

Therapeutic Gastroscopy Oesophageal Dilatation

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Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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Introduction

You have been advised to have an investigation known as a gastroscopy (OGD), during which the endoscopist is planning to treat a specific problem with your oesophagus (gullet).

This procedure requires your formal consent and this booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation.

If you are unable to keep your appointment, please notify the department as soon as possible and they will be able to arrange another date for you.

What is a gastroscopy or OGD?

This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum.

The instrument used in this investigation is a flexible tube which enables light to be directed onto the lining of your upper digestive tract and relay pictures back to the endoscopist onto a television screen.

During the investigation, some tissue samples (biopsies) from the lining of your upper digestive tract can be taken for analysis: this is painless. The samples will be retained.

Photographs may be taken for your records.

The procedure will be performed by or under the supervision of a trained doctor or nurse endoscopist, and we will make the investigation as comfortable as possible for you.

Most patients have sedation for this procedure, although others prefer to remain awake and have local anesthetic throat spray.

Insulin pump	Continue as normal	Continue usual basal rates and start to bolus once oral intake has resumed	Continue usual basal rates and start to bolus once oral intake has resumed
You should resume taking your normal tablets the morning after the procedure. However, your blood glucose may be higher than usual for a day or so. If you have any problems or require further advice contact your diabetes specialist. If you are a St Helens resident, contact 01744 646200 - Option 5 for emergency advice (available 0800-2200 weekdays and 0800-1600 weekends and bank holidays).			

Insulin	Day before the procedure	Day of Procedure:	
		Morning Appointment	Afternoon Appointment
<p>3,4, or 5 injections daily (eg. an injection of mixed insulin 3 times a day or 3 meal time injections of short acting insulin and once or twice daily background)</p>	No dose change	<p>Omit your morning dose of short acting insulin if no breakfast is eaten.</p> <p>If you normally take a long acting basal insulin in the morning you should take 80% of your normal dose.</p> <p>If you normally take a pre-mixed insulin the dose should be halved.</p> <p>Omit your lunchtime dose.</p> <p>Resume your normal insulin with your evening meal.</p>	<p>Take usual morning insulin doses</p> <p>Omit lunchtime dose</p> <p>Your blood glucose will be checked on admission</p> <p>Resume your normal insulin with your evening meal</p>

Your procedure is more involved than having a straight forward gastroscopy. This is because the endoscopist will be performing a treatment for your condition. This is known as a therapeutic gastroscopy or therapeutic OGD.

Why do I need to have a therapeutic OGD?

You have been advised to undergo this investigation to try and treat your symptoms, and if necessary, to decide on further investigation.

You are experiencing difficulty swallowing due to a narrowing (stricture) in your oesophagus (gullet).

The commonest conditions that require this treatment are achalasia (a condition where the lower gullet muscle becomes very tight) and scarring (peptic) strictures associated with stomach acid damage or following oesophageal surgery.

The clinician thinks that it is possible and appropriate to try and improve your symptoms by stretching the narrow and diseased part of your oesophagus using endoscopy.

This procedure is performed using the gastroscope to identify and guide the endoscopist to apply the treatment correctly.

Sometimes this procedure requires the use of x-ray pictures and may be performed with the aid of a small x-ray machine in the endoscopy department.

What are the alternatives?

This would be a surgical operation.

There are two main methods used to stretch the oesophagus

Firstly, the gastroscopie is used to inspect and to position a guide wire into your oesophagus, passing across the narrowing and onwards into your stomach. X-ray guidance may be used.

Once this guiding wire has been correctly positioned the stretching equipment used is introduced into position along the wire.

A number of graduated tapered dilators (bougie) are slid through the narrowing.

In the second method the stretching equipment can be positioned using the gastroscopie alone.

The stretching equipment used is an inflatable pressure balloon which is positioned and then inflated to certain pressures within the narrowed area and as the balloon expands the oesophagus also is stretched to reach the diameter of the balloon.

Different sizes of balloons can be used in order to safely stretch the oesophagus to the diameter required to improve your symptoms.

The method that is used to treat you is chosen by the endoscopist and largely depends upon the type of oesophageal problem that you have and will be discussed with you.

Preparation

It is necessary to have clear views and for this the stomach must be empty.

