







Patient Information and Consent to: Gastroscopy with Oesophageal Variceal banding or injection






Information pack code:




(Department – 1st3 letters / Procedure – 3 letters / month & date for review – 4 numbers e.g. ORT THR 0714)

A	About Oesophageal Varices and Gastroscopy
	<p>You have been found to have oesophageal varices. These are swollen veins in your oesophagus (gullet), rather like varicose veins some people have in their legs. They are formed when blood flow through the liver is restricted. These veins could bleed, causing you to vomit blood, (possibly in large quantity), so it is important to try to reduce or shrink and obliterate them if possible. This can be done during a procedure called a gastroscopy.</p> <p>Gastroscopy is an examination of the upper gut, which is the oesophagus (gullet), the stomach and duodenum (part of the small intestine joining the stomach). The procedure involves passing a narrow flexible instrument through the mouth, into the gullet (oesophagus) and then into the stomach and duodenum to examine the lining. This allows us to see if there are any problems such as ulcers or inflammation. The procedure can take between 5 and 15 minutes. If it takes longer please do not worry.</p> <p>Treatment of oesophageal varices</p> <p>This is either by compression or injection. The method used will be decided by the endoscopist and discussed with you.</p> <p>Variceal banding (variceal ligation)</p> <p>This is the preferred method for treating oesophageal varices using a similar technique that is used for the treatment of haemorrhoids (piles) using compression with tight rubber bands.</p> <ul style="list-style-type: none"> • A hollow tube loaded with small rubber bands is attached to the end of the gastroscope. This is passed into the oesophagus (gullet), the vein identified, suction applied and the elastic bands positioned. This is repeated as many times as is necessary at each procedure until all the veins have been eradicated. • After a couple of days, a clot forms in each treated vein, which causes them to shrink. Several treatments may be required. <p>Injection of varices</p> <ul style="list-style-type: none"> • This procedure can be carried out using an injection needle, which is passed down the channel in the gastroscope whilst it is in your oesophagus (gullet). • Through the needle, a drug can be injected into the varices, which creates a clot, blocking them off and causing them to shrink. • In order to completely shrink the veins several injections may be needed. This may need to be repeated several times.
B	Intended Benefits
	<p>Through this procedure we can reduce the risk of major bleeding and eradicate the varicose veins.</p>
C	Who will perform my procedure / treatment?

	<p>Your procedure will be carried out by a qualified endoscopist, this is usually a consultant. All trainees are supervised by a competent endoscopist who is trained to teach the procedure.</p>
<p>D</p>	<p>Alternative procedures or treatments that are available</p>
	<p>In some cases, depending on individual factors such as the symptoms present and the condition being treated, there may be alternatives. These will be discussed with you at the time your doctor advises you to have this therapy.</p>
<p>E</p>	<p>Significant, unavoidable or frequently occurring risks of this procedure / treatment</p>
	<p>Diagnostic gastroscopy procedures carry a very small risk (one 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 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) and an adverse reaction to the intravenous sedative drugs.</p> <p>Ulcers usually form after banding or sclerotherapy and you should be given medication to help them heal. There is a small risk of bleeding in the few days following the procedure. Very rare complications include extension of thrombosis towards the liver after variceal injection, infection of ulcers with possible extension to the spinal cord, and when glue is used to inject the varices this can get into the circulation and affect the lungs ('embolism').</p> <p>As with any procedure the potential benefits must be compared with any risks. Complications are generally less with the banding technique and this procedure is used preferentially. The injection treatment in the non emergency situation carries a complication rate of between one to two percent (1 to 2%).</p>
<p>F</p>	<p>What will happen before your procedure</p>
	<p>Wear loose fitting washable clothing and leave valuables at home. On arrival at the department, we will explain the procedure to you and ask you to sign a consent form. You can change your mind about having the procedure at any time.</p> <p>At this time the options of sedation will be discussed with you these are;</p> <ol style="list-style-type: none"> No sedation option: we will be spray a local anaesthetic to the back of your throat. This will make it numb so that you cannot feel the gastroscope. The numbness will last for about half an hour. <ul style="list-style-type: none"> The advantage is that you can leave as soon as the procedure is finished and you have talked to the endoscopist or nurse. You may resume your normal activities such as working and driving. You will be fully aware of the procedure; most patients find this acceptable. Intravenous sedation option: We will give you a sedative (by injection into a vein) to make you feel relaxed and sleepy. The sedative will not put you to sleep (this is not a general anaesthetic). This option means you may not be aware of the procedure. The disadvantages to this option are: <ul style="list-style-type: none"> You will need to stay whilst you recover which may take up to an hour or more. You will need to be escorted home.

