



A guide to...

Having a Gastroscopy and an Endoscopic Mucosal Resection

Patient Information

How to contact us

Booking and interpreting queries – Please call the number on your appointment letter

Clinical queries – Watford 01923 436095

Any other query – Please call Watford 01923 217530

**If you need this leaflet in another language, large print, Braille
or audio version, please call 01923 217187 or email
westherts.pals@nhs.net**



Author	Dr Alistair King
Department	Endoscopy Department
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If you are taking blood thinning medications such as warfarin, clopidogrel, ticagrelor, dabigatran, rivaroxaban or apixaban, please call the department on the number on your appointment letter to notify us.

What is a Gastroscopy?

Gastroscopy is an investigation that allows us to look directly at your gullet (oesophagus), stomach and the upper part of the intestine. A flexible camera is passed through your mouth, down the back of your throat into your stomach. Through this tube we will be able to look for any abnormalities that may be present. If necessary, small tissue samples (biopsies) can be taken during the examination for laboratory analysis.

What is an endoscopic mucosal resection?

An endoscopic mucosal resection is the removal of a piece of tissue during a gastroscopy. The tissue will be the surface lining of the oesophagus or stomach. Once removed, the tissue is sent for analysis.

Preparation

This procedure must be done on an empty stomach. If you have a morning appointment you must not eat anything after midnight the night before but can drink sips of water up to 6.30am on the morning of the procedure. If you have an afternoon appointment you must not eat anything after 7am but can drink sips of water up to 11.30am.

If you are taking diabetic medication, you can contact your GP or nurse specialist for advice. If you are taking **Aspirin**, please stop these four days before your appointment. **If you are taking blood thinning tablets (warfarin, clopidogrel, ticagrelor, dabigatran, rivaroxaban or apixaban) please contact the department immediately.** Please make sure you bring with you a list of all medications you are currently taking.

Having sedation

This test is done using conscious sedation, sedation will be given to you through a small tube in a vein in your arm or hand. This will make you feel relaxed but not asleep. With this type of sedation, it will be necessary for you to stay in the unit for a while afterwards. It is essential that you arrange for a responsible person to escort you home after the test. Failure to make these arrangements may result in the investigation being cancelled. **Because of the lingering effects of the drugs used, it is important that, for the next 24 hours you have someone to stay with you, you do not drive, return to work, operate machinery, sign any legal documents, or drink alcohol.** Please note conscious sedation is not a general anaesthetic.

What will happen?

When you arrive the doctor and nurse will explain the procedure and answer any questions you may have. You will be asked to sign the consent form, giving us your permission to have the procedure performed.

You will be taken into the investigation room on a trolley and asked to lay in a comfortable position on your left side.

Afterwards

As you have had sedation you will need to try and sleep for a short while before going home. You will need to wait at least two hours before you will be offered a drink to check that you have no problems with swallowing. You will be given advice about what you can eat before you leave the unit. For some time afterwards you may find that you have a sore throat. This is quite normal and may be eased by having sips of water. **Because of the risk of post procedure bleeding we advise that you should not travel aboard for 14 days post procedure.**

When will I get the results of the procedure?

You will be given a copy of the report before you leave the department and the doctor or nurse will talk to you at the end of the procedure to explain their findings. If you have had samples sent to the laboratory the results will be reviewed by the endoscopist and you will be contacted within two weeks if there is anything of concern.

Are there any risks?

A gastroscopy and EMR is a very safe procedure but rarely bleeding may occur (this may happen in 5 in every 100 cases) or a small hole in the gullet, stomach or small intestine can develop (perforation), the risk of this happening is one in every hundred cases. Although a gastroscopy and EMR is an overly sensitive test, no procedure is 100% accurate and there is a small chance that abnormalities can be missed. If you are worried about any of these risks, please speak to your doctor or a member of the team before you are due to have this procedure.

Are there any alternatives?

Your doctor has recommended a gastroscopy and EMR as it is the best way of treating your condition. Surgery may be an option, and this should have been discussed with you.

What happens if I decide not to have a gastroscopy and EMR?

Your doctor may not be able to treat your problem. If you decide not to have a gastroscopy and EMR you should discuss this carefully with your doctor

After the investigation if you experience severe chest or tummy pain, swelling in the neck or shortness of breath please attend your nearest Accident and Emergency department, do not drive.

- Accident and Emergency at Watford on 01923 217 256
- Please note: there is NO Accident and Emergency at Hemel Hempstead or St Albans Hospitals.