E02 Upper GI Endoscopy and Dilatation

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If you need more information, please contact the department directly.

If you would like this information in different languages or formats (e.g. audio, Braille or large print), please ask a member of the healthcare team.

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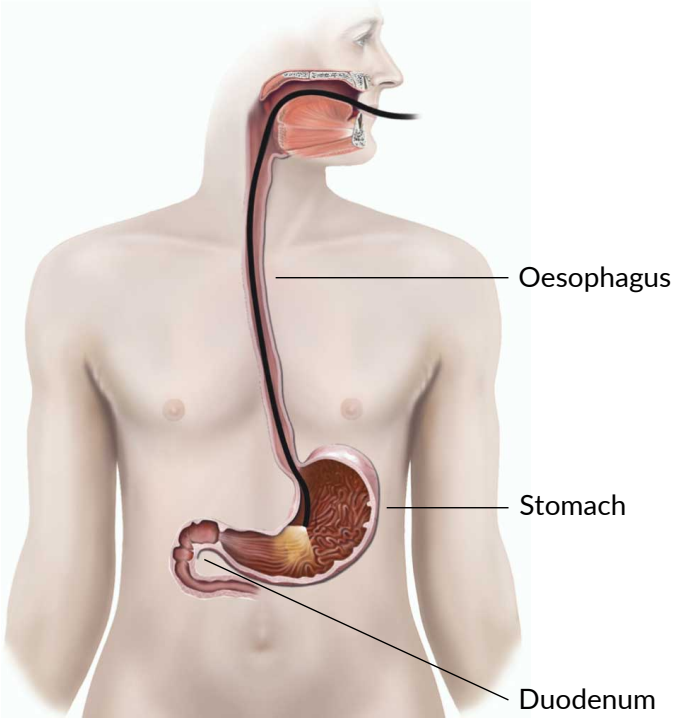
What is an upper GI endoscopy and dilatation?

An upper gastrointestinal (GI) endoscopy is a procedure to look at the inside of your oesophagus (gullet), stomach and duodenum using a flexible telescope. This procedure is sometimes known as a gastroscopy, OGD or simply an endoscopy.



An upper GI endoscopy

Your symptoms or previous tests suggest you may have a narrowing (stricture). A dilatation involves stretching the narrowed area.

Your doctor has suggested an upper GI endoscopy and dilation. However, it is your decision to go ahead with the procedure or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your doctor or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of an upper GI endoscopy and dilatation?

Your doctor is concerned that you may have a problem in the upper part of your digestive system which is causing it to narrow.

An upper GI endoscopy is a good way of finding out if there is a problem. If there is a narrowing, the endoscopist (the person doing the endoscopy) can dilate the area with instruments.

It is important to know what is causing the narrowing to decide on any further treatment.

The endoscopist can perform biopsies (removing small pieces of tissue) to help make the diagnosis.

Are there any alternatives to an upper GI endoscopy and dilatation?

Your doctor has recommended an upper GI endoscopy and dilatation as it is the best way of diagnosing and treating the narrowing. You can decide to leave the problem alone but this is not recommended, especially if you are having difficulty swallowing food.

An upper GI endoscopy without dilatation or a barium meal are other investigations but they will not improve your symptoms.

What will happen if I decide not to have an upper GI endoscopy and dilatation?

Your doctor may not be able to confirm what the problem is.

If you decide not to have an upper GI endoscopy, you should discuss this carefully with your doctor.

What does the procedure involve?

Before the procedure

If you are female, the healthcare team may ask you to have a pregnancy test as some procedures involve x-rays or medications that can be harmful to unborn babies. Sometimes the test does not show an early-stage pregnancy so let the healthcare team know if you could be pregnant.

If you take warfarin, clopidogrel or other blood-thinning medication, let the endoscopist know at least 7 days before the procedure.

Do not eat anything in the 6 hours before your appointment, and only drink small sips of water. This is to make sure your stomach is empty so the endoscopist can have a clear view of your stomach. It will also make the procedure more comfortable. You can continue to drink small sips of water up to 2 hours before the procedure. If you have diabetes, let the healthcare team know as soon as possible. You will need special advice depending on the treatment you receive for your diabetes.

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to the endoscopist and the healthcare team your name and the procedure you are having.

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

In the endoscopy room

An upper GI endoscopy and dilatation usually takes about 15 minutes.

If appropriate, the endoscopist may offer you a sedative or painkiller which they can give you through a small needle in your arm or the back of your hand. If you have the sedative you will be able to ask and answer questions but you will feel relaxed.

Once you have removed any false teeth or plates, they may spray your throat with some local anaesthetic and ask you to swallow it. This can taste unpleasant.

The endoscopist will ask you to lie on your left side and will place a plastic mouthpiece in your mouth.

The healthcare team will monitor your oxygen levels and heart rate using a finger or toe clip. If you need oxygen, they will give it to you through a mask or small tube under your nostrils.

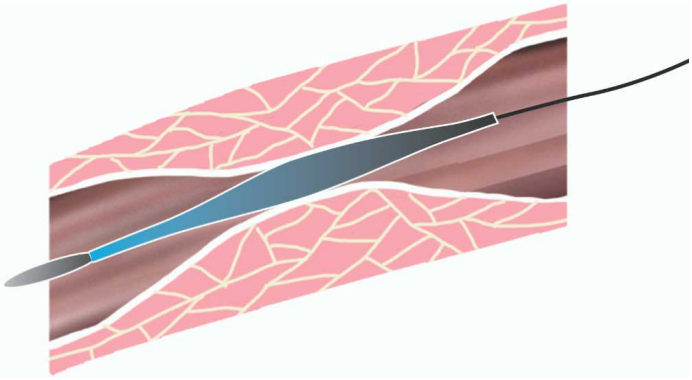
If at any time you want the procedure to stop, raise your hand. The endoscopist will end the procedure as soon as it is safe to do so.

