

Patient information leaflet: **Gastroscopy without Sedation**

A gastroscopy is a procedure that looks inside your oesophagus (gullet), your stomach and the first part of your small intestine (duodenum). It's a type of endoscopy, which means it's carried out using a narrow, flexible tube called an endoscope. This has a light at the end, and a camera to allow your consultant to see images of your insides on a video monitor.

You might also hear a gastroscopy being called an 'upper gastrointestinal endoscopy' or an 'oesophago-gastro-duodenoscopy (OGD)'.

How a gastroscopy is carried out

A gastroscopy is a procedure that looks at your oesophagus, stomach and the first part of the small intestine with a telescopic camera.

Why a gastroscopy is used

A gastroscopy can be used to investigate symptoms you may be having. It can also be used to diagnose certain medical conditions or as a treatment. Your consultant may recommend you have a gastroscopy to find out why you're having certain symptoms.

These include:

- indigestion (acid reflux or discomfort in your upper tummy) that doesn't go away with treatment
- difficulty or pain when you swallow (dysphagia)
- pain in your upper abdomen (tummy)
- being sick (vomiting) repeatedly
- vomiting blood or having very dark tar-like blood in your faeces (melaena)

A gastroscopy helps your consultant to confirm or rule out suspected medical conditions such as peptic ulcers, coeliac disease, Barrett's oesophagus, and cancer of the oesophagus or stomach cancer. In some cases, your doctor may take small samples of tissue (a biopsy) during the endoscopy.

Although a gastroscopy is usually done to diagnose the cause of your symptoms, your doctor can also use a gastroscopy to carry out certain treatments. These include stopping bleeding, removing small growths and widening your oesophagus if it has become narrowed.

Preparing for your gastroscopy

A gastroscopy is usually done as a day-case procedure in hospital. This means that you will be an outpatient and won't need to stay overnight. Before your gastroscopy, you'll be given information about what is involved and how to prepare for it.

Before coming to hospital

The information you receive will tell you if you can continue with any regular medicines you are taking, or if you should stop them for a short while before your procedure. It is important to follow any advice you're given. If you don't, it may not be possible to perform the procedure.

If you are taking certain medicines (called proton pump inhibitors) that reduce your stomach acid, you may be asked to stop them two weeks beforehand. This is because they might stop your consultant getting a true picture of whether or not there are problems in your gullet or stomach.

It is particularly important to let your consultant or the hospital team know if you are taking anticoagulant or antiplatelet medicines (medicines that prevent your blood clotting). These include heparin, aspirin, clopidogrel, warfarin and new medicines such as dabigatran and rivaroxaban. Your doctor will tell you if you should continue taking them – this might depend on which medicine you take. If you continue to take medicines that should be stopped, you may still be able to have a gastroscopy. But you probably won't be able to have a biopsy or a treatment procedure

You should arrange for someone to take you home, and preferably stay with you for 24 hours afterwards.

On the day

Your stomach must be completely empty during the test, so you will probably be asked not to eat or drink anything for six hours before your gastroscopy. However, it's important to follow your consultant's advice.

Tell your consultant about any medicines you're taking, whether they have been prescribed or you have bought them over the counter.

Your consultant will discuss with you what will happen before, during and after your procedure, and any discomfort you might have. This discussion with The Manchester General Surgeon is your chance to ask questions so that you understand what will happen. Once you understand the procedure and if you agree to have it, your doctor may ask you to sign a consent form.

What happens during a gastroscopy?

A gastroscopy usually only takes five to 10 minutes, though occasionally it may be longer. The procedure will be carried out by a doctor or a specialist nurse.

A hospital nurse will ask you to take off your shirt or top and put on a hospital gown. They will also ask you to remove any dentures or dental plates and your glasses. If you wear contact lenses, you can leave them in.

