oesophagus can be seen but can sometimes prevent examination of the stomach and duodenum.

The oesophagus can be narrowed by scar tissue, inflammation, muscle spasm or a growth. Gastroscopy is used to diagnose these problems and to take samples of the lining of the oesophagus. Some types of narrowing can also be treated at the same time, by mechanically stretching the narrowed part.



Reasons for having this procedure

- Diagnostic - the specialist doctor or nurse can see any abnormalities;
- Investigative - small samples (biopsies) can be taken from the lining of the oesophagus for laboratory tests;
- Treatment - a narrowing of the oesophagus can be stretched;
- Surveillance - to re-examine any previous problems.

Preparation for the procedure

- For this examination to be successful, the stomach must be as empty as possible.
- It is important to have nothing to eat for 6 hours before the test, then just clear fluids up until 2 hours before the appointment and then nothing further.
- If you have diabetes, or you are taking Warfarin or any other blood thinning medication, you will be given specific instructions. Patients who have stopped warfarin just before the test will need to have a blood test the day before the procedure.
- You should continue to take any other regular medications as normal (with a small sip of water if this is necessary).
- Please bring your completed medical assessment form, and the consent form, which you should have read and may have signed, with you to the hospital.
- Some patients are admitted following their procedure but not all; we suggest that you bring the items required for an overnight stay.

On arrival at the hospital

- Please go straight to the Endoscopy Unit and ring the bell to let the staff know that you have arrived.
- You may have to wait for a short while, so it is a good idea to bring something to read.
- The doctor or nurse will explain the procedure.
- A nurse will go through your medical history with you, check your pulse and blood pressure, and ask some necessary additional questions. Please do not hesitate to ask any questions you may have.
- The doctor or nurse will go through the consent form with you, to confirm that you understand the procedure and agree to go ahead with it, and the form should be signed.
- Before the procedure is started you will be asked to remove dentures, spectacles / contact lenses. It is better to leave most of your valuables at home.
- You may be asked to change into a gown for the procedure. You will then wait in the waiting area until you are taken to the procedure room.
- The procedure is performed in the Endoscopy Unit or in the X-ray department.

The procedure

- You will have a local anaesthetic throat spray which numbs the throat, and an injection of sedative and painkiller into a vein to help you relax. It may also make you sleepy but for most patients it induces sleep after the making it a hazy memory.
- While you are lying comfortably on your left side on the examination trolley, a small mouthpiece will be placed in your mouth, and the doctor will gently insert a small flexible tube (gastroscope) through into your oesophagus. This is not painful and will not make breathing or swallowing difficult.
- Depending on the findings, biopsies may be taken during the procedure and sent to the laboratory for further tests.
- The oesophagus may be stretched mechanically using a tapered instrument or a small tubular balloon. X-rays are taken at the same time to make sure that the instrument is placed correctly in the oesophagus.
- The nurse may need to clear saliva from your mouth with suction.
- Oxygen is given through a tube in the nasal passage.
- Afterwards the gastroscope is removed quickly and easily.

After the procedure

- You will rest a while in the Endoscopy Unit or return to your ward.
- Depending on what happened during the procedure, you may be able to have fluids after half an hour or may need to have an X ray before you can start to drink.
- The decision about admission will be made following the procedure
- The nurse or doctor will tell you the result of the procedure and arrangements for follow up before you go home. You may be given a copy of the report.
- A report and any biopsy results will be sent to your GP and we will send you a copy of any letter about biopsy results.

Going home

- Some patients may need to stay in hospital overnight for observation following the procedure.
- Alternatively you may be able to go home providing you have a responsible friend or relative to take you home and stay with you for 24 hours.
- You must not drive, drink alcohol, operate machinery or make important decisions for 24 hours following the procedure.
- You should start eating and drinking cautiously after this procedure. If you have chest pain on eating or drinking after the procedure, you should seek medical advice.

What are the risks?

The risks of gastroscopy with oesophageal dilatation depend mostly on the cause of the narrowing.

- Some mild discomfort or **bleeding** is common following the procedure.
- Damage to the wall of the oesophagus causing a tear (a **perforation**) occurs in about 1 in 50 procedures. If this complication happens, you would have to stay in hospital for a number of days and might require surgery to repair the perforation.
- **Sedation** can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems occur, they are usually short-lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly. Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by a doctor before having the procedure.
- **Heart attack or stroke** (related to sedation). These are very rare and are more likely to affect elderly patients (heart attack) or patients already at risk of having a heart attack or stroke.

If you have any concerns about these risks, please speak to the specialist doctor before the examination.

Alternatives

Occasionally surgery is required for treating a narrowing of the oesophagus, but this is normally only considered after endoscopy and stretching of the oesophagus has been tried first.

For further information

Please telephone the Nurse in charge of the Endoscopy Unit on 01582 497298 (Monday to Friday 8.30am to 5pm)