

Patient information for Oesophagoscopy

Full name of procedure:

Rigid and flexible oesophagoscopy

Short name:

Oesophagoscopy or endoscopy

Reason for procedure:

The oesophagoscope is a telescope which can be used to examine the inside of the oesophagus (gullet) and take tissue samples (biopsies) from its lining. It helps in the diagnosis of the following conditions:

- Acid reflux
- Cancer of the gullet
- Achalasia
- Stricture (narrowing) of the oesophagus

There are a number of treatments which can be performed with the gastroscope without the need for any cuts in the skin.

- Stretching of a fibrotic stricture (narrowing due to scar tissue). This procedure is called a dilatation of the oesophagus.
- Removal of food blocked in the gullet.
- Lasering of a tumour: where a tumour blocks the gullet, a laser can core out the centre to allow swallowing to be resumed.
- Coagulation (burning) of abnormal tissue (also known as ablation). Tissue like Barrett's metaplasia can lead on to cancer. If it is coagulated (burnt) with the argon plasma coagulator, major surgery may be avoided. Laser or photodynamic therapy can also be used to remove abnormal tissue.

Description of procedure:

The procedure is performed under general anaesthetic.

The oesophagoscope, a tube the width of your thumb, is passed through the mouth into the gullet.

As the scope is passed down towards the stomach, any unusual sites will have biopsies (small tissue samples) taken from them. Any narrowing will be stretched.

A second flexible scope may be passed down into the stomach under the same anaesthetic. This allows the use of lasers and coagulators.

When the procedure has been completed, you will be brought to the recovery ward where your blood pressure, heart rate and oxygen levels will be monitored till you are fully awake.

Benefits of the procedure:

- diagnosis of conditions of the gullet, stomach or duodenum
- treatment bleeding or obstruction
- diagnosis and relief of oesophageal cancer

Risks of the procedure:**Side-effects**

It is common to have a **sore throat** after the procedure. Some **nausea** is common. After the anaesthetic you will be **drowsy** and will forget a lot of which you are told in the hours after the procedure. You may **vomit** small amounts of **blood** from any biopsy sites.

Complications of the procedure:

Any procedure performed by a doctor or a nurse has risks of injury, complication or death.

Anaesthetic complications: As with all procedures performed under anaesthesia, reactions to the drugs can occur. While these are uncommon, the more severe reactions can affect the heart (heart attack or abnormal

heart beat), the lungs (asthmatic attack or pneumonia) or the brain (stroke or fit).

Aspiration: after the procedure it is possible for food or stomach acid to be aspirated into the lungs (to go down the wrong way into the windpipe.) This is why you are asked to fast before the test and not to eat for 4 hours after, by which time the anaesthetic will have worn off. Aspiration can cause pneumonia (a chest infection).

Severe pneumonia can result in death. While it is rare it is more common in older people and when a stretch or stent procedure has been performed.

Bleeding: It is normal for there to be a small amount of bleeding where tissue biopsies have been taken or where a dilatation (stretch) has been performed. More severe bleeding can occur in people who bleed easily, take drugs which thin the blood (Aspirin or Warfarin) or have liver disease. **Severe bleeding can result in death.** While it is rare it is more common in older people and when a stretch or stent procedure has been performed.

Pain: There is usually not much pain after an oesophagoscopy procedure. You may have a mild sore throat. When a stretch has been performed there may be more discomfort which may last a few hours. You will be given painkilling medication for this pain. Severe pain can be a sign of a perforation of the oesophagus.

Temperature: many people have a slightly raised temperature in the hours after the procedure. A more persistent temperature suggests a possible tear of the lining of the gullet or a perforation.

Perforation (rupture) of the oesophagus: While small tears of the lining of the oesophagus frequently occur when a dilatation (stretch) is performed, rupture through the full thickness of the wall of the gullet can occur. It can also follow laser or coagulation therapy. **While it is very uncommon, this is a very serious complication.** If a

rupture occurs you may require major surgery. You will be in hospital for a number of weeks. ***A severe perforation can result in death.***

Notification of results.

The staff on the ward will talk to you after you have recovered from the anaesthetic. The doctor will make arrangements for your GP to have details of the procedure and you may be given an appointment for an outpatient clinic to discuss the results further.

The results of the biopsies will not be available for approximately a week after the procedure.

Contact numbers:

- Royal Victoria Hospital Day Procedure Unit: 028 90634212
- Royal Victoria Hospital Thoracic Secretaries: 028 9063 3730/2027

Warning:

If you are taking any drug which thins the blood, this may increase the risk of bleeding. An alternative may need to be prescribed up to two weeks before the procedure and you may need to be admitted earlier than planned. Please advise your surgeon (or contact his secretary) if you are taking any of the following drugs:

- Warfarin
- Aspirin
- Plavix (Clopidogrel)
- Drugs for treating arthritis such as :
 - Voltarol (diclofenac),
 - Indocid (indomethacin),
 - Brufen (ibuprofen),
 - Ketoralac,
 - Mobic (meloxicam),
 - Celebrex (celecoxib),
 - Vioxx (rofecoxib),
 - Advil,
 - Neurofen,
 - Feldene.

Keywords to search the internet

Oesophagoscopy (also spelt esophagoscopy in American pages)

Upper gastro-intestinal endoscopy

Biopsy

Dilatation

Laser

Argon plasma coagulation

Dilatation

Relevant Websites

<http://www.medicdirect.co.uk/videos/default.ihtml?pid=175&step=4>

<http://www.digestedisorders.org.uk/leaflets/cancer.htm>

http://www.ucl.ac.uk/surgery/nmlc/photodynamic_therapy_using_ala.htm