



**United Lincolnshire
Teaching Hospitals**
NHS Trust

In-patient Gastroscopy

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Your procedure information

Please read this patient information as soon as possible and well in advance of your appointment. If you do not follow the advice on how to prepare for your procedure it may not be possible to do it and you may have to return on another day.

Endoscopy Department Contact Numbers

For Help and Enquiries (8.30am to 6.00pm)

Boston 01205 446559

Grantham 01476 464085

Lincoln 01522 573016

For more information please see: www.ulh.nhs.uk/services/endoscopy

Aim of the patient information

The aim of this patient information is to help you make a choice about having a gastroscopy. It describes how a gastroscopy is carried out and explains the benefits and risks. It will also help you prepare for the procedure.

It is important that you follow the instructions about food and drink before the test. If you do not, you may find that your procedure has to be rearranged.

Introduction

You have been advised by your hospital doctor to have an investigation known as a gastroscopy.

Enclosed with this booklet is a consent form. **Your signature is needed for the test to go ahead.**

The consent form is an important document, please read it carefully together with the information given in this booklet. Once you have read and understood the information, including the possible risks and you agree to have the test, please sign and date the consent form.

If there is anything you do not understand or wish to discuss further, please ask the nurse or doctor on the ward as they should be able to help. You can sign the consent form after you have spoken to the nurse or doctor, if you are happy to go ahead with the procedure.

What is a gastroscopy?

The procedure is called OesophagoGastroDuodenoscopy (OGD) known more simply as gastroscopy or endoscopy. It involves looking at the upper part of the gut which includes the oesophagus (food pipe), stomach and the first part of your small bowel (duodenum) with a narrow flexible tube called a gastroscope. The scope is about the thickness of a little finger and is passed through the mouth and down into the stomach. The procedure is performed by, or under the supervision of, a specially trained doctor or nurse (endoscopist). A light and camera at the end of the gastroscope relay pictures on to a television screen.

Samples of tissue (biopsies) may also be taken during the test. This is done through the scope. It does not cause any pain, and the samples are kept to be looked at

under a microscope in the laboratory. Photographs may be taken for your clinical records and may be used for teaching purposes.

The procedure generally takes 5 to 10 minutes.

We aim to make the procedure as comfortable as possible for you. Some people choose to have sedation (medicine injected into a vein), while others prefer to only have local anaesthetic throat spray. More information about sedation and throat spray can be found on page 8.

What are the benefits of having a gastroscopy?

If you have been troubled by symptoms, the cause may be found and help decide if you need treatment or further tests.

A gastroscopy can be done as a follow up check, for certain conditions affecting the stomach or oesophagus.

If a scan or x-ray has suggested there may be something wrong in the upper part of the gut, a gastroscopy allows a closer look at the area.

The test not only helps us to find a cause for your symptoms but may also allow us to give treatment to deal with problems in the oesophagus, stomach or duodenum. In an emergency, you may need a treatment to save your life or reduce complications and the endoscopist will, in this situation, act in your best interests. If you have any concerns about this, please discuss those concerns at any time with your nurses or the endoscopist.

If we see a bleeding ulcer or blood vessels (varices), we are able to use various treatments down through the endoscope, to stop any bleeding and reduce the chances of any further complications.

If we see a narrowing, we can often stretch this gently (dilatation) to open up the narrowing for you and relieve any blockage.

When patients are unable to swallow and take food, we can use the endoscope to assist with placing a very narrow feeding tube through which we can give food whilst the swallowing problem is sorted out.

Treatments are used depending on what is seen at the time of the endoscopy, so we cannot always explain the exact treatment to you before the procedure. Treating a bleeding ulcer or blood vessel is an emergency and treatment is needed quickly, to avoid further blood loss. The benefits of these treatments far outweigh the risks and

are intended to help you get better quicker and, in some cases, avoid an operation.

For most patients the treatments do not usually cause any pain or discomfort, but if you do have any pain or discomfort, please let the doctors or nurses know so that they can give you a medicine to help.

You may ask the doctors or nurses in the endoscopy department for more information if you wish. They will be happy to explain things to you.

What are the risks of the procedure?

Complications are rare. These may be linked to the procedure itself, the condition causing the illness or the sedation medicine.

