

Discharge Home

You will be able to go home once the nurse has ensured that you are ready to do so. The nurse will discuss any discharge advice and any future appointments with you.

Please note, if you have had sedation:

- You will not be able to drive or use public transport for 24 hours following the procedure. Therefore, you will need to be collected by car or taxi and accompanied by a responsible adult. Someone should be available to stay with you for 24 hours.
- You must not operate any machinery for 24 hours following the procedure.
- You should not drink alcohol for 24 hours following the procedure.
- You should not take energetic exercise or lift heavy weights for 24 hours following the procedure.
- You should not make any important decisions or sign any legal documents for 24 hours following the procedure.

If you become ill or cannot keep your appointment for any reason, please inform us as soon as possible so that another patient can be offered treatment. Your own appointment can then be re-arranged.

If you need further advice please contact:

- the Endoscopy Unit at Doncaster Royal Infirmary, telephone: Doncaster (01302) 381424.

LASER THERAPY/INJECTION FOR THE UPPER GASTRO-INTESTINAL TRACT

Patients with certain conditions of the stomach or oesophagus may be offered treatment with laser therapy or injections to relieve their symptoms.

On arrival at the Endoscopy Unit, your admission nurse will explain what will happen during your stay. You will be asked about your past medical history, present medicines, any allergies that you may have and about your arrangements for going home. It is very important that you tell us if you are taking Warfarin, are diabetic, or have a pacemaker or replacement heart valve or are allergic to latex. Do not hesitate to ask if there is anything that you are uncertain about.

In the treatment room you will be introduced to your endoscopist. He or she will explain the test and its risks and benefits and ask you to sign a consent form, if this has not been done beforehand. Your throat will then be sprayed with a local anaesthetic spray; this tastes unpleasant, but it is very effective and within minutes your throat will start to feel numb. Although this is quite a strange sensation, it is completely harmless and will help you to tolerate the endoscope. If you have any false teeth, these will need to be removed. Once the nurses have made you comfortable on the examination couch, a plastic mouthpiece will be put between your teeth or gums to keep your mouth slightly open. A cannula (a small plastic needle) will be put into a vein, usually into the arm or the back of the hand, to enable sedation and painkillers to be injected. This will make you feel relaxed and a little sleepy during the procedure. You should still be able to hear what is being said and co-operate with instructions, but you may have little or no recall of the procedure itself. When the tube is passed

into your gullet, it will not cause any pain and will not interfere with your breathing. In order to ensure a clear view it may be necessary to pass some air down the tube. This may give you the sensation of wanting to belch.

The doctor will then pass a laser fibre/injection needle through the endoscope so that treatment can be given. This should not cause any pain or discomfort. The whole procedure usually takes about 30 minutes. Further sedation can be given if necessary.

The doctor may decide to take a biopsy, which is the removal through the tube of a small piece of tissue for examination.

You will need to rest in the Endoscopy Department recovery area for about an hour after your examination, where a specially-trained nurse is always present. Please tell the staff if you have any severe pain or discomfort. Your throat may feel sore for the rest of the day and you may feel bloated if some of the air has remained in your stomach. These sensations will pass and should not require medication. One hour after the procedure you will be offered water to drink and if there are no problems you can eat later the same day.

After the test the endoscopist or nurse will be able to tell you about the findings from your procedure. However, if biopsies are taken, the results may take several days to come back to us. It is always a good idea to have someone with you when you are spoken to as you will still be affected by the sedation you have had.

Details of your test results will be sent to your general practitioner or to the doctor who referred you for the test.

Very rarely, the lasering or injection can cause a tear or perforation. It can also cause bleeding, but this is a very rare occurrence.

It may be necessary to dilate the oesophagus first, before the laser/injection is positioned. The dilatation stretches the wall of the oesophagus and occasionally it may split, causing a perforation or tear. If this occurs the endoscopist may place a tube made of a fine metallic mesh (called a stent) across the split to prevent infection entering through the hole. You may need to be admitted to hospital and receive fluids through a drip in your arm until the hole has healed up, and an operation might need to be considered.

Patients having laser/injection therapy are at risk of the other complications of endoscopy. Fortunately, these are very rare. There is a risk of low oxygen levels in the blood, or of an irregular heartbeat, particularly for patients who have sedation. These complications are more likely if you have heart or lung disease. For this reason your oxygen level and pulse will be monitored during the test by means of a sensor clipped to your ear or finger. You may be given oxygen during the test; this is done by placing a small sponge into one of your nostrils.

Very rarely, patients develop a chest infection after this procedure. If you develop a cough or temperature after the oesophageal stretch you should contact your general practitioner (GP).

There is also a slight risk to crowned teeth or bridgework, which can be reduced by informing staff if you have either of these.