



WHAT IS A GASTROSCOPY?

A gastroscopy is a procedure that allows the endoscopist to look directly at the lining of the oesophagus (gullet), the stomach and first part of the intestine. It is performed using a thin tube (gastroscope) with a camera and a light on the tip to look at the area being examined. The procedure lasts 10 minutes and is not painful, but can feel a little uncomfortable.

GETTING READY FOR THE PROCEDURE

You will need to fast for four hours prior to having the procedure to ensure your stomach is empty. If you are on any medications (apart from tablets for diabetes) you should continue to take these as normal on the morning of your procedure. If you are a diabetic you must inform your doctor pre-admission.

On arrival in the unit, the procedure will be explained in detail to you and you are asked to bring this signed consent form agreeing that you understand the procedure and its implications.

SEDATION

There are two options available to you:

1. No sedation option: you will be given a local anaesthetic spray to the back of your throat that will numb the area to reduce any discomfort. This numbness will last for about half an hour after the procedure during which time you will remain fasting. You will be fully aware of the procedure which most patients find acceptable and not too unpleasant. You can leave as soon as your procedure has been completed and you have spoken to the doctor.

2. Intravenous sedation option: you will be given an intravenous injection into a vein to make you feel relaxed and sleepy but not unconscious (**this is not a general anaesthetic**). This option means you may have a reduced awareness of the procedure. You will be given oxygen through your nose. Following intravenous sedation;

(1) You will need to stay in the unit whilst you recover which may take up to two hours or more.

(2) You will need to be escorted home.

(3) The injection may continue to have a mild sedative effect for up to 24 hours. It may also leave you unsteady on your feet for a period.

If you have had sedation for your procedure, please follow the additional advice included overleaf.

DURING THE PROCEDURE

In the procedure room, you will be asked to remove your glasses and false teeth if applicable and made comfortable lying on your left side. The doctor will give your preferred option of throat spray or intravenous sedation. A plastic mouth guard will be placed gently between your teeth to keep your mouth open during the procedure. A nurse will remain with you to monitor your pulse and blood pressure.

As the doctor gently passes the gastroscope through your mouth you may gag slightly which is quite a normal reaction and will not interfere with your breathing. During the procedure, some air will be put into your stomach so that the doctor will have a clear view. This may make you burp and/or belch a little which some people may find a little unpleasant. The air is removed at the end. When the procedure is finished, the gastroscope is removed quickly and easily.

POTENTIAL PROBLEMS

Diagnostic gastroscopy procedures carry a very small risk (1 in 10,000 cases) of haemorrhage (bleeding) or perforation (tear) of the gut following which surgery may be necessary. There may be a slight risk to loose teeth, crowns or dental bridgework. You should tell the nurses if you have any of these. Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) or an adverse reaction to the intravenous sedative drugs.

FOLLOWING YOUR PROCEDURE

The consultant will meet with you following your procedure to discuss your follow up care prior to discharge.

If you have received sedation you will be taken to the recovery area while the sedation wears off and you must continue fasting for 1 hour. You may experience a mild sore throat for a day or so after your procedure but this will pass. **PLEASE NOTE THAT FOLLOWING A SEDATED PROCEDURE YOU WILL NOT BE PERMITTED TO LEAVE THE HOSPITAL UNACCOMPANIED. WE THEREFORE ASK THAT YOU MAKE ARRANGEMENTS TO HAVE A FRIEND OR RELATIVE COLLECT YOU. YOU ARE ADVISED TO HAVE A RESPONSIBLE ADULT STAY WITH YOU FOR THE NEXT 12 HOURS.**

If you have any questions about the procedure, your doctor or nursing staff will be only too pleased to answer them. You can call the Endoscopy Department in the Bon Secours Hospital on **01-8065490/ 01-8065492** from 7.30am – 8.00pm. Outside of these hours, please contact the nursing office on **01-8065331**.

PATIENTS RESPONSIBILITIES PRIOR TO HAVING THE PROCEDURE

You must fast completely from food and fluids for 4 hours prior to the procedure.

