

Therapeutic Gastroscopy with Variceal Banding

Author: Endoscopy Unit



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If you are unable to keep your appointment, please notify the Endoscopy Unit booking office as soon as possible.

Contact telephone numbers: Monday to Friday 08.00-18.00 hours

For appointments: please contact the Endoscopy Unit booking office on 01493 452690

For advice: please contact the Endoscopy Unit on 01493 452370

This leaflet should be read in conjunction with the Gastroscopy patient information leaflet.

Introduction

Following your recent clinic appointment, visit to the doctors or inpatient assessment it has been recommended that you have variceal banding performed.

If you are unable to keep your appointment, please notify the department as soon as possible. This will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you.

This booklet will give you information about the procedure and its risks and benefits to help you make an informed decision about having the procedure.

This procedure requires your formal consent.

The consent form is a legal document. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the procedure, **you will be asked to sign and date a consent form.**

If there is anything you do not understand or wish to discuss further, do not sign the form until you have spoken to a healthcare professional.

Why do I need to have an OGD with treatment to varices?

You have been found to have oesophageal varices. These are swollen veins in your oesophagus (gullet), rather like varicose veins, and are formed when blood flow through the liver is compromised. These veins could bleed, causing you to vomit blood, (possibly in large quantity), so it is important to try to reduce or shrink and obliterate them if at all possible.

Treatment of Oesophageal Varices

Endoscopic treatment of varices is the standard treatment for patients who have already experienced a variceal bleed.

Treatment of your varices during your endoscopy can be done either by compressing them by banding or by injecting them. The method chosen will be decided by the treating doctor.

What are the alternatives?

Other options to reduce risk of bleeding are oral medications. An invasive liver procedure called Transjugular intrahepatic portosystemic shunt (TIPPS) may be required.

What are the possible complications?

A. The endoscopic examination:

Serious complications are very rare.

As with any procedure the potential benefits must be balanced with any risks. Complications are generally less with the banding technique and this procedure is the preferred method.

Sometimes injection therapy has to be used. In the non-emergency situation the risks of complication are minimal, between one and two percent.

The main risks include mechanical damage to teeth or bridgework. Mild discomfort in the abdomen and a sore throat, which may last a couple of days, are common side effects.

Treatment of varices can cause serious complications of which you should be aware, but still represent a relatively low risk compared to the prospect of life threatening bleeding of varices, or operative complications of surgery. These complications are:

- Perforation of the gullet
- Infection
- Aspiration of blood or secretions during the procedure which could cause a chest infection.
- Extension of the clot to major veins.

B. Sedation:

This can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by an endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

Older patients and those who have significant health problems, for example, people with significant breathing difficulties due to a bad chest may be assessed by a doctor before being treated.

Please note that occasionally the test may need to be abandoned or may be incomplete. In this case, the test may need to be repeated or we may suggest an alternative procedure.

Preparation for the test

Eating and drinking

The procedure must be performed on an empty stomach to reduce risk of vomiting so you must not eat or drink for six hours before the test (only sips of water are safe up to two hours before the test).

What about my medication?

Please bring a list of your medications with you to your appointment.

Diabetics

If you are diabetic please see the guidelines at the end of this booklet (page 6).

Anticoagulants

If you are taking anticoagulants e.g. warfarin or acenocoumarol, the anticoagulation nurse will contact you at least seven days prior to your appointment about stopping, or dosing, and arranging a blood test. On arrival to the endoscopy unit the nurse will test your blood to check your INR and advise on dosing after the procedure.

If you are taking direct oral anticoagulants e.g dabigatran, rivaroxaban, apixaban and edoxaban stop these two days (at least 48 hours) prior to your appointment.

If you have any concerns please contact the Endoscopy Unit for advice.

Anti-platelet agents

There is no restriction in taking aspirin or dipyridamole which can be taken as usual. If you are taking clopidogrel, ticagrelor or prasugrel **please stop these seven days prior to your appointment**. The referring doctor will tell you if you are required to take aspirin for that time period. However, if you have had a cardiac stent inserted in the last 12 months your consultant will need to discuss any changes to your medication with a cardiologist. If your consultant has not discussed this with you please ring the relevant secretary.

Other medication

You should continue to take all of your other medications as normal, unless you have been told otherwise by your referring doctor.

How long will I be in the department?

The procedure takes 10-15 minutes longer than a routine endoscopy.

You should expect to be in the endoscopy department for approximately one to three hours. Emergency procedures may take priority over outpatient lists.

What happens when I arrive?

You will be met by an endoscopy nurse who will ask you a few questions, one of which concerns your arrangements for getting home.

They will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.

You will have a brief medical assessment regarding your medical condition and any past surgery or illness you have had to confirm that you are sufficiently fit to undergo the procedure.

Your blood pressure, heart rate and oxygen levels will be recorded. If you are diabetic your blood glucose level may be checked.

The nurse will insert a cannula into a vein, usually on the back of your hand, through which medication can be administered during the procedure.

The consultant will take consent for the procedure and enable you to ask any further questions.