Sore throat, damage to teeth or bridgework; to reduce this risk your teeth will be protected with a mouth guard.

Sometimes the procedure cannot be completed, and a repeat test or a different test is needed.

Perforation (tear) of the lining of the stomach or oesophagus (about 1 for every 9000 cases). If this happens you may need an operation.

Bleeding may happen where a biopsy is taken. It usually stops on its own but may need treatment. In some cases, a blood transfusion may be needed.

Endoscopy treatments for bleeding ulcers and blood vessels are usually successful but other treatments may be necessary when the treatment does not solve the problem.

There is a small chance that a cancer may not be seen.

Sedation can sometimes cause problems with breathing, heart rate and blood pressure. These problems usually get better without any treatment. Careful monitoring by a specially trained endoscopy nurse means that potential problems are picked up early and dealt with quickly. The sedation can also cause small food particles to fall into the lungs which can trigger a chest infection (aspiration pneumonia). That is why it is important for your stomach to be empty.

In extremely rare cases the procedure can lead to death.

What are the alternatives?

A barium meal x-ray or CT scan are alternative tests and involve some radiation exposure. They do not give the same information as a gastroscopy, biopsies cannot be taken and treatment cannot be given.

Preparing for the investigation

Eating and drinking

For your safety, to reduce the risk of complications and give clear views, your stomach must be empty. **Do not have anything to eat for at least 6 hours before the test and only have a light meal before this time. You may have small amounts of water up to 2 hours before your appointment time but other fluids such as milk are NOT allowed (even in tea and coffee) as they coat the stomach.** You should have nothing to drink for at least 2 hours before the test. If you do not follow this advice, your procedure will be rearranged.

What if I take regular medication?

Your routine medication should be taken as usual.

Blood thinning medication (anticoagulants)

Sometimes these medications need to be stopped and if this is the case the person who referred you for the test should have given you clear instructions. If you are unsure, please ask the ward doctor or nurse. For your safety, if the correct instructions are not followed, it may not be possible to do the Gastroscopy, and you may have to return on another day.

The risks of stopping blood thinning medications will vary enormously between individuals and depend on many factors including the medical condition for which you are taking them, other health problems, and the duration and complexity of the procedure. The main risks of stopping blood thinners are:

- *Risk of stroke or systemic embolism (blood clot in artery to the brain, limbs or intestines)*
- *Risk of deep vein thrombosis and/or pulmonary embolism (blood clot in leg veins or to the lungs)*

- *Risk of a blood clot on your artificial mechanical heart valve*
- *Increased risk of excessive bleeding following your procedure due to re starting your anticoagulant*

Warfarin: Biopsies can safely be taken without stopping Warfarin so unless you have been advised to stop this medication, continue taking it and have your INR checked within the week before the test. The procedure may be cancelled if your INR has not been checked within the last 7 days. It should be within your target range.

If you have been advised to stop your Warfarin you should do so for 5 full days before the procedure (**take your last dose 6 days before the procedure**) and have your INR checked the day before the procedure. It needs to be less than 1.5 for the procedure to go ahead, but if you are unsure, please ask the ward doctor or nurse.

Dabigatran, Rivaroxaban, Apixaban or Edoxaban: For biopsies to be taken please omit (do not take) on the morning of the procedure. If you have been advised to stop taking this medication you should **take your last dose 3 days before the procedure**. but if you are unsure, please ask the ward doctor or nurse.

Clopidogrel (Plavix), Prasugrel or Ticagrelor: Biopsies can safely be taken without stopping these medications. **If you have been advised to stop** you should do so for 7 full days before the procedure (**take your last dose 8 days before the procedure**), but if you are unsure, please ask the ward doctor or nurse.

Diabetes

If you have diabetes controlled on insulin or tablets, your medication will need to be adjusted prior to the procedure. The ward doctors should arrange this for you. If you have type 2 diabetes managed by diet alone, you do not need to take any extra precautions.

Please report to the endoscopy nursing staff if you have needed glucose before arriving for your appointment and tell them immediately if you feel your blood sugar becomes low ('hypo') at any time during your visit.

Throat spray and conscious sedation?

Anaesthetic throat spray and conscious sedation are available to improve your comfort during the procedure. Many people choose to undergo the procedure with throat spray alone.

