

Gastroscopy and HALO Radiofrequency Ablation

Gastroenterology (Endoscopy)



Care Colleagues
Collaboration Communities

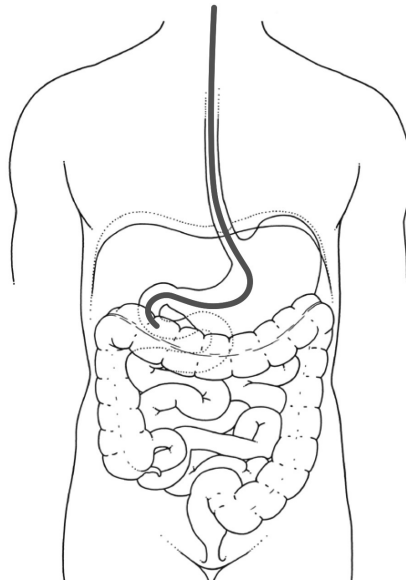
You have been advised that you should have a Gastroscopy and HALO Radiofrequency Ablation.

This leaflet tells you why you need this procedure, how to prepare for it and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries once you have read the information, then please contact us on the telephone number you will find towards the end of this leaflet.

What is a Gastroscopy?

A gastroscopy allows the Endoscopist to look into your gullet (oesophagus), stomach and the first part of the small bowel (duodenum).

The gastroscope is a long flexible tube (thinner than a finger) with a bright light at the end. It is passed through your mouth, down your oesophagus, into your stomach and duodenum.



Consent

You will be asked to sign a consent form to give permission to have the test done. The consent form may be completed in clinic, or be sent to you with the appointment details. Please read all the information on the consent form. You will be asked to consent to having the procedure, but we also need your permission to retain and store in the laboratory any tissue samples removed at the time of the endoscopy if this is necessary.

Your clinician will explain the risks, benefits and alternatives where relevant before they ask for your written consent. If you are unsure about any aspect of the procedure, please do not hesitate to ask for more information.

If you have no questions, it is important that you sign the consent form at home at least one day before the test; otherwise this will be done prior to the test after you have spoken to a nurse or doctor.

Please bring the consent form with you to your appointment.

What are the benefits of HALO Radiofrequency Ablation?

HALO radio frequency ablation is a treatment used to destroy the abnormal Barrett's oesophagus lining when precancerous changes, called high grade dysplasia, have developed. The lining which regrows is usually normal. The HALO device is passed into the oesophagus and delivers very precise heat to the abnormal area to destroy it.

There are two different types of HALO device. The HALO 360 device treats the entire wall of the gullet. The HALO 90 device is similar, but treats a smaller area. We usually treat patients with the HALO 360 device initially and if, at the next endoscopy, there is any abnormal Barrett's oesophagus lining left, we retreat with either the HALO 360 or HALO 90 device, depending on how big the area needing treatment is. Two to three treatments are usually required, but sometimes more.

What are the risks of having a Gastroscopy and HALO Radiofrequency Ablation?

Following gastroscopy you may suffer from a sore throat or feel some wind in your stomach. Mild temporary chest discomfort or difficulty in swallowing may occur after HALO radiofrequency ablation. This will settle within a few days.

Large studies have shown that serious complications of gastroscopy and HALO radiofrequency ablation are rare. They include:

- **Stricture:** Stricture, or narrowing of the gullet may occur in less than 1 in 100 cases. This can be treated by stretching of the narrowed area using a special balloon during endoscopy
- **Perforation:** Perforation may occur in less than 1 in 100 cases
- **Bleeding:** Bleeding occurs in less than 1 in 100 cases
- **Missed lesions:** Although this procedure is being undertaken to provide endoscopic treatment for your underlying condition it is also the best test to detect any other abnormalities. However, no test is perfect and there is a small risk that we may miss other lesions including polyps and rarely cancers.

Severe complications are rare, but may require emergency admission, repeat endoscopic procedure, surgery, blood transfusion or, in extremely rare circumstances, result in death.

Are there any alternatives to a Gastroscopy and HALO Radiofrequency Ablation?

HALO radiofrequency ablation is used to treat a precancerous condition of the oesophagus (high grade dysplasia) with a high risk of progression to cancer. Other endoscopic treatments have been used to treat Barrett's oesophagus, but the main alternative is to undergo major surgery to remove the oesophagus; an operation called oesophagectomy.

What do I need to do to prepare for the procedure?

Your stomach must be empty during the gastroscopy. Please do not have anything to eat for 6 hours before your appointment.

Do not drink alcohol before your appointment.

You can drink water until 2 hours before your appointment.

Some patients may need to adjust their regular medicines before the procedure can be done. Therefore if you take any of the following:

- **ANTICOAGULANT tablets (such as Warfarin, Rivaroxaban, Dabigatran Apixaban or Edoxaban)**
- **ANTIPLATELET drugs (such as Clopidogrel, Prasugrel or Ticagrelor)**
- **Or if you are a DIABETIC, please telephone 01922 656217 and speak to a nurse on the endoscopy unit as soon as you have an appointment confirmed.**

You should take all other tablets as normal with a sip of water.

What will happen on the day?

When you arrive at the endoscopy unit please report to reception and you will then be asked to take a seat in the waiting area.