Do not have anything to eat or drink for six hours before the test

Detemir or Degludec/ Tresiba® or Insulatard® or Humulin I®)	30 units, take 24 units instead)	(for example, if you are on 30units, take 24units instead)	(for example, if you are on 30units, take 24units instead)
Twice daily (Novomix 30®, Humulin M3®, Insuman comb 15®, Insuman comb 25®, Insuman comb 50®, Humalog Mix 25®, Humalog Mix 50®)	No dose change	Halve your usual dose in the morning Your blood glucose will be checked on admission Resume your normal insulin with your evening meal	Halve your usual dose in the morning Your blood glucose will be checked on admission Resume your normal insulin with your evening meal

Insulin	Day before the procedure	Day of Procedure:	
		Morning Appointment	Afternoon Appointment
Once daily (evening) (Lantus®/ Glargine or Levemir®/ Detemir or Degludec/ Tresiba® or Insulatard® or Humulin I®)	Your dose will need to be reduced by 20% (for example, if you are on 30 units, take 24 units Instead)	No dose adjustment necessary	No dose adjustment necessary
Once daily (morning) (Lantus®/ Glargine or Levemir®/)	Your dose will need to be reduced by 20% (for example, if you are on	Your dose will need to be reduced by 20% and your blood glucose will be checked on admission	Your dose will need to be reduced by 20% and your blood glucose will be checked on admission

What about my medication?

Your routine medication should be taken until you need to stop eating and drinking. It would be helpful to bring along a list of your current medications. If you need any essential medication e.g. anti-epileptics, please take with a sip of water

Digestive Medication

If you are presently taking tablets to reduce the acid in your stomach please discontinue them two weeks before your investigation.

Diabetics

If you are a diabetic controlled on insulin or medication please ensure the endoscopy department is aware so that the appointment can be made at the beginning of the list.

Please see guidelines printed in the back of this booklet.

Anticoagulants

Please telephone the unit (01744 646231) between 9-10am or 2-3pm if you are taking anticoagulants (blood thinning medication) e.g. warfarin or dabigatran, dabigatran, apixaban, rivaroxaban or edoxaban.

What happens when I arrive?

You should expect to be in the department for approximately one to three hours.

The endoscopy nurse will ask some questions regarding your medical health and make an assessment to confirm that you are sufficiently fit to undergo the investigation.

If you are diabetic, your blood glucose level will also be recorded.

If you are agree to proceed, you will be asked to sign your consent form at this point.

Sedation or throat spray?

Intravenous sedation or topical local anesthetic throat spray can improve your comfort during the procedure.

Intravenous sedation

The sedation and painkiller will be administered through a cannula into a vein in your hand or arm which will make you slightly drowsy and relaxed but not unconscious. Although drowsy, you will still hear what is said to you and will be able to follow simple instructions as you will not be unconscious. Sedation also makes it unlikely that you will remember anything about the procedure. You will be able to breathe quite normally throughout.

Whilst you are sedated we will check your breathing and heart rate so changes will be noted and dealt with accordingly. Your blood pressure may also be recorded.

If you have sedation you will not be permitted to drive home or use public transport alone, so you must arrange for a family member or friend to collect you. If you live alone, arrange for someone to stay with you, or if possible, arrange to stay with your family or friend for about 24 hours.

You are also not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure.

The Risks and Discomforts of the Procedure

Upper gastrointestinal endoscopy (gastroscopy or OGD) is classified as an invasive investigation and therefore there is a possibility of complications. These occur extremely infrequently but we wish to draw your attention to them.

SGLT-2 inhibitors (eg. dapagliflozin, canagliflozin)	Take as normal	Take as normal after procedure	Omit
<p>You should resume taking your normal tablets the morning after the procedure. However, your blood glucose may be higher than usual for a day or so. If you have any problems or require further advice contact your diabetes specialist.</p> <p>If you are a St Helens resident, contact 01744 646200 - Option 5 for emergency advice (available 0800-2200 weekdays and 0800-1600 weekends and bank holidays).</p>			

Medication	Day before the procedure	Day of Procedure:	
		Morning Appointment	Afternoon Appointment
DPP-IV inhibitors (eg. sitagliptin, saxagliptin, vildagliptin, alogliptin, linagliptin)	Take as normal	Take as normal	Take as normal
GLP-1analogue (eg. Exenatide, liraglutide, lixisenatide)	Take as normal	Take as normal after procedure	Omit

The clinician who has requested the test will have considered the risks and must be compared to the benefit of having the procedure carried out.

Frequent risks:

- Sore throat, abdominal discomfort (2 people in every 100)
- The procedure cannot be completed (1 person in every 100)

Serious risks:

Uncommon (1 person in every 100–1000)

- Complications of over-sedation (problems with breathing, heart rate and blood pressure, which are short lived)
- Aspiration pneumonia
- Adverse reactions to drugs or equipment

Rare (1 person in every 1000–10,000)

- Dental damage
- Significant bleeding (1-2 people in every 10,000), requiring a blood transfusion
- Perforation (1 person in every 2000) or higher (1-2 people in every 100) with dilatation, requiring admission and potential surgery
- Cardiac irregularities including heart attack and stroke, requiring admission

Very rare

- Death (1 person in every 25,000)

The therapeutic OGD examination

You will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions.

If you have any dentures you will be asked to remove them at this point, any remaining teeth will be protected by a small plastic mouth guard which will be inserted immediately before the examination commences.

