












## Patient Information and Consent to: Gastroscopy with Oesophageal Dilatation




**Information pack code:**

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

A	<b>About Oesophageal Dilatation and Gastroscopy</b>
	<p>You are experiencing difficulty swallowing due to a narrowing (stricture) of your oesophagus (gullet). Your doctor thinks that it is possible and appropriate to try to improve your symptoms by stretching the narrow part using endoscopy rather than a surgical operation.</p> <p>Firstly, we use a gastroscop to inspect your oesophagus then a stretching device, which is an inflatable pressure balloon or dilator/ bougie depending on the operator, is positioned across the narrowed area. If a balloon is used it is inflated to certain pressures and as it expands, the narrowed area expands to the same size. We use different sizes of balloon to reach the right size to improve your symptoms. If a dilator or bougie is used serial dilators are introduced across the narrowed area of increasing size to gently stretch/ open it.</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. The procedure can take between 10 and 30 minutes. If it takes longer please do not worry.</p>
B	<b>Intended Benefits</b>
	<p>In patients with difficulty swallowing dilatation can give relief.</p>
C	<b>Who will perform my procedure / treatment?</b>
	<p>Your procedure will be carried out by a qualified endoscopist, this is usually a consultant.</p> <p>All trainees are supervised by a competent endoscopist who is trained to teach the procedure.</p>
D	<b>Alternative procedures or treatments that are available</b>
	<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>
E	<b>Significant, unavoidable or frequently occurring risks of this procedure / treatment</b>
	<p>Oesophageal dilatations carry a very small risk (2-3 in 100 cases) of haemorrhage (bleeding) or perforation (tear) of the gut following which surgery may be necessary to repair it. There may be a slight risk to crowned teeth or dental bridgework, and you should tell the endoscopist if you have either 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>
F	<b>What will happen before your procedure</b>

	<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><b>Intravenous sedation:</b> 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 <b>not</b> a general anaesthetic). This option means you may not be aware of the procedure. The disadvantages to this option are:</p> <ul style="list-style-type: none"> <li>• You will need to stay whilst you recover which may take up to an hour or more.</li> <li>• You will need to be escorted home.</li> <li>• 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.</li> </ul>
	<p><b>Smokers are strongly advised to stop smoking before this procedure.</b> For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on <b>0800 169 0 169</b></p>
<p>G</p>	<p><b>What will happen during your procedure</b></p>
	<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 and/ 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.</p> <p>As the gastroscope goes through your mouth you may gag slightly, this is quite normal and will not interfere with your breathing.</p> <p>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>You may feel the balloon/ dilator as it is put into place; most people find this not too uncomfortable. This discomfort is for a short time, for your comfort and reassurance, a trained nurse will stay with you throughout. If you make it clear that you are too uncomfortable the procedure will be stopped.</p>
<p>H</p>	<p><b>What will happen after the procedure</b></p>
	<p>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>It is quite likely that your throat and oesophagus will feel slightly sore particularly in the area that has been dilated. Please tell the staff if it becomes too uncomfortable. Some people who have this procedure need to be admitted to hospital.</p>
	<p><b>Eating and drinking</b></p>
	<p>When you are sufficiently awake we will get you a drink and something suitable to eat, such as yogurt. Once discharged a soft diet is recommended for the first 48 hours after dilatation.</p>

	<b>Getting about after the procedure</b>
	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.
	<b>Leaving Hospital</b>
	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.
	<b>Resuming normal activities including work</b>
	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.
	<b>Special measures after the procedure</b>
	<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"> <li>• severe pain</li> <li>• black tarry stools</li> <li>• persistent bleeding</li> </ul>
N	<b>Anticoagulant –Blood thinning medications</b>
	<p><b><u>Oral Anticoagulants include:</u></b> Warfarin, Apixaban-(Eliquis), Dabigatran-(Pradaxa) and Rivaroxiban-(Xarelto) or similar Anticoagulant drugs.</p> <p><b><u>Antiplatelet Drugs include:</u></b> Aspirin, Clopidigrel-(Plavix), Ticagrelor-(Brilique), Prasugrel-(Efient), Dipyridamole-(Persantin) and Tirofiban-(Aggrastat) or similar Antiplatelet drugs.</p> <p><b>If you are on any anticoagulation and or antiplatelet medications please:</b> 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>
	<b>Check-ups and results</b>
	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 or nurse because

	<p>the sedation can make you forget what has been discussed. The upper GI specialist nurses will also be involved with your care.                  Details of the any necessary treatment should be discussed with the doctor who recommended you to have the procedure.</p>
	<p><b>Information and Support</b></p>
	<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><b>PATIENT ADVICE AND LIAISON SERVICE</b>                  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.  <b>Tel: 01553 613351</b>                  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;"> <p><a href="http://www.dvtsafetyzone.co.uk/">www.dvtsafetyzone.co.uk/</a>  <a href="http://www.nice.org.uk/">www.nice.org.uk/</a>  <a href="http://www.patient.co.uk/">www.patient.co.uk/</a></p> </div>
	<p><b>Privacy and Dignity</b></p>
	<p>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.</p>
	<p><b>Help with this leaflet or communicating with staff</b></p>
	<p>If you would like help with this or any other information; in <b>large print</b>, in audio format or need assistance with translation / language services please ask the department staff</p>
	<p>References: Addenbrookes Gastroscopy/ Dilatation patient leaflet</p>