

E02 Upper GI Endoscopy and Dilatation

What is an upper GI endoscopy and dilatation?

An upper gastrointestinal (GI) endoscopy is a procedure to look at the inside of the oesophagus (gullet), stomach and duodenum using a flexible telescope (see figure 1). This procedure is sometimes known as a gastroscopy or simply an endoscopy.

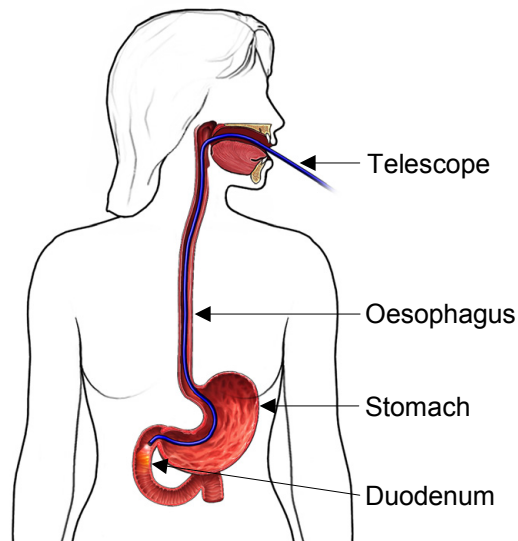


Figure 1
Upper GI endoscopy

Your symptoms or previous tests suggest you may have a narrowing (stricture). A dilatation involves stretching the narrowed area.

Your doctor has recommended an upper GI endoscopy and dilatation. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your doctor or any member of the endoscopy team.

Why do I need an upper GI endoscopy and dilatation?

Your doctor is concerned that you may have a problem in the upper part of your digestive system which is causing it to narrow. An upper GI endoscopy is a good way of finding out if there is a problem or not.

If there is a narrowing, the endoscopist (the person doing the endoscopy) can dilate the area with instruments. It is important to know what is causing the narrowing to decide on any further treatment you need. The endoscopist can perform biopsies (removing small pieces of tissue) to help make the diagnosis.

Are there any alternatives to an upper GI endoscopy and dilatation?

Your doctor has recommended an upper GI endoscopy and dilatation as it is the best way of diagnosing and treating the narrowing. You can decide to leave the problem alone but this is not recommended, especially if you are having difficulty keeping food down.

An upper GI endoscopy without dilatation or a barium meal are other investigations but they will not improve your symptoms.

What will happen if I decide not to have an upper GI endoscopy and dilatation?

Your doctor may not be able to confirm the cause of the problem.

If you decide not to have an upper GI endoscopy, you should discuss this carefully with your doctor.

What does the procedure involve?

• Before the procedure

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your endoscopist and the healthcare team your name and the procedure you are having.

A member of the endoscopy team will ask you to sign the consent form once you have read this document and they have answered your questions.

You should not eat or drink anything for six hours before the procedure. This is to make sure your stomach is empty so the endoscopist can have a clear view of your stomach. It will also make the procedure more comfortable for you. However, if you have diabetes, you will need special advice depending on the treatment you receive for your diabetes. Let a member of the endoscopy team know as soon as possible if you have diabetes.

• In the endoscopy room

If appropriate, the endoscopist may offer you a sedative to help you relax. If you decide to have a sedative, they will give it to you through a small needle in your arm or the back of your hand.

Once you have removed any false teeth or plates, they will usually spray your throat with some local anaesthetic and ask you to swallow it. This can taste unpleasant.

The endoscopist will ask you to lie down on your left side in a comfortable position and will place a plastic mouthpiece in your mouth.

A member of the endoscopy team will monitor your oxygen levels and heart rate using a finger clip. If you need oxygen, they will give it to you through a small tube placed in your nose.

• The procedure

An upper GI endoscopy and dilatation usually takes about a quarter of an hour. The procedure involves placing a flexible telescope (endoscope) into the back of your throat. The endoscopist may ask you to swallow when the endoscope is in your throat. This will help the endoscope to pass easily into your oesophagus and down into your stomach. From here the endoscope will pass into your duodenum. The endoscopist will be able to look for problems in these organs. They will be able to perform biopsies and take photographs to help make the diagnosis. The endoscopist can perform a dilatation using one of the following techniques.

- Guidewire and dilators - This involves placing a guidewire (thin flexible wire) down the endoscope and through the narrowing. The endoscopist will remove the endoscope while keeping the guidewire in place. They will then pass dilators over the wire and use them to stretch the narrowing.

