



A guide to...

Having a Gastroscopy

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 – Watford 01923 217530

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 198** or email **westherts.pals@nhs.net**



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What is a Gastroscopy?

A gastroscopy is a procedure used to examine the lining of the gullet (oesophagus), stomach, and the first part of the small intestine (duodenum). A thin, flexible tube with a light and tiny camera (endoscope) is gently passed through the mouth and down the throat to check for any abnormalities. The procedure usually takes around five to ten minutes to complete.

During the procedure, small tissue samples (biopsies) may be taken for further analysis. Images of the upper gastrointestinal lining and any abnormalities are typically captured and stored in the medical record. The risks and benefits of the procedure are outlined in this leaflet for your reference.

Benefits of the Procedure

A gastroscopy is a valuable tool for diagnosing potential causes of your symptoms by allowing us to examine the gullet, stomach, and first part of the small intestine for abnormalities. Based on the findings, we can provide tailored advice, which may include recommending further tests, specific procedural treatments, or prescribing medications to manage your condition effectively.

In some cases, the procedure is performed to review findings from a previous gastroscopy. This helps us adjust your treatment plan or follow-up period as necessary to ensure you receive optimal care.

Preparation

To ensure the success of the investigation, your stomach must be empty. **Please stop eating six hours before your procedure.** You may continue sipping clear fluids for up to two hours before the test. It is essential to follow these instructions; otherwise, your procedure may need to be cancelled.

- **Medications:** Please bring a list of all the medications you are currently taking, including the reasons you take them.
- **If you are taking blood-thinning medications** such as Rivaroxaban, Edoxaban, Dabigatran, or Apixaban, do not take these on the morning of your procedure. All other blood-thinning medications should be taken as usual.
- **If you are diabetic**, please contact your specialist nurse for specific advice on managing your medication and blood sugar levels.
- **Parkinson's, Blood Pressure, and Other Medications:** Continue taking Parkinson's and blood pressure medications as usual.

On Arrival

When you arrive, the nurse will explain the procedure and answer any questions you may have. You will be asked to sign a digital consent form, which outlines the same risks detailed below for your consideration prior to arrival. If required, a small tube (cannula) may be inserted into your arm to administer medications.

In the procedure room

Before the procedure begins, the nurse will ask you some safety questions. You will be asked to lie on your left side and may need to remove any dentures. A soft plastic mouthpiece will be placed in your mouth for you to bite down on. If you have a tongue piercing, you will need to remove it.

If you choose sedation, oxygen will be provided via a small sponge placed in one of your nostrils. Once the throat spray or sedation has taken effect, the examination will proceed.

Medication Options for Your Comfort

Two types of medication are available to help keep you comfortable during the procedure:

1. Throat Spray

A numbing spray can be applied to the back of your throat to keep you comfortable during the gastroscopy. Recovery after throat spray is quicker compared to sedation, and you will be able to drive afterwards.

2. Intravenous Conscious Sedation

This involves administering a sedative through a small IV line in your arm or hand. It helps you to feel relaxed and may have a light sleep, but you will remain conscious and be able to respond to people talking to you. After receiving sedation, you will need to rest in the unit for a short time. **It is vital to arrange for a responsible person to escort you home and stay with you for 24 hours after the procedure.** Without these arrangements, the investigation may need to be cancelled. Please note that conscious sedation is not the same as a general anaesthetic.

Risks of the Procedure

Gastroscopy is generally a safe procedure, but like any medical test, it carries some risks:

Common Risks (1 in 20):

- Sore throat (following the procedure)
- Pain or discomfort during or after the test
- Inability to complete the procedure

Less Common Risks (fewer than 1 in 20):

- Complications from sedation
- Damage to teeth, lips, or gums
- Need for further treatment (following the procedure)
- Vomiting blood (haematemesis) (following the procedure)

Rare Risks (1 in 100 or fewer):

- Chest infection (aspiration pneumonia) (1 in 1,000)
- Missed pathology (gastroscopy is not 100% accurate)
- Significant bleeding
- Small hole (perforation) (fewer than 1 in 2,500)

If you have concerns about any of these risks, please speak to your doctor or a member of the team before your procedure.

Afterwards

After the procedure, you will be encouraged to rest for a short while before going home. The length of your recovery time will depend on what was completed during the procedure:

- If you had **throat spray**, your recovery period will be at least 15 minutes.
- If you had **sedation**, you will need to rest for at least 30–45 minutes.

You will be offered a drink and a small snack before leaving.

When Will I Get the Results?

You will receive a copy of the report before leaving the department. The doctor or nurse will explain the findings at the end of the procedure. If tissue samples have been sent to the laboratory, the Endoscopist will review the results, and you will be contacted if there is anything of concern.