

# About your gastroscopy examination

Please read this booklet carefully, as it contains important instructions for you to follow before you come to the endoscopy unit.

It also explains what will happen when you have the examination, so that you will know what to expect.

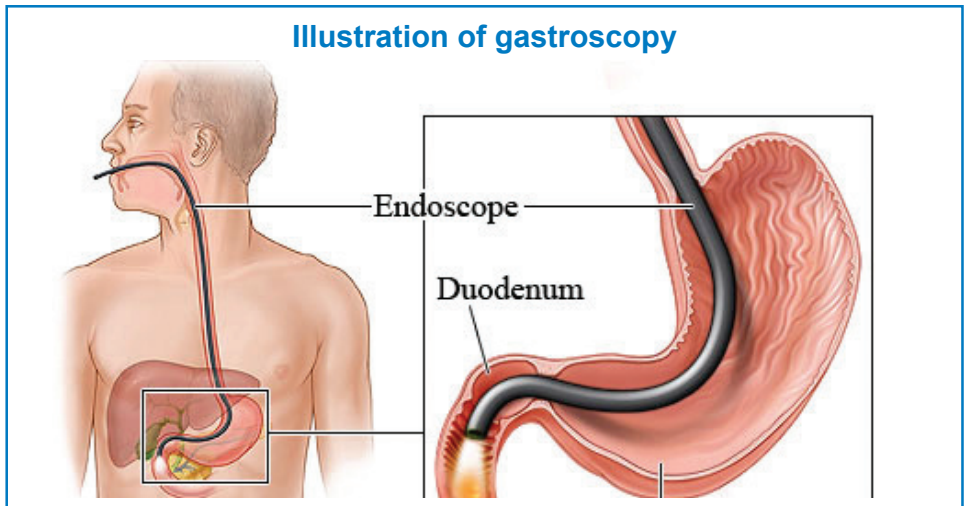
If you have any questions however, please don't hesitate to call us on **01273 696955 Ext. 64570 (RSCH)** or **01444 441881 Ext. 68187 (PRH)**. We'll be glad to help.

**The Endoscopy Unit  
at the Royal Sussex  
County Hospital and the  
Princess Royal Hospital**

## What is a gastroscopy?

This is a simple examination which enables the endoscopist to view the inside of your oesophagus (gullet), stomach and duodenum (small bowel). A tiny camera on a flexible tube will be carefully passed into your mouth and down your oesophagus.

It is not a painful examination and does not interfere with your breathing. However, some people may find it uncomfortable, so we can give you a sedative or throat spray to anaesthetise the back of your throat. The sedative will make you feel relaxed and drowsy. This will be explained in more detail by the nurse who will assess you. If you have any questions or concerns, please don't hesitate to ask.



## Who will be performing my procedure?

The procedure will be performed by specially trained healthcare professionals. Occasionally, supervised doctors or nurses in training will be performing the procedure. Brighton and Sussex University Hospital is attached to the Brighton and Sussex Medical School and as such medical students may also be in attendance. If you do not want students present, please inform the nursing staff on your arrival.

## Are there any significant risks?

These telescopic examinations are very safe but some risks are associated with the procedure:

These include a reaction to the sedative which can affect 1:2500 people. This may affect your breathing or blood pressure, both of which are closely monitored during any procedure.

A tear or perforation in the lining of the bowel can occur in any telescopic test. The national figures for this are 1:1500.

If this does occur you will need to be admitted to hospital and may require an operation to repair the tear.

Minor bleeding is common if biopsies or pieces of tissue (polyps) are removed but this bleeding usually stops spontaneously. More significant bleeding can occur in 1:1000 procedures and may require admission to hospital and a blood transfusion. Specialist equipment and training reduce all these risks considerably. The figures quoted here are national averages and for BSUH are much lower. There is also a risk of small lesions being missed. This is currently quoted as approximately 5%.

Please speak to the doctor or nurse performing your procedure if you have any concerns.

## What are the benefits?

This procedure allows direct visualisation of your gullet, stomach and small bowel. It also enables biopsies to be taken.

## Are there any alternatives?

The only alternative is a Barium Swallow. This is an x-ray test which requires you to drink a special liquid that enables the stomach to be visualised. It does not allow tissue to be sampled or removed.