A nurse will invite you into an office to ask you questions about your health, explain about the procedure and find out what arrangements you have made for going home. You will have the chance to ask any questions that you may have. You will also have the opportunity to confirm the details on your consent form with a nurse or your endoscopist.

Please bear in mind there may be a slight delay before you are taken through for your procedure, however, a relative or friend is more than welcome to wait with you.

In the examination room

Before the gastroscopy is done you will be asked to remove your glasses, (contact lenses can stay in) and to remove any false teeth (a denture pot is provided). Outer clothing such as coats and jumpers will need to be taken off. The gastroscopy is performed after you have chosen whether to have a local anaesthetic spray to your throat and / or a sedative injection.

Local anaesthetic spray

This is sprayed to the back of your mouth and you are asked to swallow. After a few seconds it will start to make your throat feel numb.

Having the spray makes it more comfortable when the gastroscope is passed down through your throat. After the gastroscopy you will have to wait 1 hour before you can eat or drink.

Sedation

This is an injection given into a vein in your hand or arm to make you feel drowsy and relaxed. Some people do not have any memory of the gastroscopy being done. After the procedure you will be kept in the recovery area lying on a trolley until you are fully awake.

It is very important that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day.

It is strongly recommended that you do not drink any alcohol, do not drive any vehicle, do not operate any machinery, sign any legal documents, or return to work for 24 hours. This is because the effects of the sedation last this long.

The Gastroscopy and HALO Radiofrequency Ablation

A nurse will stay with you throughout the gastroscopy. You will be made comfortable lying on your left side on a trolley. A mouth guard will be placed between your teeth (or gums), this keeps your mouth slightly open and prevents you from biting the gastroscope. The nurse will hold this in place. You will be given some oxygen to breathe through a small plastic tube in your nostril. Throughout the gastroscopy a monitor is placed on your finger to check your pulse and oxygen levels.

The endoscopist will pass the gastroscope over your tongue to the back of your throat. The gastroscope will then pass into your gullet, stomach and duodenum.

You may feel the gastroscope move inside you and you may feel full of air and bloated. This is because air is blown into your stomach to ensure good views are seen.

During the gastroscopy, the nurse, using a sucker similar to the dentist, will remove any saliva collecting in your mouth. Tissue samples (biopsies) may be taken painlessly during the gastroscopy.

The HALO treatment given will be carried out, this may take up to half an hour.

As soon as the gastroscope is removed, the mouth guard is taken out of your mouth and the procedure is over.

After the Gastroscopy and HALO Radiofrequency Ablation

After sedation and local anaesthetic throat spray, you will have to wait 1 hour before you can take anything by mouth. You will be cared for in the recovery area on the trolley until you are fully awake, have had something to eat and drink and it is safe for you to go home. This may be between 1 and 2 hours. Please tell us of any specific dietary requirements at least 24 hours prior to your procedure.

You will have some written instructions to take home and remember you will need to have an adult to accompany you.

When will I receive the results?

The endoscopist will usually give you the results before you go home. You may not remember all that has been said to you due to the effects of the sedation, however, the results can be given to you by your general practitioner or at clinic. The nurse will advise you how to obtain your results.

Information for women of child bearing age

If you are pregnant or think that there is a possibility you could be pregnant, please contact the endoscopy unit on the telephone number at the front of this booklet as soon as possible.

We will need to discuss your individual circumstances as it may be necessary to cancel or delay your appointment.

Training

Walsall Healthcare NHS Trust is a regional centre for endoscopy training. You may be asked if you would be willing to be examined by a trainee consultant.

All trainees are under the direct supervision of an expert consultant trainer until they are fully competent, the consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Clinical photography

Clinical photography is the visual recording of clinical conditions for use in your patient record. They are used by health care professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as X-rays, scans and blood tests, etc.

With your permission, clinical photographs can also be used for teaching doctors, nurses and other medical professionals, as well as research, audit and quality assurance purposes.

If you require any further information, please contact us as follows:

Endoscopy Booking Office:

01922 656217

Monday to Friday, 8:30am to 4:30pm

Useful External Agencies:

Guts UK

The Charity for the Digestive System.

3 St Andrews Place

London

NW1 4LB

Tel: 020 7486 0341

email: info@gutscharity.org.uk

<https://gutscharity.org.uk/>



Jeśli chcą Państwo otrzymać tę ulotkę w języku polskim prosimy skontaktować się z Działem ds. Relacji z Pacjentami.



ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਵਿਤਾਬਚਾ ਪੰਜਾਬੀ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਵਿਰਧਾ ਕਰਕੇ ਪੇਸ਼ਟ ਰਿਲੇਸ਼ਨਜ਼ ਟੀਮ (Patient Relations Team) ਨਾਲ ਸੰਪਰਕ ਕਰੋ।



যদি আপনি এই লিফলেটটি বাংলায় চান তবে অনুগ্রহ করে প্যাশেন্ট রিলেশন টিম-এর সাথে যোগাযোগ করুন।



Dacă doriți acest pliant în limba română, vă rugăm să vă adresați echipei de relații cu pacienții.



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پیشنٹ ریلیشنز ٹیم سے رابطہ کریں۔



If you require this leaflet in Braille, please contact the Patient Relations Team.