Nuffield Health

Patient information for consent

E02 Upper GI Endoscopy and Dilatation

Expires end of March 2026

If you have any questions or concerns about your care, please contact the nurse in charge at the hospital.

You can get more information locally from:

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You can also get information from www.aboutmyhealth.org
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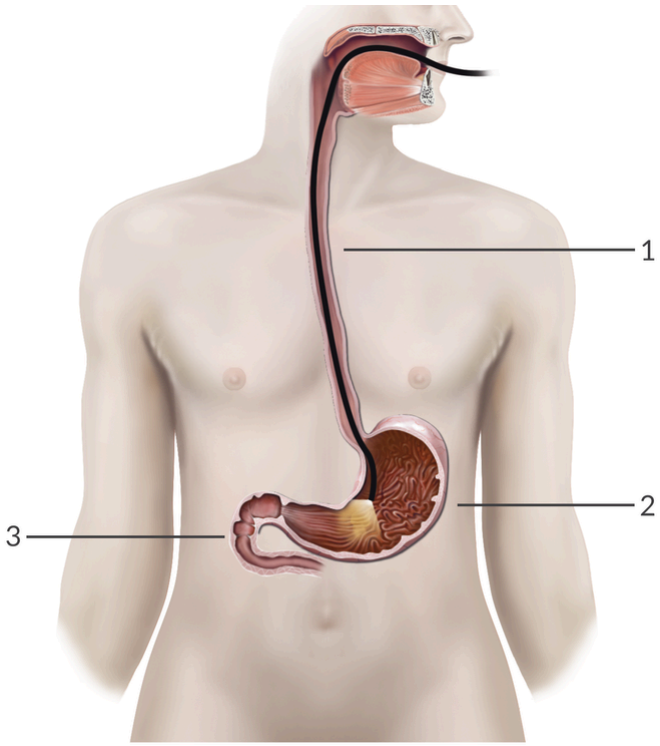
What is an upper GI endoscopy and dilatation?

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

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

An upper GI endoscopy



 Illustrator: www.medical-artist.com

1. Oesophagus
2. Stomach
3. Duodenum

Shared decision making and informed consent

Your healthcare team have suggested an upper GI endoscopy and dilatation. 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 make an informed decision.

Shared decision making happens when you decide on your treatment together with your healthcare team. Giving your 'informed consent' means choosing to go ahead with the procedure having understood the benefits, risks, alternatives and what will happen if you decide not to have it. If you have any questions that this document does not answer, it is important to ask your 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. You will be asked to confirm your consent on the day of the procedure.

What are the benefits?

An upper GI endoscopy and dilation is performed so that your healthcare team can find out why you have certain symptoms.

Your symptoms may include:

- Difficulty swallowing
- Feeling sick
- Vomiting
- Tummy pain
- Bloating
- Unexplained weight loss

If there is a narrowing, the endoscopist (the person doing the endoscopy) can stretch (dilate) the area with surgical instruments.

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

If the endoscopist finds a problem, they can perform biopsies (removing small pieces of tissue) to help make the diagnosis.

Are there any alternatives?

Your healthcare team has suggested an upper GI endoscopy and dilatation as it is the best way of finding and treating the problem. You can leave it alone, but this is not recommended, especially if you are having difficulty swallowing food.

There are no other tests that are as good as an upper GI endoscopy and dilatation to help diagnose and manage the problem.

What will happen if I decide not to have the procedure or the procedure is delayed?

Your healthcare team may not be able to confirm or manage what is causing your symptoms, and they may get worse. If they do, speak to your healthcare team. If you decide not to have an upper GI endoscopy and dilatation, you should discuss this carefully with your healthcare team.

Before the procedure

Medication

If you take warfarin, clopidogrel or other blood-thinning medication or are diabetic, let your healthcare team know at least 10 days before the procedure. If you are diabetic, you will need special advice depending on the treatment you receive for your diabetes.