## How do I prepare for my examination?

- Have **NOTHING** to eat for 6 hours before the examination.  
**Do NOT drink any milk products after this time.**
- Have **NOTHING** to drink for 2 hours before the examination.
- If you are able to, without too much discomfort, please stop taking the following tablets **2 weeks before** your appointment:
  - Omeprazole (Losec)
  - Lansoprazole (Zoton)
  - Pantoprazole (Protium)
  - Rabeprazole (Pariet)
  - Esomeprazole (Nexium)

**If you have been told to stay on your medication or if you have previously had an ulcer, oesophageal varices or Barrett's Oesophagus please do NOT stop taking them.**

- If you are a diabetic on medication (insulin or tablets) and need advice, please contact the health professional who looks after you regarding your diabetes. If you do not have a health professional who looks after you regarding your diabetes, please call the hospital on **01273 696955 Ext. 64205** and speak to one of the Diabetes Nurse Specialists.
- Following arrival you will be seen by the admitting nurse. Once the admission process has been completed you may be offered a small pre-procedure drink. This drink is an oral preparation to help clear the oesophagus and stomach of any mucus, saliva or remaining food debris.
- **If you have ever been informed that you are at risk from CJD or vCJD for public health purposes, please call us on 01273 696955 Ext. 64570 (RSCH) or 01444 441 881 Ext. 68187 (PRH).**

## What should I bring with me to the unit?

- If you are having sedation for your procedure you will need someone to act as an escort and stay with you for the remainder of the day and overnight. Your escort must come up to the unit to collect you. We cannot take you down to meet them.
- A list of ALL your medication.
- Your reading glasses.
- Wear loose and comfortable clothing.
- Music if you find it relaxing.
- Do not bring any valuables with you.

## Can I park at the hospital?

Parking space at the Royal Sussex County Hospital is very limited, so please set off in plenty of time for your appointment and be prepared to wait in the car park queue. Alternatively, your escort may drop you off at the Millenium Wing and then return to the unit to collect you later.

There is ample parking at the Princess Royal Hospital.

If you have sedation for your procedure and intend to go home by taxi, you will need a responsible adult to accompany you, as taxi companies will not accept responsibility for you travelling alone. Although you may use public transport to come to hospital, we strongly advise you not to travel home by bus or train, following sedation.

**It is very important that you follow all the instructions carefully, or your examination may need to be postponed.**

## What happens when I arrive in reception?

Please report to the desk. Our receptionist will check your details and ask you to take a seat in the waiting room. You will then be called through by a nurse or health care assistant, who will explain the examination to you and ask you some questions about your medical history. Prior to your examination we may give you something to drink to ensure your stomach is empty. If you are having sedation, please ensure that you have your escort's contact details with you so that we can call them when you are ready to be collected. You will be asked to sign a consent form before the examination. Please see a copy of the form at the back of this booklet. If you have any questions or if there is anything at all that you don't understand, please ask.

## What happens after my examination?

If you have had sedation for your procedure you will have time to rest and will be offered a drink and a biscuit. You will need to rest for the remainder of the day and refrain from smoking and drinking alcohol. If you have a gluten allergy please bring something to eat.

**If you had a sedative, you must not drive, sign legal documents or operate machinery for 24 hours.** You should have a responsible adult to act as your escort and stay with you for the remainder of the day and overnight.

An explanation of the examination findings will be given to you by a nurse or doctor. You may need to make an appointment to see your GP, who will receive a report of the examination within a week.

# Frequently asked questions

## Will it hurt?

Endoscopic examinations and procedures can be uncomfortable, so we have a variety of interventions at our disposal to make it more comfortable for you. We can give you a local anaesthetic or sedation for gastroscopy. After a gastroscopy you may suffer from a sore throat and bloating. These effects should disappear after a few days but you will be given written aftercare advice when you go home, which tells you what to do if your symptoms do not settle.

## How long will it take?

Examination / procedure times vary. A simple diagnostic examination should take between five and ten minutes but a more complicated examination, involving endoscopic treatment, such as removal of polyps, can take anything from 30 minutes to 90 minutes, or longer. If your examination involves having treatment, your recovery time will also be slightly longer. This is why you should be prepared to be in the unit for possibly 3-4 hours.

