

**NHS Forth Valley**

# **Information about your Upper GI Endoscopy (Gastrosocopy) Procedure and Consent**

**Information for patients**

A large, decorative blue wave graphic that spans the bottom half of the page. It consists of two main curved shapes that meet at a central point, creating a sense of movement and flow.

Your doctor has advised you to have a procedure known as a Gastroscopy.

## Consent

You must read the following information as we need your informed formal consent for this procedure. The consent form is a legal document and is at the back of this booklet.

Once you:

- have read and understood all the information, including the possibility of complications  
and
- agree to undergo the procedure.

Please sign and date the consent form.

If however there is anything you do not understand or wish to discuss further please tell the nursing staff. They will either assist you or arrange for the doctor to give you more information.

## Introduction

It has been found necessary for you to undergo an upper gastrointestinal endoscopy. This is a procedure that allows us to directly look at your gullet (oesophagus), stomach and the first part of the small bowel called the duodenum.

The procedure can be uncomfortable but not painful and can be carried out using or a local anaesthetic throat spray, sedation or a combination of both.

## Why do I need to have an upper gastrointestinal endoscopy (gastroscopy)?

- There are many reasons for this procedure including: indigestion; anaemia; weight loss; vomiting; passing black bowel motions, vomiting blood or difficulty swallowing.
- A gastroscopy may find the cause for your symptoms; help with treatment, and if necessary, decide on further investigations.

## The procedure

The purpose of your procedure is to try and find the reason for your symptoms. We may take some specimens during the procedure. This should not be painful and you should not notice the specimens being taken.

The actual procedure takes approximately 5minutes. However it is difficult to predict how long you will require to be in hospital but you should allow for approximately 2 hours.

## Preparing for the Procedure

To optimise the views during your endoscopy your stomach must be empty. Therefore do not have anything to eat for at least **6 hours before the procedure**.

If your procedure is in the morning do not have anything to eat after midnight but you may sip water up to 2 hours prior to your appointment.

If your procedure is in the afternoon you may have a breakfast of tea or coffee and something light, like toast, no later than 7.30am. Sips of water can be taken until 2 hours before your procedure.

**It is important that you follow these instructions otherwise your procedure is very likely to be delayed or you may not be able to have the procedure.**

## Medications

Most medications can be taken prior to your procedure unless stipulated on your appointment letter.

**Diabetic Patients:** do not eat for 6 hours before your appointment time. Do not have your insulin or tablets but bring them with you. Please telephone the endoscopy unit (01324 567518) or diabetes department (01324 566929) for further advice regarding your medication whilst fasting.

### Throat Spray

As the gastroscopes (flexible tubes) are quite thin many patients are able to have the procedure with throat spray only which numbs your tongue and throat.

We spray the throat whilst you are sitting up and swallowing. The effect is rapid and you will notice a loss of sensation to your tongue and throat. The benefits of choosing throat spray are:

- You are fully conscious and aware
- You are able to carry on as normal after the procedure

However, you must not have anything to eat or drink for 90 minutes after the procedure or until the sensation in your mouth and throat returns to normal.

### Sedation

If you choose sedation we will administer this through a vein in your hand or arm which will make you slightly drowsy and relaxed but not unconscious. You will be in a state we call conscious sedation. This means that although drowsy you will still hear what is said to you and therefore you will be able to follow simple instructions during the procedure. As the sedation causes drowsiness and lapses of memory you may not remember all or part of the procedure.

Please note that after the procedure you will need someone to take you home and stay with you that night.

If you have had sedation, for 24 hours after your procedure you are not allowed to:

- Drive
- Take alcohol
- Operate machinery or
- Sign any legally binding documents.

## What happens on the day of my gastroscopy?

On arrival to the endoscopy unit please report to the reception desk. A member of the endoscopy nursing staff will meet you in the waiting area and take you to an admission room where they will check your medical history.

The nurse will make sure that you understand the procedure and discuss any concerns or questions you may have.

You will be asked to sign your consent form at this point and it will be countersigned by the Nurse. The completed consent form is an integral part of the overall process but does not waive your right to have the procedure stopped at any time. Your blood pressure, pulse rate, oxygen levels and respiratory rate will be checked. If you are diabetic your blood sugar will be checked and if you are on warfarin your INR will be checked. At this point if you have friends or family accompanying you they will be asked to wait for you in the waiting area and you will be taken in to the endoscopy unit.

## The gastroscopy

In the endoscopy room the endoscopist will introduce themselves. The staff will carry out a safety brief and check your details again. You will have the opportunity to ask any final questions. If you have any dentures we will ask you to remove them at this point.

- If you are having local anaesthetic throat spray we will spray this onto the back of your throat whilst you are sitting up and swallowing. The effect is rapid and you will notice a loss of sensation to your tongue and throat. The nurse will then ask you to lie onto your left side.  
or
- If you are having sedation we will ask you to lie on your left side and then we will place a nasal oxygen cannula (sponge) in to your nostril to give you oxygen and place an oxygen and pulse monitor on your finger. We will insert a mouth guard between your teeth this is to keep your mouth slightly open and to protect your teeth and the gastroscope. We will then give you the sedative into the cannula (tube) in your vein.

The Endoscopist will then put the gastroscope into your mouth, down your gullet and into your stomach. It can make you gag or cough but will not affect your breathing at any time.

There is a small amount of air pumped into your stomach to allow us to get a better view.

The nurse will remove any excess saliva or fluid from the corner of your mouth using a small suction tube, similar to the one used at the dentist.