Anaesthetic throat spray

This is a local anaesthetic spray which numbs the back of the throat. It has an effect very much like a dental injection.

The throat spray wears off within an hour, but you must not eat or drink until the sensation in your throat is back to normal.

Intravenous conscious sedation

The sedation is administered into a vein in your hand or arm just before the start of the procedure. This will not make you go to sleep but should help you to feel more relaxed. It is important that you are awake for the procedure so that you are able to follow simple instructions. Please see further information overleaf.

Sedation is not always possible when a patient is very frail, has a very low blood pressure, heart or breathing problems.

If you are going home after the procedure, please note that if you have sedation into the vein, you will need someone to accompany you home and stay for at least 4 hours and if possible, overnight. You should not take public transport after having sedation and will not be able to drive yourself home.

You should not take part in the following activities for 24 hours afterwards:

- **drive a motor vehicle or ride a bicycle (your insurance is affected)**
- **operate any type of electrical or mechanical equipment/machinery, including a cooker**
- **drink alcohol or take recreational drugs**
- **sign legally binding documents**

We strongly recommend that you do not look after children or dependants on you own for 24 hours after having sedation.

How long will I be in the Endoscopy department?

Overall, you may be in the department for about an hour.

What happens when I arrive in the department?

When you arrive, one of the nurses will check your details and relevant medical history before you are taken into the procedure room.

It is our aim for you to be seen as soon as possible after your arrival. However, if the department is very busy your gastroscopy may be delayed.

The nurse will make sure that you understand the procedure and discuss any further concerns or questions you may have. The nurse will confirm that you have given consent and that you are happy to go ahead.

What will happen during the procedure?

The nurse will take you through to the procedure room where you will be able to ask any final questions. If you have any dentures, you will be asked to remove them. Any remaining teeth will be protected by a small plastic mouth guard which will be inserted into your mouth, just before the examination commences.

A local anaesthetic will be sprayed on to the back of your throat. It works quickly and will make your tongue and throat feel numb.

You will be asked to lie on your left side, and a probe will be placed on your finger to monitor your oxygen levels. You will receive oxygen through the nose and if you are having sedation, it will be given into the cannula in your vein.

Any saliva or other secretions produced during the procedure will be removed using a small suction tube, rather like the one used at the dentist.

The endoscopist will pass the gastroscope into your mouth, down your oesophagus, into your stomach and then into your duodenum. Your windpipe is deliberately avoided so you will be able to breathe normally throughout.

What will happen after the procedure?

You will be taken to the recovery area where you will be able to rest. Your heart rate, oxygen levels and blood pressure will be monitored and when the recovery nurse feels you are ready, you will be returned to your ward.

Before you leave the department, the nurse or doctor will explain the findings and if any medication or further tests are needed.

For safety, following the throat spray, you must not have anything to eat or drink for at least an hour after the procedure, until the sensation in your mouth and throat has returned to normal.

It is strongly advised that your first drink after the procedure is cold and that you sip it to ensure you do not choke. You will be given more information about this after the procedure.

You may have a sore throat from the insertion of the tube which can last up to 48 hours. This will wear off but simple lozenges may help. You may also feel bloated if some of the air has remained in your stomach. To help this, sit upright and if possible, walk around.

Pain relieving tablets, such as paracetamol, may be taken according to the manufacturer's instructions.

If you have not had sedation and are discharged from hospital after the procedure, you may return to work as soon as you feel fit and able. If you have been given sedation you are advised not to return to work for 24 hours afterwards.

What must I remember?

- It is our aim for you to be seen as soon as possible after your arrival. However, the department is very busy, and your appointment may be delayed.
- If you have any problems, after the procedure, with a persistent sore throat, worsening chest or abdominal (tummy) pain, please tell the ward doctor or nurse.
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time in the department.

If you go home shortly after the test and have any concerns or are worried about any symptoms you have after the test, you may telephone the contact numbers on page 2 of this booklet or, out of hours, ring 111 for advice.

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www.accessable.co.uk/united-lincolnshire-hospitals-nhs-trust

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If you require this information in another language or alternative format, please email the Patient Information team at ulth.patient.information@nhs.net