What happens if I decide not to have a gastroscopy and EUS?
Your doctor may not be able to confirm the cause of the problem. If you decide
not to have a gastroscopy and EUS you should discuss this carefully with your
doctor.

Who can I contact if I have any questions?
Please do not hesitate to telephone the department on 01923 436 095 for
Watford General Hospital (8.00am – 6.00pm Monday to Friday).

If after the investigation you experience severe chest pain, severe 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 City Hospitals.

Other sources of information: www.bsg.org.uk

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

If you are taking blood thinning medications such as warfarin, clopidogrel,
ticagrelor, dabigatran, rivaroxaban or apixaban, please notify the
Endoscopy unit. There is a chance these may need to be stopped prior to
the procedure.

Inpatient information
West Hertfordshire Hospitals NHS Trust
Endoscopy Units
What is a gastroscopy and endoscopic ultrasound (EUS)?

Gastroscopy is an investigation that allows us to look directly at your gullet (oesophagus), stomach and the upper part of the intestine (duodenum). A long flexible camera is passed through your mouth, down the back of your throat, into your stomach. The camera has an ultrasound probe built in which allows the endoscopist (the person doing the endoscopic ultrasound) to scan beneath the lining of your gullet, stomach or duodenum at structures and organs underneath. The endoscopist may need to perform fine needle aspiration to remove cells or a deeper core biopsy to remove small pieces of tissue to help make a diagnosis.

Preparation

This investigation 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 have drinks up to 6.30am on the morning of the investigation. If you have an afternoon appointment, you must not eat anything after 7am but can have drinks up to 11.30am. If you are taking diabetic medication, you can contact your GP or nurse specialist for advice. If you are taking warfarin, clopidogrel, dabigatran, rivaroxaban or apixaban, please inform us as these may have to be stopped prior to the procedure. Please take all other medications as you would usually. Please make sure you bring with you a list of all medications you are currently taking.

As the test may take several minutes it is usual to give conscious sedation to help you feel more comfortable.

What will happen?

When you arrive the doctor or 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 placed in a comfortable position on your left hand side.

Having sedation

Having sedation means that you will be made drowsy while you have the test (this will be given to you through a small needle placed in the back of your hand, please note this is not a general anaesthetic). It will be necessary for you to have a sleep in the unit afterwards. It is also 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 you have someone to stay with you and that you do not drive, return to work, operate machinery, sign any legal documents or drink alcohol for 24 hours afterwards.

Afterwards

If you have had your throat sprayed, you will need to wait about 15 minutes for the numbness to start wearing off. We will want you to have a drink before you leave the unit to check that you have no problems with your swallowing. If you have had sedation, a fine needle aspiration or core biopsy taken, you will need to try and sleep and be observed a short while before going home. For some time afterwards you may find you have a sore throat. This is quite normal and may be eased by drinking or sucking a boiled sweet.

Please note that if you choose sedation you will be in the department for approximately 3 hours. Your escort may like to ring the department on the telephone number overleaf before coming to collect you. Please ask them to ring two hours after your appointment time so a collection time can be agreed.

When will I get the results of the procedure?

The doctor or nurse will talk to you at the end of the procedure explaining what has been found. The results of any biopsies will take several days to be processed and your GP will receive the results approximately 2 weeks after your appointment. It may then be necessary for us to arrange an outpatient appointment for you.

Are there any risks?

A gastroscopy and endoscopic ultrasound is a very safe procedure but there are some risks associated with the test. Rarely, a small hole in the gullet, stomach or small intestine or bleeding, requiring a blood transfusion, can occur. The risk of this happening is 1 in every 1000 procedures performed. If a fine needle aspiration or deeper core biopsy is performed, the risk of perforation, introducing infection and causing bleeding is 1 in every 100 procedures and there is a much rarer risk of causing pancreatitis (pancreas inflammation) if the sample is taken from the pancreas gland. Very rarely, these complications can be life threatening. There is also a small risk that crowned or capped teeth can become damaged during the procedure. If you have a fine needle aspiration or deeper core biopsy you may need treatment with antibiotics. You should let your doctor know if you get a temperature, severe abdominal pain or feel unwell after the procedure. 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 the procedure.

Are there any alternatives?

Your doctor has recommended a gastroscopy and ultrasound as it is the best way of diagnosing your problem.