- Balloon dilator - This involves passing a balloon dilator down the endoscope and inflating it while inside the narrowing. The endoscopist may use x-rays to make sure the balloon is in the correct position.

The procedure can cause some discomfort. Your stomach may feel bloated because air is blown into your stomach to improve the view.

What complications can happen?

The healthcare team will try to make your procedure as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. The possible complications of an upper GI endoscopy and dilatation are listed below. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

- **Allergic reaction** to the equipment, materials or sedative. The endoscopy team is trained to detect and treat any reactions that might happen. Let the endoscopist know if you have any allergies or if you have reacted to any drugs or tests in the past.

- **Breathing difficulties or heart irregularities**, as a result of reacting to the sedation or inhaling secretions such as saliva. To help prevent this from happening, your oxygen levels will be monitored and a suction device will be used to clear any secretions.

- **Making a hole in the oesophagus, stomach or duodenum** at the narrowing (risk: 1 in 100). The risk is higher if the narrowing is caused by a cancer (risk: up to 1 in 10). If a hole is made, you will need to be admitted to hospital for further treatment which may include surgery. If you develop severe chest pain while at home, let your doctor know straightaway.

- **Damage to teeth or bridgework**. The endoscopist will place a plastic mouthpiece in your mouth to help protect your teeth. Let the endoscopist know if you have any loose teeth.

- **Bleeding**, due to the dilatation or from a biopsy site or from minor damage caused by the endoscope. This usually stops on its own. Let the endoscopist know if you are on warfarin, clopidogrel or other blood-thinning drugs. If you are on warfarin or clopidogrel, the endoscopist will not usually perform a dilatation or a biopsy.

- **Incomplete procedure**. This can happen due to a technical difficulty, food or blockage in the upper digestive system, complications during the procedure, or discomfort. Your doctor may recommend another endoscopy or a different test such as a barium meal.

You should discuss these possible complications with your doctor if there is anything you do not understand.

How soon will I recover?

After the procedure you will be transferred to the recovery area where you can rest. If you were not given a sedative, you should then be able to go straight home.

If you were given a sedative, you will normally recover in about an hour. However, this depends on how much sedation you were given. Once you are able to swallow properly, you will be given a drink. You may feel a bit bloated for a few hours but this will pass.

If you were given a sedative, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency. You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. You should also not sign legal documents or drink alcohol for at least 24 hours.

Occasionally your doctor may want to perform a chest x-ray or keep you in for observation for a short time to check if a perforation (hole in the oesophagus or stomach) has happened. If a perforation has happened, you will need further treatment and your doctor will discuss this with you.

A member of the team will tell you what was found during the endoscopy and will discuss with you any treatment or follow-up you need. Results from biopsies will not be available for a few days so they may ask you to come back to the clinic for these results.

Once at home, if you get chest pain, difficulty breathing, pain in your abdomen, a high temperature, or if you vomit, contact the endoscopy unit or your GP. If your symptoms are severe, go to your nearest Accident and Emergency department or call an ambulance.

You should be able to go back to work one to two days after the endoscopy unless you are told otherwise.

• Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking will improve your long-term health.

For help and advice on stopping smoking, go to www.smokefree.nhs.uk.

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should improve your long-term health.

For information on how exercise can help you, go to www.eidoactive.co.uk.

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Summary

An upper GI endoscopy and dilatation is usually a safe and effective way of finding out if you have a problem with the upper part of your digestive system and treating your symptoms. However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Further information

- NHS smoking helpline on 0800 022 4 332 and at www.smokefree.nhs.uk
- www.eatwell.gov.uk – for advice on maintaining a healthy weight
- www.eidoactive.co.uk – for information on how exercise can help you
- www.aboutmyhealth.org – for support and information you can trust
- British Society of Gastroenterology at www.bsg.org.uk
- Digestive Disorders Foundation at www.digestedisorders.org.uk
- NHS Direct on 0845 46 47 (0845 606 46 47 – textphone)

Acknowledgements

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Paying for your operation

Upper GI Endoscopy and Dilatation costs are covered by most medical insurance policies. However, we strongly advise you to check with your insurer before you are admitted to the hospital. If you are paying for your own treatment, the cost of the operation will be explained to you, and confirmed in writing, when you book the operation. Your consultant's secretary or the hospital can give you an estimate beforehand.

Local information

You can get information locally from your BMI Hospital.

Tell us how useful you found this document at www.patientfeedback.org

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

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