Preparation

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. It will also make the procedure more comfortable. You can continue to drink small sips of water up to 2 hours before the procedure.

When you arrive

The healthcare team will ask you to confirm your name and the procedure you are having.

What does the procedure involve?

An upper GI endoscopy and dilatation usually takes about 15 to 20 minutes.

A cannula (thin, hollow tube) may be put in a vein in your arm or the back of your hand. This allows the endoscopist to give you medication during the procedure.

Some medications that may be used are:

- A throat spray with some local anaesthetic. This can taste unpleasant but helps to keep you comfortable during the procedure.
- A sedative that will help you feel comfortable.
- Pain relief that will reduce the chance of you experiencing severe pain or discomfort during the procedure.
- Medication to relax your muscles (Buscopan). This will make the procedure more comfortable. Buscopan can affect the pressure in your eyes so let the healthcare team know if you have glaucoma.

You will be asked to remove any false teeth or plates.

The endoscopist will ask you to lie on your left side and a plastic mouthpiece will be placed in your mouth. This will keep your mouth open and stop you biting the endoscope.

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

The endoscopist will place an 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.

You may feel some discomfort during the procedure and your stomach may feel bloated because air is blown into it to help the endoscopist have a clear view. The endoscopist will be able to look for problems such as inflammation or ulcers and perform biopsies. Biopsies can be taken using tiny forceps that are passed through the endoscope.

Photographs and videos may be taken during the procedure. These may help with your treatment and are stored securely by your healthcare team and discussed with other healthcare professionals.

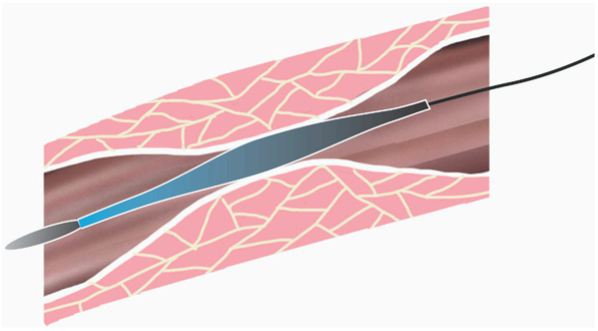
If at any time you want the procedure to stop, raise your hand to let the endoscopist know. They will end the procedure as soon as it is safe to do so.

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

- 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 make sure the balloon is in the right position.

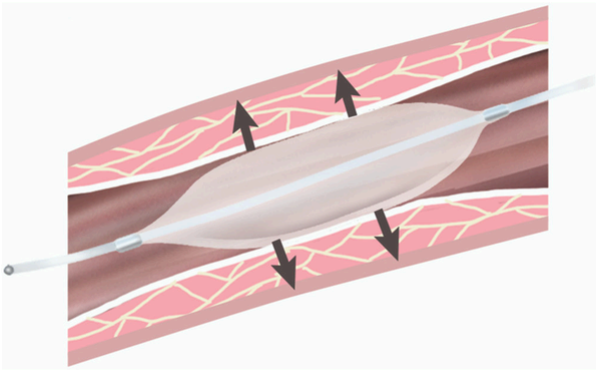
- Guidewire and dilators – This involves inserting a guidewire (thin flexible wire) down the endoscope and across the narrowing. The endoscopist will remove the endoscope while keeping the guidewire in place. They may use x-rays to check its position. They will pass dilators of increasing size over the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

A dilator stretching the narrowing



 Illustrator: www.medical-artist.com

A balloon dilator inflated across the narrowing



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Can I be sent to sleep for the procedure?

In rare cases the procedure can be performed with you asleep under a general anaesthetic or deep sedation. However, most centres do not offer this. If this is an option for you, the healthcare team will talk to you about this before your procedure date.

General anaesthetic is given through a cannula, or as a mixture of anaesthetic gas that you breathe through a tube that passes into your airways. This means you will be unaware of the procedure.