You will be asked to lie on your left side. Your consultant will place a guard into your mouth to protect your teeth. They will then pass the gastroscope through the opening of the guard into your mouth, until it rests on your tongue at the back of your throat. You will then be asked to swallow to allow the gastroscope to pass into your oesophagus and down towards your stomach. This part of the procedure may be uncomfortable for about 20 seconds, and it's usual to gag once or twice. The discomfort usually soon passes.

To help with the examination, a nurse may use a suction tube to remove any excess saliva from your mouth. Your consultant will also inflate your stomach with air through the gastroscope. This makes it easier to examine the lining of your stomach.

Your consultant will look at images from the gastroscopy on a monitor to examine the lining of your oesophagus, stomach and duodenum. If necessary, your consultant can use the gastroscopy to take a biopsy (a small sample of tissue). The samples will be sent to a laboratory for testing.

What to expect after a gastroscopy

After your gastroscopy, you will need to rest in a recovery area. You will be able to go home when you feel ready, usually after 30 minutes to an hour. It's a good idea to arrange for someone else to drive you home.

Before you leave the hospital, you will be given advice about your recovery, what to do if you have any problems and ask questions should you have any concerns. Your consultant or a specialist hospital nurse may discuss the general findings of the gastroscopy with you before you leave.

Ask your consultant how and when you will get your results. You may get a date for a follow-up appointment to discuss the findings in more detail. If biopsies were taken, this follow-up appointment will be planned for when the biopsy results are ready (usually within 7-14 days). Or your results will be sent in a letter to your family GP (and you may get a copy of this letter).

Recovering from a gastroscopy

Most people have no problems after a gastroscopy, but you should seek medical attention immediately if you:

- cough up or vomit blood (which may look like coffee grounds)
- have blood in your poo (faeces) or odd-coloured faeces
- have severe pain in your abdomen (tummy) or pain that gets worse
- have a raised temperature
- have problems breathing

What are the alternatives to a gastroscopy?

The alternative to a gastroscopy is a test called a barium swallow and meal. This involves drinking a special liquid which coats the inside of your oesophagus and stomach and shows up on X-rays. You can find out more from our information on barium swallow and meal.

However, unlike a gastroscopy, a barium swallow and meal doesn't allow The Manchester General Surgeon to take a sample of any abnormal tissue they see. You can ask your consultant whether this may be an option for you.

What are the risks of having a gastroscopy?

As with every procedure, there are some risks associated with having a gastroscopy.

Side-effects

These are the unwanted but mostly temporary effects you may get after having the procedure. After having a gastroscopy, you may have a sore throat or stomach discomfort for a few hours. You may feel bloated, but this usually passes quite quickly.

Complications

This is when problems occur during or after the procedure. Complications of gastroscopy are very uncommon – the vast majority of patients have no problems at all.

When complications do happen, they may include the following.

- Bleeding, perhaps from where a biopsy is taken or a polyp removed. It is possible that you may need an operation to stop the bleeding.
- Damage or tears (perforation) to your throat, oesophagus, stomach or duodenum. This is rare, but if it this happens, you may need an operation to repair the damage.

Complications are more likely if gastroscopy includes a treatment procedure. Ask your consultant how these risks might apply to you in your particular circumstances.

Who are we?

The Manchester General Surgeon provides a comprehensive, expert diagnostic and treatment service for a wide aspect of surgical procedures. From minor surgery to fibre-optic endoscopy, bowel cancer surgery, advanced keyhole 'laparoscopic' surgery and ground-breaking treatment for haemorrhoids and colorectal disorders, our team are highly experienced and leaders in their field.

Find Out More

Based at BMI The Alexandra Hospital, The Manchester General Surgeon provides a comprehensive diagnostic and treatment service for haemorrhoids and other colorectal disorders. To find out more about your treatment options or to make a self-referral, please telephone us on **0161 495 7046** or email [**gabriella.rocco@bmichoice.co.uk**](mailto:gabriella.rocco@bmichoice.co.uk) to speak to a member of our team.