If you wish to change into a gown for the procedure, we ask that you bring a dressing gown with you. Alternatively you should wear some comfortable clothes on the day.

Please bring all your prescribed and over the counter medicines to the hospital with you on the day of your procedure.

Diabetic patients taking insulin or oral diabetic medication must follow the instructions provided by their doctor.

If you are taking aspirin please continue to take as prescribed.

CLOPIDOGREL (PLAVIX) OR ALTERNATIVE ANTI PLATELET DRUG. Some patients will be advised to stop this drug 1 week prior to their procedure, depending on the reason it has been prescribed. Please check with your doctor if you should continue taking this drug prior to your procedure.

WARFARIN OR ALTERNATIVE ANTI-COAGULANT DRUG. Some patients will be advised to stop this drug 1 week prior to their procedure, depending on the reason it has been prescribed. Please check with your doctor if you should continue taking this drug prior to your procedure.

If you have sedation you will be taken to a recovery area while the sedation wears off. When you are sufficiently awake, you may go home. Please note the following advice following sedation;

- You must have someone to accompany you home and remain with you for 12 hours
- You must not drive or operate machinery for 24 hours
- You must not consume alcohol for 24 hours
- You should not make any vital decisions or sign any legal documents for 24 hours
- You should not take any medication not prescribed or acknowledged by your doctor

Please note that complications are rare. If you experience any of the following symptoms after your procedure, you should seek help from a doctor immediately.

- Chest or tummy pain that is more severe or different to the pain you may usually have
- Breathing difficulties
- Fever
- Vomiting blood or black fluid
- Passing blood from your back passage

PATIENT DETAILS

Please fill out this form in full and bring it with you on the day of your procedure.

Name _____

Address _____

Date of Birth _____

Telephone Number _____

Consultant's Name _____

Current Medications

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Please bring your medications and most recent prescriptions with you.

Have you any Allergies? Yes No

If yes, please specify: _____

Please tick if you are taking any of the following:

Plavix or alternative Warfarin or alternative Diabetes Medication

Epilepsy Medication Acid Suppressant tablets Inhalers Iron

Date of your last dose? _____

Time of your last dose? _____

Do you have or have you had any of the following in the past:

	Yes	No		Yes	No		Yes	No
COPD	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Family History of Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Previous Bowel Polyps	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Apnoea	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker / ICD	<input type="checkbox"/>	<input type="checkbox"/>	Previous Bowel/Abdominal Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	Joint Replacement	<input type="checkbox"/>	<input type="checkbox"/>			

Name and contact phone number of person who will escort you home:

Name: _____

Contact Number: _____

Please ensure you have read this patient information leaflet/consent form in full. If you are satisfied please bring the completed form with you on the day of your procedure. If you have further questions, please wait to speak with your consultant before signing the form.

Patient's Signature: _____

Details verified by:

Nurse's Signature: _____ Date: _____

Affix Patient Label here

PATIENT CONSENT

In this section your consent for the procedure will be obtained. You must fully read this patient 'Understanding Gastroscopy' patient information leaflet prior to completing your consent form.

You can complete this form at home prior to coming to the Hospital if you wish. If there are any further questions or clarifications that you require, please do not sign this consent form until you have spoken to your nurse/doctor in the Endoscopy Unit.

TO BE COMPLETED BY PATIENT

I understand why I am having this procedure and that I can change my mind at any time and not undergo this procedure.

I understand that biopsies may be taken during the procedure. I understand that there is no guarantee that this procedure will improve my condition. I understand that the procedure will be performed with local anaesthetic throat spray or sedation.

I confirm that I have read and understood the information on this form and the potential problems that are associated with this procedure.

Name of Patient: _____

Signature of Patient / Authorised Decision Maker: _____ Date: _____

DOCTOR STATEMENT

I have spoken to this Patient and I am satisfied that he / she fully understands the procedure.

Name of Doctor: _____ Medical Council Reg: _____

Signature: _____ Date: _____