Please inform the staff if you are or could be pregnant.

What happens during the procedure?

This is very similar to having a gastroscopy, which you will have already had when you first attended the department, and the blockage in your oesophagus was first found.

The doctor will again discuss the procedure with you to make sure that you understand what is going to be done, the benefits and possible risks of the procedure, and they will ask you to sign the consent form.

A needle will be put into a vein in your hand or arm so you can be given the sedation. Your throat will also be sprayed with a local anaesthetic spray.

You will be required to lie on your left hand side, and a probe will be attached to your finger so we can monitor your pulse and the amount of oxygen in your blood. We will need to give you extra oxygen during the procedure.

Endoscopic Variceal Ligation or Banding

This is the usual method for treating oesophageal varices using a technique that has also been similarly used for the treatment of haemorrhoids (piles) using compression with tight rubber bands.

A hollow tube over which small rubber bands have been loaded is attached to the end of the gastroscope. The gastroscope is placed in the oesophagus (gullet), the vein is identified and suction is applied drawing the vein up into the tube. Elastic bands are then placed. After a day or two a clot forms in the veins which causes them shrinkage. Several treatments, on more than one session, may be required to achieve complete shrinkage.

Injection of Varices

This procedure is usually carried out for gastric varices using an injection needle which can be passed down the channel in the gastroscope once it is in position in the oesophagus (gullet). Through the needle a chemical can be injected into the varices which creates a clot, blocks off the varix and leads to its shrinkage. In order to completely shrink the veins several injections, on more than one session, may be necessary.

The procedure takes approximately 20-30 minutes.

After the procedure you will be allowed to rest in the recovery area.

Will it hurt?

- You might notice some chest discomfort but this should pass after a few hours.
- It is likely that the back of your throat will feel a little sore for a few hours afterwards.
- Occasionally the procedure does cause some bleeding but this is usually not serious and settles quickly.
- Hospital admission or another intervention maybe required if the pain persisted.

What happens after the procedure?

You will be looked after in the recovery bay and nurses will check your blood pressure and temperature regularly for the first couple of hours and observe you for any complications.

Once you have recovered from the initial effects of any sedation (which normally takes 30 minutes), you will be given water to swallow.

Occasionally an admission may also be required for observation or further intervention. This will be explained to you at the time.

You will have the opportunity to discuss these risks or any concerns you may have before you give your written consent.

If you experience any pain or feel unwell please inform a nurse who can assist with making you comfortable.

You are normally allowed home the same day if no complications arise. Please ensure that you have someone to drive you home and stay with you overnight as you will be given sedation.

Either a doctor or nurse will explain the findings of the test and let you know the next stage of your treatment plan if necessary.

Over the next few days

The action of injection or banding usually causes the varices to ulcerate. This, in turn, can cause some soreness on swallowing for a few days after the procedure. The bands fall off in a week or two and pass on bowel movement.

It is possible but uncommon for a stricture (narrowing) to form in the gullet over a number of weeks.

This is more likely if the varices are large and repeated procedures are required, and is generally more common with the injection technique. Narrowing of the gullet can make swallowing difficult.

Contacts

If you need further advice please contact endoscopy on
01493 452370 Monday to Friday 08.00 – 18.00

General points to remember

It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is very busy and your procedure may be delayed. If emergencies occur, these patients will obviously be given priority over less urgent cases.

If you have any problems with persistent or worsening abdominal pain after your procedure, please contact your GP immediately informing them that you have had an Endoscopy.

If you are unable to contact or speak to your doctor, you can phone or attend the hospital's A&E department. You can contact them on **01493 452559**.

Privacy and dignity

Please note we have single sex changing, recovery and toilet facilities available in the unit.

Please be advised that relatives are not permitted into the procedure room with the patient or into the recovery areas. This is to protect other patients' privacy, dignity and enable staff to concentrate on looking after the patients.

Visit our website:

<http://www.jpaget.nhs.uk/departments-services/departments-services-a-z/endoscopy-unit/>

Guidelines for people with diabetes undergoing endoscopic procedures

Every effort will be made to offer you a morning appointment if you are on insulin and require an endoscopic procedure. If you have been given an afternoon appointment please be sure to tell the department that you are a diabetic on insulin.

Insulin

a. If you are on insulin four times daily or more and require insulin adjustment advice, contact the Diabetes Nursing Team on 01493 453373 (answer phone).

b. If you are on an insulin infusion pump there is no need to make any adjustment to your bolus insulin doses. Your basal insulin should be reduced by 30% for two hours before and two hours after any booked procedure time. This can be extended, if necessary, according to recovery and diet.

c. If you are on pre-mixed insulin (e.g. Humulin M3, Insuman Comb 25 or NovoMix 30) up to three times daily

Evening before:

Reduce your insulin dose by a third at your evening meal.

Morning of the appointment:

You should have nothing to eat after midnight but may have water up to 06.00 hours. If you feel hypoglycaemic, take glucose tablets, or drink clear sugary fluids from the list at the end of this information.