	<ul style="list-style-type: none"> The injection may continue to have a mild sedative effect for up to 24 hours and may also leave you unsteady on your feet for a while.
	<p>Smokers are strongly advised to stop smoking before this procedure. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169</p>
G	What will happen during your procedure
	<p>In the procedure room, we will ask you to remove false teeth, glasses and hearing aids in the left ear. We will make you comfortable on a couch lying on your left side. The endoscopist will give you the injection or throat spray. We will put a plastic guard into your mouth so that you do not bite and damage our instrument. We will also put a plastic 'peg' on your finger to monitor your pulse and oxygen levels. For your comfort and reassurance, a trained nurse will stay with you throughout.</p> <p>As the gastroscope goes through your mouth you may gag slightly, this is quite normal and will not interfere with your breathing. During the procedure, we will put some air into your stomach so that we have a clear view; this may make you burp and belch a little. This is also quite normal but some people find this unpleasant. We will remove the air at the end of the procedure.</p> <p>Minimal restraint may be appropriate during the procedure. However if you make it clear that you are too uncomfortable the procedure will be stopped.</p>
H	What will happen after the procedure
	<p>If you are given a throat spray you may go home immediately after the procedure. We advise you not to have anything to eat or drink until the numbness has worn off, which is usually about half an hour. After this, you can eat and drink normally.</p> <p>If you have sedation, we will take you to a recovery area while the sedation wears off. We will always do our best to respect your privacy and dignity, for example with the use of curtains. If you have any concerns, please speak to the department sister or charge nurse.</p> <p>When you are sufficiently awake, we will give you a drink, you can then go home. We advise you not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for a 24-hour period after the procedure. We also advise you to have a responsible adult stay with you for the next 12 hours.</p> <p>Afterwards, the back of your throat may feel sore for the rest of the day and you may feel bloated if some of the air remains in your stomach. Both these discomforts will pass and need no medication.</p>
	Eating and drinking
	<p>When you are sufficiently awake we will get you a drink and something to eat. Once discharged a soft diet is recommended for the first 24 hours particularly after banding. The action of the injection or banding will cause the veins to ulcerate over the next few days before healing. This can cause some soreness on swallowing for a few days. It is possible for a stricture (narrowing) to form in the oesophagus (gullet). This is more likely if the varices are large and repeated treatments (especially injection treatments) have been required. This may make swallowing difficult but can be treated.</p>

	Getting about after the procedure
	If you have sedation we advise that you take the lift down to the lower floor as due to the medication you may feel slightly dizzy and have reduced awareness.
	Leaving Hospital
	If you have sedation it is essential that you are escorted home by a responsible adult who will need to attend the unit to collect you, unless you are on hospital transport. If you have no sedation you may leave once your discharge paperwork has been completed.
	Resuming normal activities including work
	If you have sedation we advise that you refrain from normal activities for 24 hours after the procedure due to the medication. If you have the test without sedation you can resume your normal activities.
	Special measures after the procedure
	<p>If sedation is given we advise you not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for a 24 hour period after the procedure. We also advise you to have a responsible adult stay with you for the next 12 hours. If you have no sedation no special measures are required</p> <p>If you experience any of the following please contact your GP, the Endoscopy Department 01553 613760 within working hours 0800-1800 or the Emergency Department for further advice:</p> <ul style="list-style-type: none"> • severe pain • black tarry stools • persistent bleeding
N	Anticoagulant –Blood thinning medications
	<p>Oral Anticoagulants include: Warfarin, Apixaban-(Eliquis), Dabigatran-(Pradaxa) and Rivaroxiban-(Xarelto) or similar Anticoagulant drugs.</p> <p>Antiplatelet Drugs include: Aspirin, Clopidigrel-(Plavix), Ticagrelor-(Brilique), Prasugrel-(Efient), Dipyridamole-(Persantin) and Tirofiban-(Aggrastat) or similar Antiplatelet drugs.</p> <p>If you are on any anticoagulation and or antiplatelet medications please: advise the endoscopy unit on 01553 613192. Your consultant will advise the coagulation team if the Warfarin or other medication needs to be stopped and the clinic will be in touch to arrange this. Instructions will be given regarding the starting of the medications after the procedure by the coagulation team and your consultant.</p>
	Check-ups and results
	The endoscopist or nurse will be able to tell you the how the procedure went immediately after the procedure. If you had sedation, it is a good idea to have someone with you when you talk to the endoscopist because the sedation can make you forget what has been discussed.

	Details of the any necessary treatment should be discussed with the doctor who recommended you to have the procedure.
	Information and Support
	<p>Please feel free to speak to a member of staff if you have any questions or anxieties. If you have special needs such as learning disability or cognitive impairment we have specialist staff that can support you. Please let us know</p> <p>PATIENT ADVICE AND LIAISON SERVICE If you have any concerns or queries about the hospital, your treatment or need support or assistance, please contact our Patient Advice and Liaison Service. They are here to help. Tel: 01553 613351 Email: pals@qehkl.nhs.uk</p> <p>FURTHER INFORMATION can be Obtained from these websites:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <p>www.dvtsafetyzone.co.uk/ www.nice.org.uk/ www.patient.co.uk/</p> </div>
	Privacy and Dignity
	We will always do our best to respect your privacy and dignity, such as the use of curtains. If you have any concerns, please speak to the department sister or charge nurse.
	Help with this leaflet or communicating with staff
	If you would like help with this or any other information; in large print , in audio format or need assistance with translation / language services please ask the department staff
	References: Addenbrookes Gastroscopy/ Banding injection patient leaflet