A general anaesthetic has a higher risk of complications than other forms of medication. The healthcare team can give you more information about these. You may also need to wait longer for your procedure.

Most patients manage well without a general anaesthetic.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your healthcare team may be able to tell you if the risk of a complication is higher or lower for you.

Possible complications of this procedure are shown below from most to least likely to happen. Some can be serious. Rarely, you may need to come back into hospital for more treatment, including surgery.

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

Complications of an upper GI endoscopy

- Sore throat. This gets better quickly.
- Damage to teeth or bridgework. A member of your healthcare team will place a plastic mouthpiece in your mouth to help protect your teeth. Let your healthcare team 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.
- Missed diagnosis. There is a small chance that significant findings may be missed during the procedure. The risk is higher if your stomach is not completely empty, or it cannot keep hold of the air that was blown into it.
- Breathing difficulties or heart irregularities. To help stop this, your oxygen levels will be monitored, and a suction device will be used to clear any secretions from your mouth.
- Blurred vision, if you are given a Buscopan injection. This usually gets better after about an hour. Sometimes the injection can affect the pressure inside your eye. This is more likely if you have a rare type of

glaucoma. If your vision becomes blurred and your eye becomes red and painful, let the endoscopist or your healthcare team know straight away.

- Allergic reaction to the equipment or medication. The healthcare team are trained to detect and treat any reactions that may happen. Let the endoscopist know if you have any allergies or if you have reacted to any medication or tests in the past.
- Infection. It is possible to get an infection from the equipment used, or if bacteria enter your blood. The equipment is disinfected before the procedure, so the risk is low. Let your healthcare team know if you get a high temperature or feel unwell.
- Making a hole in your gullet (oesophagus), stomach or part of your small intestine (risk: 4 to 5 in 10,000). If this complication happens at the clinic you may need to be admitted to hospital for more treatment, which may include surgery. This complication can lead to severe chest pain or pain in your tummy. If you get these symptoms at home, let your healthcare team know straight away.
- Heavy bleeding from minor damage caused by the endoscope. This usually stops on its own. If you have had to continue to take blood-thinning medication during this procedure, the endoscopist will usually not perform a dilatation.
- Rarely, a 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.
- Death. This is rare (risk: 4 in 100,000).

Complications of dilatation

- Making a hole in your gullet (oesophagus) (risk: 1 in 100). The risk is higher if the narrowing is caused by cancer (risk: up to 1 in 10). If this complication happens at the clinic you may need to be admitted to hospital for more treatment, which may include surgery. This complication can lead to severe chest pain or pain in your tummy. If you get these symptoms at home, let your healthcare team know straight away.
- Heavy bleeding caused by the dilatation. This usually stops on its own.

What happens after the procedure?

After the procedure you will be moved to the recovery area where you can rest. If you were not given a sedative, you should be able to go home after a member of the healthcare team has spoken to you and decided you are ready.

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

The healthcare team will tell you the results of the procedure and talk to you about any treatment or follow up care you may need. Results from the biopsies will not be available until a later date so the healthcare team will write to you, call you or ask you to come back to the clinic to give you the results.

Before you leave, you will be given a discharge advice sheet and a copy of your endoscopy report. The advice sheet will explain who to contact if you have any problems after your procedure. A copy of the report will be sent to your GP and healthcare team.

If you had sedation:

- If you go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours unless your healthcare team tells you otherwise.
- 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.
- Do not sign legal documents or drink alcohol for at least 24 hours.

Your healthcare team can advise you when you should be able to return to work after the procedure.

Your healthcare team may want you to have an x-ray or CT scan after the procedure.

Once at home, if you experience symptoms that are causing concern, contact the endoscopy unit, your GP or call 111. If you have serious symptoms, like severe pain or heavy bleeding, go to your nearest emergency department straight away.

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 managing your symptoms. However, complications can happen. Being aware of them will help you make an informed decision about the procedure. This will also help you and the healthcare team to notice and treat any problems after your procedure as quickly as possible.

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.

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