Do not take your morning dose of insulin but bring your insulin with you to take after the procedure and once the nursing staff have informed you that you are able to eat and drink safely.

You should only take your insulin with food.

If you normally take insulin at breakfast and evening meal, reduce the first dose after your procedure by half if taken after 1100 hours. This is to give you sufficient time lapse between the two injections to reduce the risk of hypoglycaemia in the evening.

If you take insulin at breakfast, lunch and evening meal omit the morning dose and take your normal dose at lunchtime.

d. If you are on short acting and medium / long acting insulin which are not pre-mixed eg Actrapid and Insulatard or Hypurin Porcine / Beef Neutral and Hypurin Porcine / Beef Isophane and have a morning appointment

Evening before:

Reduce medium / long acting insulin by a third.

Take normal short acting insulin.

Morning of appointment:

Do not take your morning dose of short acting insulin but bring it with you to take after the procedure and with food.

You should take half your normal dose of medium / long-acting insulin at your normal time even though you are not eating.

e. If you are on once daily insulin and have a morning or afternoon appointment

You should not need to make any adjustment to your evening dose.

You should reduce any morning dose by a third even though you are not eating.

Every effort will be made to offer you a morning appointment if you are a tablet controlled diabetic and require an endoscopic procedure. If you have been given an afternoon appointment please be sure to tell the department that you are a diabetic on tablets.

You should have nothing to eat after midnight but may have water up to 0600 hours. If you feel hypoglycaemic, take glucose tablets, or drink clear sugary fluids from the list at the end of this information.

Diabetic Tablets

a. If you are on Diabetic tablets and have a morning appointment

Evening Before:

If you are taking - Nateglinide (tablet)

Repaglinide (tablet)

Gliclazide (tablet)

Glimepiride (tablet)

Glipizide (tablet)

Tolbutamide (tablet)

It is not necessary to make any dose reduction.

If you are taking glibenclamide (tablet) reduce any evening dose by half.

If you are taking metformin, it is not necessary to make any dose reduction.

Pioglitazone, Sitagliptin, Saxagliptin, Linagliptin and Dapaglifloxin are all diabetic tablets normally taken in the morning. If you are taking any of these you do not need to make any dose changes.

Vildagliptin is normally taken twice daily but it is not necessary to reduce the evening dose.

Acarbose may be taken up to three times daily. If you are on Acarbose it is not necessary to make any dose changes on the day before the procedure.

Liraglutide and Lixisenatide (injections) are normally taken once daily in the morning. You do not need to make any changes on the day before the procedure. If you normally inject either of these before your evening meal, do not take the evening dose but restart your normal dose on the following evening (the day of the procedure).

Exenatide (injection) is normally taken twice daily. Take your morning injection as normal but do not take the evening injection.

Morning of the appointment:

Do not take your morning dose of tablets, but bring them with you to take after the procedure. Report to nursing staff if you have needed glucose before arriving, and inform them immediately if you feel hypoglycaemic at any time during your visit.

You can take the following diabetic medications, with food, as soon as the nursing staff inform you that you can eat and drink safely: metformin, Pioglitazone, Sitagliptin, Saxagliptin, Linagliptin, Vidagliptin, Liraglutide, Lixisenatide, Exenatide, Dapaglifloxin, Acarbose.

You should not take your morning dose of any of the following: Nateglinide, Repaglinide, Gliclazide, Glimepiride, Glipizide or Tolbutamide but resume your normal dose at the evening meal.

Bydureon (slow release exenatide) is taken once weekly by injection. If this coincides with the morning of your procedure, do not take in the morning but take with the evening meal.

b. If you are on diabetic tablets and have an afternoon appointment

Take any medication, as normal on the day before the procedure. If you feel hypoglycaemic, take glucose tablets, or drink clear sugary fluids from the list at the end of this information.

Morning of the appointment:

You should have nothing to eat after 0930hrs on the morning of the procedure. Do not take your morning dose of tablets or injection but bring them with you to take after the procedure or with your evening meal using the same guidelines as for a morning procedure.

Report to nursing staff if you have needed glucose before arriving, and inform them immediately if you feel hypoglycaemic at any time during your visit.

Alternatives to Glucose Tablets

- Lucozade Sport 200mls (13 tablespoons)
- Grape Juice 100mls (6 tablespoons)
- Sparkling apple juice 200mls (13 tablespoons)
- Coke or Pepsi (not diet) 200mls (13 tablespoons)
- Ribena 30mls (2 tablespoons) diluted
- Squash / barley water 70mls (4 tablespoons) diluted
- Sugar 4 teaspoons dissolved in 200mls of water

This booklet was produced by:

The Endoscopy Team and The Endoscopy Patient Participation Group at the James Paget University Hospitals NHS Foundation Trust.

Diabetic patient information ratified by Dr Joanne Randall, Consultant Endocrinologist.

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Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

TRUST VALUES: We CARE for...
our patients... each other... ourselves

BEHAVIOURS:

- Courtesy and respect
- Attentively kind and helpful
- Responsive communication
- Effective and professional

#Proud of the Paget

IN TRAN
communication for all

The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240