## When will I get my results?

Results from biopsies taken, or polyps which have been removed, may take up to 8 weeks to come back from the laboratory. The findings are reviewed by your consultant, who will then arrange follow up. This could be a clinic appointment to discuss your results or it could be a letter explaining your results. Please do not phone our recovery area during this time – we are unable to give any biopsy results over the telephone. If you have not heard anything after 8 weeks, and you are worried, please contact your GP, who will be informed of your results.

## What do I do if I need to cancel or change my appointment?

If you need to cancel or change your appointment please call us on **0300 303 8517**.

Trust HQ

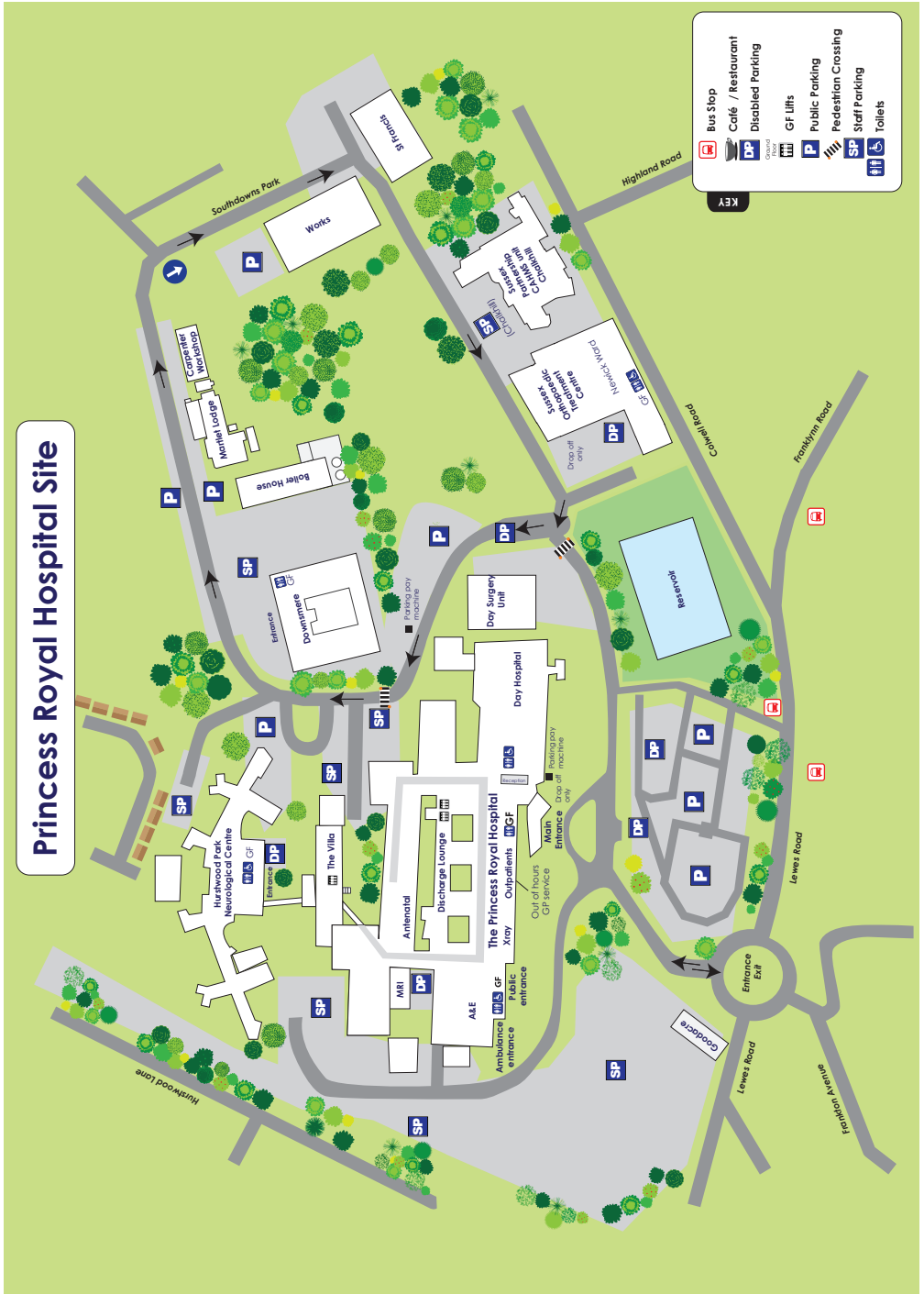


# Map

Departments	Floor	Unit
Accident & Emergency (A&E)	Emergency Unit	5 B
Childrens Accident & Emergency (AAE)	Childrens Accident	6 B
Urgent Treatment Centres (UTC)	Urgent Treatment	5 B
Emergency Ambulatory Care Unit (EACU)	Emergency Department	5 B
Antibiotics	Antibiotics	5 B
Antibiotic Outpatients Clinic	Antibiotic Outpatients	5 B
Renewment Office	Renewment Office	1
Blood Tests (Phlebotomy)	Blood Tests	1
Multi-Organisms	Multi-Organisms	1
Phlebotomy	Phlebotomy	1
Clinic Discharge	Clinic Discharge	2 B
Cancer Outpatients Department	Cancer Outpatients	2 B
Cancer Support Centre	Cancer Support Centre	2 B
Cancer Treatment Day Unit	Cancer Treatment Day Unit	2 B
Advanced Cancer Centre	Advanced Cancer Centre	2 B
Childs Head Centre	Childs Head Centre	2 B
Clinical Research Facility	Clinical Research Facility	2 B
Clinical Media Centre	Clinical Media Centre	2 B
Coagulation Department	Coagulation Department	2 B
Endocrinology	Endocrinology	2 B
Emergency Ambulatory Care Unit (EACU)	Emergency Ambulatory Care Unit	2 B
Eye A&E Services, Ophthalmology	Eye A&E Services	2 B
Head and Neck Outpatients	Head and Neck Outpatients	2 B
Haematology Day Unit	Haematology Day Unit	2 B
Podiatry Services (Retail)	Podiatry Services	2 B
Multi-Specialist Outpatients	Multi-Specialist Outpatients	2 B
Multi-Specialist (The Secretary)	Multi-Specialist (The Secretary)	2 B
Neurology Outpatients	Neurology Outpatients	2 B
Neurophysiology Outpatients	Neurophysiology Outpatients	2 B