If you are having local anaesthetic throat spray this will be sprayed onto the back of your throat. The effect is rapid and you will notice loss of sensation to your tongue and throat.

The nurse looking after you will ask you to lie on your left side and will then place the oxygen monitoring probe on your finger.

If you have decided to have sedation, the drug will be administered via your vein and you will quickly become sleepy.

Any saliva or other secretions will be removed from your mouth using a small suction tube. The endoscopist will introduce the gastroscope over your tongue. Your breathing will be unhindered.

During the procedure the dilatation will take place. During the procedure, samples may be taken from the lining of your digestive tract for analysis.

After the procedure

If you have had sedation, you will be allowed to rest for as long as is necessary. Your blood pressure and heart rate and oxygen levels will be recorded and, if you are diabetic, your blood glucose will be monitored.

Once you have recovered from the initial effects of any sedation (which normally takes 30 minutes) you can be discharged.

If taken three times a day – omit your lunchtime dose	If taken once a day in the morning – omit this dose If taken twice a day omit both doses	Take as normal
If taken three times a day omit your lunchtime dose	If taken once a day in the morning – omit this dose If taken twice a day – omit the morning dose	Take as normal
	Take as normal	Take as normal
	Sulphonylureas (eg. glibenclamide, glipizide, gliclazide/gliclazide MR, glimepiride, gliquidone)	Thiazolidinediones (pioglitazone)

Medication	Day before the procedure	Day of Procedure:	
		Morning Appointment	Afternoon Appointment
Acarbose	Take as normal	Omit morning dose if you have been told to fast from midnight	Take your morning dose if eating breakfast. Do not take your lunchtime dose
Meglitinide (eg. repaglinide or nateglinide)	Take as normal	Omit morning dose if you have been told to fast from midnight	Take your morning dose if eating breakfast. Do not take your lunchtime dose
Metformin / Glucophage MR	Take as normal	If taken once a day – do not stop If taken twice a day – do not stop	If taken once a day do not stop If taken twice a day do not stop

Before you leave the department, the nurse or doctor will explain the findings and any medication or further investigations required.

They will also inform you if you require further appointments.

Since sedation can make you forgetful it is a good idea to have a member of your family or a friend with you when you are given this information.

You will also be given an aftercare leaflet containing instructions if you have any problems following your procedure.

If you wish you can take home a copy of the endoscopy report and a copy will also be sent to your GP.

General points to remember

1. If you are unable to keep your appointment please notify the endoscopy unit as soon as possible
2. It is our aim for you to be seen as soon as possible after your appointment time. However, there may be delays as emergencies can occur and these patients are given priority
3. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises

Frequently asked Questions (FAQs)

Hopefully this leaflet has answered all your questions.

The Trust website does have further information and includes a number of questions asked by other patients.

Guidelines for people with diabetes undergoing Gastroscopy or OGD

Instructions for your appointment

Please check your appointment information. Your appointment should be early morning. If not please contact the Endoscopy Unit on 0151 430 1293 for an alternative appointment time.

How to adjust Diabetes Treatment

Preparing for a Gastroscopy will involve a brief period of fasting. This means your diabetes medications may need to be adjusted.

If you take medications to control Diabetes please follow the instructions in the table on page 12:

'How to adjust my non-insulin diabetes medication before a Gastroscopy'

If you take insulin to control Diabetes please follow the instructions in the table on page 16:

'How to adjust my insulin before a Gastroscopy'

Please check the tables carefully. If you have any problems or require further advice contact your diabetes specialist.

If you are a St Helens resident, contact 01744 646200, select option 5 for emergency advice (available 0800-2200 weekdays and 0800-1600 weekends and bank holidays).

Hypoglycemia Advice

If you have any symptoms of a low blood sugar such as sweating, dizziness, blurred vision or shaking please test your blood sugar if you are able to do so.

If your blood sugar is less than 6mmol/L take 4 glucose tablets or 150ml of the sugary drink.

Please tell staff at the hospital that you have done this.

- Following your procedure you will be advised when it is safe to eat and drink
- If you are eating and drinking normally you should resume taking your normal tablets

Your blood glucose levels may be higher than usual for a day or so.

Eating and Drinking Whilst Preparing for a Gastroscopy

On the day of the procedure

If your procedure is in the **morning**:

- Do not eat any food after midnight

Drink clear fluids such as black tea or coffee, sugar-free squash or water up to 5am

If your procedure is in the **afternoon**:

- Eat breakfast before 7am. Do not eat any food after this

Drink clear fluids such as black tea or coffee, sugar-free squash or water up to 10am

Important things to bring to hospital with you

- Glucose tablets or a sugary drink
- Blood glucose testing equipment (if you usually monitor your blood glucose)
- The tablets and insulin you usually take for your diabetes