During the procedure we may take tissue samples (biopsies) for analysis by the pathology department. We remove the tissue painlessly through the gastroscope using tiny forceps. We may take photographs for your records.

When the procedure is finished the endoscopist will safely remove the gastroscope.

## **Withdrawal of consent during the procedure**

It is important to understand that you are allowed to withdraw consent at any point during this process. If this occurs during the procedure it is important that you do not try and remove the scope yourself but simply place your right hand into the air and the endoscopist will confirm with you that you wish to stop the procedure. If confirmation is ascertained by the endoscopist that you wish the procedure to be abandoned then the endoscopist will safely remove the gastroscope quickly and easily.

### **Risks**

Gastrosocopy is an invasive procedure and because of this there can be complications. These don't happen very often, but we need to make you aware of them so that you can make an informed decision as part of your consent.

The doctor who requested the procedure will have considered this. The risks must be compared to the benefit of having the procedure carried out to identify what is causing your symptoms. The benefits must outweigh the risks of having the procedure.

## Risks from the procedure

The main risks are:

- Damage to teeth or bridgework.
- Perforation (hole) or tear of the lining of the stomach or gullet and associated bleeding. The risk is approximately 1 in 2000 cases. These are more serious and could lead to you being admitted to hospital. We can treat certain cases with antibiotics and intravenous fluids. However, perforation may need surgery to repair the hole.

### Risks from Sedation

Sedation can very occasionally cause problems with breathing, your heart rate and blood pressure. If any of these problems do occur they are normally short term. We will carefully monitor you so that we can identify any potential problems and treat them quickly.

### Risks for emergency or therapeutic Gastroscopy

Therapeutic Gastroscopy is a procedure where an intervention is undertaken such as the stretching of a narrowing in the gullet (dilatation), or treatment to stop bleeding from inside the gullet or stomach. Risks of a perforation (a hole) in the gullet if a dilatation (stretch) is preformed are approximately 1 in 200 cases.

Emergency Gastroscopy is when the procedure has not been planned, such as for vomiting blood where it is important to have the procedure quickly for clinical reasons. Risks for these types of gastroscopy are higher than diagnostic procedures (diagnostic procedures are to find a cause for symptoms not treat them).

If you need a General Anaesthetic there are further risks and we would discuss these risks with you.

The other risks include not being able to stop the cause of the bleeding by endoscopic treatment alone. Very rarely, it may be necessary to have a procedure that stops the bleeding from within the blood vessels rather than from within the gullet or stomach. This type of treatment is undertaken by the Interventional radiology team who are trained to perform different procedures using X-ray or CT scanners. If this is unsuccessful then it is possible that you may require emergency surgery to control the bleeding.

## After the procedure

You will be able to rest after the procedure. The nursing staff will monitor you and check your blood pressure, pulse, oxygen levels, conscious levels and comfort.

When you have recovered we will take you to our second stage recovery area where you will be offered a hot drink and biscuit. You will be able to wait there until your previously arranged friend or family member can pick you up.

If you have had throat spray you will not be offered anything to drink as you will have to wait the allotted time before you can eat and drink. However you will not need to stay in the department and will be able to leave soon after your procedure.

We will send a procedure report to the doctor that is responsible for your care and a copy to your GP. You may also be offered a copy of the procedure report before you leave. In addition the doctor responsible for your care may write to you to advise you of what was found and any further investigations that you may require.

The back of your throat may feel sore for the rest of the day. You may also feel a little bloated if some of the air has remained in your stomach. Both these discomforts will pass quite quickly, and don't need medication.

You may feel fully alert after your procedure, however the sedation remains in your body for about 24 hours and you can feel drowsy with lapses of memory. This is why we require someone to stay with you overnight.

## Notes

### **If you can't go let us know!**

Every month around 2,000 people across Forth Valley fail to turn up for hospital appointments. This costs the NHS millions of pounds each year and increases waiting times. So if you are unable to attend or no longer require your hospital appointment please let us know so we can offer it to someone else.

**We are happy to consider requests for this publication in other languages or formats such as large print. Please call [01324 590886 \(9-5\)](tel:01324590886) to arrange this or email [fv.disabilitydepartment@nhs.scot](mailto:fv.disabilitydepartment@nhs.scot)**

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Patient name/address/DOB /CHI/Unit No  
Or Addressograph label

# Consent Form

Patient agreement to endoscopic investigation and/or treatment.

Name of Procedure: Upper Gastrointestinal Endoscopy (Gastroscopy) +/- Biopsies

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography). Biopsy specimens will be retained.

**and/or other necessary procedure** .....

### Statement of Patient

**I have read** and understood the information in this booklet including the benefits and any risks.

**I agree** to the procedure described in this booklet and on the form.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

**I understand** that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.

**I also give consent** for any necessary biopsies and for photo recording +/- video recording for clinical and/or research purposes.

**Have you ever been notified that you are at an increased risk of Creutzfeldt Jakob Disease (CJD) or Variant Creutzfeldt Jakob Disease (vCJD) for public health purposes?**      Yes   No

## **Patient Consent and Signature**

You have the right to change your mind at any time, including after you have signed this form.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (print in capitals):** \_\_\_\_\_

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **(For Staff Only)**

**Confirmation of consent** (to be completed by a health care professional when the patient is admitted for the procedure)

I have confirmed that the patient understands what the procedure involves including any risks.

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (print in capitals):** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Endoscopist Name:** \_\_\_\_\_

**Endoscopist Signature:** \_\_\_\_\_