Neurophysiology Day Unit	Neurophysiology Day Unit	2 B
Outpatients A&E	Outpatients A&E	2 B
Paediatric Associate and Liaison (PALIS)	Paediatric Associate and Liaison	2 B
Pharmacy	Pharmacy	2 B
Pathology (Blood Analysis)	Pathology (Blood Analysis)	2 B
Pathology (Specimen Lab)	Pathology (Specimen Lab)	2 B
Radiology	Radiology	2 B
Rheumatology Outpatients	Rheumatology Outpatients	2 B
Surgical Assessment Unit (SAU)	Surgical Assessment Unit	2 B
Thrombosis and Haemostasis Unit	Thrombosis and Haemostasis Unit	2 B
Trauma and Orthopaedic Unit	Trauma and Orthopaedic Unit	2 B
Vascular Assessment Unit	Vascular Assessment Unit	2 B
Wards		
A&E (West A&E)	A&E (West A&E)	8 A
A&E (West A&E)	A&E (West A&E)	8 A
Acute Short Stay Ward	Acute Short Stay Ward	8 B
Acute Short Stay Ward	Acute Short Stay Ward	8 B
Alban Ward	Alban Ward	10 B
Alban Ward	Alban Ward	10 B
Alma Ward	Alma Ward	10 B
Alma Ward	Alma Ward	10 B
BB (West B9)	BB (West B9)	9 B
BB (West B9)	BB (West B9)	9 B
B10 (West B10)	B10 (West B10)	10 B
B10 (West B10)	B10 (West B10)	10 B
CG (West C1)	CG (West C1)	9 C
CG (West C1)	CG (West C1)	9 C
CG (West C2)	CG (West C2)	9 C
CG (West C2)	CG (West C2)	9 C
C1E (West C1E)	C1E (West C1E)	8 C
C1E (West C1E)	C1E (West C1E)	8 C
Clinical Care Unit	Clinical Care Unit	8 B
Clinical Care Unit	Clinical Care Unit	8 B
Critical Care Unit	Critical Care Unit	7 B
Critical Care Unit	Critical Care Unit	7 B
Digestive Diseases Ward	Digestive Diseases Ward	7 B
Digestive Diseases Ward	Digestive Diseases Ward	7 B
Haematology Ward	Haematology Ward	7 B
Haematology Ward	Haematology Ward	7 B
Intensive Care Unit	Intensive Care Unit	7 B
Intensive Care Unit	Intensive Care Unit	7 B
Leaves Ward	Leaves Ward	15 B
Leaves Ward	Leaves Ward	15 B
Leaves Ward - Early Pregnancy Unit	Leaves Ward - Early Pregnancy Unit	10 B
Leaves Ward - Early Pregnancy Unit	Leaves Ward - Early Pregnancy Unit	10 B
Maternity Ward - Postnatal	Maternity Ward - Postnatal	12 B
Maternity Ward - Postnatal	Maternity Ward - Postnatal	12 B
Obstetrics Ward	Obstetrics Ward	7 B
Obstetrics Ward	Obstetrics Ward	7 B
Pickford Ward	Pickford Ward	1
Pickford Ward	Pickford Ward	1
Specialist Ward	Specialist Ward	8 B
Specialist Ward	Specialist Ward	8 B
Trenor Maternity Unit	Trenor Maternity Unit	14 B
Trenor Maternity Unit	Trenor Maternity Unit	14 B