The endoscopist will place a flexible telescope (endoscope) into the back of your throat. They may ask you to swallow when the endoscope is in your throat. This will help the endoscope to pass easily into your oesophagus and down into your stomach. From here the endoscope will pass into your duodenum.

The endoscopist will be able to look for problems in these organs. They will be able to perform biopsies and take photographs to help make the diagnosis.

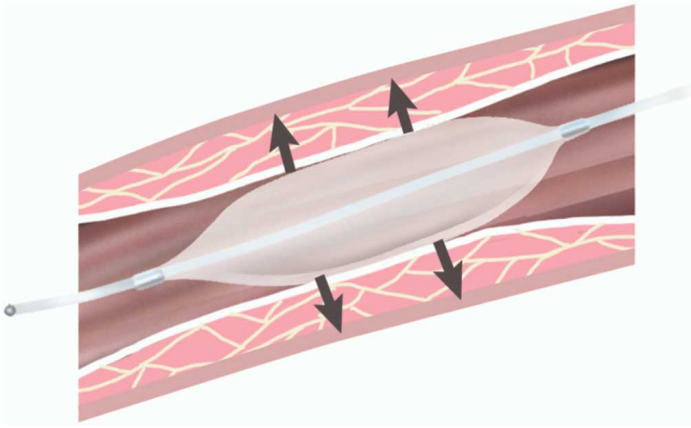
The endoscopist can perform a dilatation using one of the following techniques.

- Guidewire and dilators – This involves inserting a guidewire (thin flexible wire) down the endoscope and across the narrowing. The endoscopist will remove the endoscope while keeping the guidewire in place. They may use x-rays to check its position. They will pass dilators of increasing size over the wire to gradually stretch the narrowing.



A dilator stretching the narrowing

- Balloon dilator – This involves passing a balloon dilator down the endoscope and inflating it while inside the narrowing. The endoscopist may use x-rays to help them to make sure that the balloon is in the right position.



A balloon dilator inflated across the narrowing

The procedure can cause some discomfort while the narrowing is being stretched. Your stomach may also feel bloated because air is blown into your stomach to improve the view.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

The possible complications of an upper GI endoscopy and dilatation are listed below.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let the endoscopist know if you have any allergies or if you have reacted to any medication or tests in the past.
- Sore throat. This gets better quickly.
- Breathing difficulties or heart irregularities, as a result of reacting to the sedative or inhaling secretions such as saliva. To help prevent this, your oxygen levels will be monitored and a suction device will be used to clear any secretions from your mouth.
- Heart attack (where part of the heart muscle dies) or stroke (loss of brain function resulting from an interruption of the blood supply to your brain) can happen if you have serious medical problems. This is rare.
- Bleeding caused by the dilatation, from a biopsy site, or from minor damage caused by the endoscope. This usually stops on its own. If you take blood-thinning medication, the endoscopist will usually not perform a dilatation or a biopsy.
- Infection. It is possible to get an infection from the equipment used, or if bacteria enter your blood. The equipment is disinfected so the risk is low but let the endoscopist know if you have a heart abnormality or a weak immune system. You may need treatment with antibiotics. Let your doctor know if you get a high temperature or feel unwell.
- Making a hole in your oesophagus, stomach or duodenum at the narrowing (risk: 1 in 100). The risk is higher if the narrowing is caused by cancer or a caustic stricture (risk: up to 1 in 10). You will need to be admitted to hospital for further treatment which may include surgery. If you develop severe chest pain while at home, let your doctor know straight away.
- Damage to teeth or bridgework. The endoscopist will place a plastic mouthpiece in your mouth to help protect your teeth. Let the endoscopist know if you have any loose teeth.
- Incomplete procedure caused by a technical difficulty, food or blockage in your upper digestive system, complications during the procedure, or discomfort. Your doctor may recommend another endoscopy or a different test such as a barium meal.

Covid-19

Coming into hospital increases your risk of catching or passing on Covid-19 (coronavirus) as you will be around more people than usual. This risk increases further if the procedure involves your nose or throat. Practise social distancing, hand washing and wear a face covering when required.

How soon will I recover?

After the procedure you will be transferred to the recovery area where you can rest. If you were not given a sedative, you should be able to go home.

If you were given a sedative, you will usually recover in about an hour. However, this depends on how much sedative you were given.

Once you are able to swallow properly, you will be given a drink. You may feel a bit bloated for a few hours but this will pass.

If you had sedation:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

Your doctor may want you to have a chest x-ray or keep you in for close observation for a short time to check if a hole has been made. If a hole has been made, you will need further treatment and your doctor will discuss this with you.

You should be able to return to work after 1 to 2 days unless you are told otherwise.

The healthcare team will tell you what was found during the endoscopy and discuss with you any treatment or follow-up you need. Results from biopsies will not be available for a few days so the healthcare team may arrange for you to come back to the clinic for these results.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

Once at home, if you get chest or back pain, difficulty breathing, pain in your abdomen, a high temperature, or if you vomit, contact the endoscopy unit. In an emergency, call an ambulance or go immediately to your nearest Emergency department. If you get a sore throat or have other concerns, contact your GP.

Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

An upper GI endoscopy and dilatation is usually a safe and effective way of finding out if there is a problem with the upper part of your digestive system and treating your symptoms. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements
Reviewer: Simon Parsons (DM, FRCS)
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