# The Princess Royal Hospital



# EXAMPLE DO NOT FILL IN

## Patient agreement to investigation or treatment

### Patient details (or pre-printed label)

Surname/family name

Male  Female

First names

Special requirements

Date of birth

(e.g. other language, communication method)

NHS number (or other identifier)

Responsible health professional

Job title

### Name of proposed procedure or course of treatment

**COLONOSCOPY** (examination to view inside of the colon)

**Statement of health professional** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy - see also guidance on cover of consent pad, in Junior Doctor's Handbook and on Intranet)

I have explained the procedure to the patient. In particular I have explained:

The intended benefits To assist in the diagnosis and possible treatment of various conditions affecting the upper gastro intestinal tract.

### Serious or frequently occurring risks

1. Risk of perforation of the gut.
2. Damage to teeth/dental work
3. Risk of haemorrhage
4. Other rare complications include aspiration pneumonia and a reaction to the IV sedative.

Any extra procedures which may become necessary during the procedure

Blood transfusion (though unusual)

Other procedure (please specify)

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of the patient.

The following leaflet/tape has been provided: information sent/given to patient prior to appointment and/or on arrival in the department.

This procedure will involve:

1. Sedation
2. Local anaesthesia
3. General and/or regional anaesthesia

Signed

Date

Name (PRINT)

Job title

**Contact details** (if patient wishes to discuss options later) See booklet

**Statement of interpreter** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed

Name (PRINT)

Date

# EXAMPLE DO NOT FILL IN

## Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 1 in the information book you were sent with your appointment which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I **agree** to the procedure or course of treatment described on this 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.

I **understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I **understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I **understand** that any tissue/body part removed during the procedure will be disposed of appropriately and/or used for education/research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

Patient's signature

Date

Name (PRINT)

**A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).**

Signed

Date

Name (PRINT)

Relationship/job title

Confirmation of consent (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed

Date

Name (PRINT)

Job title

Important notes: (tick if applicable)

See also advance directive/living will (e.g. Jehovah's Witness form)

Patient has withdrawn consent (ask patient to sign/date here)

## Your comments and suggestions

If you have any concerns about your treatment or care, please bring them to our attention. We will do our best to help.

If you feel you would like some support with raising your concerns, the Patient's Advocate is available to speak on your behalf.

You can contact the Patient's Advocate by telephone between 10am and 4pm on:

**01444 441881 Ext. 65909** (Princess Royal Hospital) or

**01273 696955 Ext. 64029** or **64588** (Royal Sussex County Hospital)

Or by email at [uhsussex.patient.experience@nhs.net](mailto:uhsussex.patient.experience@nhs.net) for either site.

We always welcome new ideas and suggestions. Please let us know if you feel there are ways in which we could improve our service.

**Thank you for taking the time to read this leaflet – if there is anything at all that you don't understand, or you have any questions, please ask a nurse at the unit, or call us on 01273 696955 Ext. 64570 for the Royal Sussex County Hospital and 01444 441881 Ext. 68187 for the Princess Royal Hospital**

**This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath**

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The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

