

# Greater Manchester Surgical Centre

An NHS and Netcare Healthcare UK Ltd Initiative



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## What You Need To Know About Upper Gastrointestinal Endoscopy



UNITED KINGDOM

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NHS Treatment Centre



UNITED KINGDOM



NHS Treatment Centre

This booklet is designed to provide you, the patient, with information and advice regarding your surgery at the Greater Manchester Surgical Centre (GMSC). Please take the time to read the information in this booklet as it will answer many of the questions you may have about your forthcoming surgery.

If you still have any questions after reading through the booklet, please do not hesitate to phone the GMSC Advice Line on 0161 746 2828 where our staff will be more than happy to address any of your queries. You may also access further information on our website at [www.netcareuk.com](http://www.netcareuk.com)

**IMPORTANT:** At the time of going to print, the information contained within this booklet was deemed to be accurate.

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## 1. Introduction

To evaluate or treat your condition, the doctor has recommended that you undergo a medical procedure known as an upper gastrointestinal (GI) endoscopy. This brochure will help you understand how an upper GI endoscopy can benefit you and what you can expect before, during, and after this procedure.

The term 'endoscopy' refers to a special technique which enables doctors to look inside a part of the human body. 'Upper GI' is the portion of the gastrointestinal tract or digestive system that includes the oesophagus. The oesophagus is the swallowing tube that leads to the stomach and is connected to the duodenum or beginning of the small intestine. The oesophagus carries food from the mouth to the stomach and duodenum where it is digested.

Performed by a gastroenterologist or general surgeon, an upper GI endoscopy is conducted using an endoscope to diagnose and in some cases treat, problems of the upper digestive system.

The endoscope is a long, thin, flexible tube with a tiny video camera and light attached to the end. By adjusting the various controls on the endoscope, the surgeon can safely guide the instrument to facilitate an examination of the inside lining of the upper digestive system.

The high quality image from the endoscope is shown on a TV monitor and this gives a clear, detailed view of the identified sections of the upper GI tract. In many cases, upper GI endoscopy is a more precise examination than X-ray

In many cases, upper GI endoscopy is a more precise examination than X-ray studies.

Upper GI endoscopy can be helpful in the evaluation or diagnosis of various problems including difficult or painful swallowing, pain in the stomach or abdomen, bleeding, ulcers, and tumours.

## 2. Before Surgery

### 2.1 Pre-assessment clinic

Before your surgery is scheduled, you will need to attend a pre-assessment clinic at the Greater Manchester Surgical Centre (GMSC). Here, you will be examined by a surgeon, an anaesthetist (the doctor who is responsible for administering the anaesthetic while you are undergoing your surgery) and a registered nurse.

The anaesthetist will discuss the various methods of anaesthesia and the one best suited to you and your procedure (refer to the GMSC's Anaesthetic brochure).

During your appointment, your full medical history will be taken. If necessary, the surgeon or anaesthetist may send you for further investigations such as blood tests, X-rays and/or an ECG. Don't be alarmed if you are required to undergo one or more of these tests. The doctors have your wellbeing and best interests at heart and need to ensure that you are able to cope with the respective surgical procedure.

It is important to discuss any medications you may be taking with the anaesthetist. If you are taking blood-thinners, you may be asked to discontinue them for some



It is important to discuss any medications you may be taking with the anaesthetist. If you are taking blood-thinners, you may be asked to discontinue them for some time before the surgery as they can increase the risk of bleeding and interfere with your surgery and recovery.

You will also probably be instructed to avoid any aspirin, ibuprofen and all herbal or homeopathic preparations. You should continue to take your normal medicines up to and including the day of surgery, unless the anaesthetist or surgeon has explicitly instructed you otherwise.

Once you fully understand what the procedure entails, you will be asked to sign an informed consent form in the presence of the surgeon.

At your pre-operative assessment, the proposed date for your procedure will also be discussed and finalised.

## 2.2 Countdown to surgery

You will be given advance instructions on what you should and shouldn't do to prepare for the upper GI endoscopy. Be sure to read and follow these instructions carefully.

In preparing for your upper GI endoscopy, it is very important to refrain from eating or drinking anything ('nil by mouth') for at least eight hours before your procedure. Food in the stomach will block the view through the endoscope and could also cause vomiting.



Remove your dentures and all nail polish. Ladies are requested not to wear any make-up on the day of surgery.

Leave all jewellery, money, watches and valuables with family members. The GMSC cannot be held responsible for your valuables.

Make sure you wear casual, comfortable clothing which is easy to put on and take off eg. drawstring-style sweat pants, boxer-style shorts, or loose items. You will be allocated a locker for storing your clothing while you are in surgery.

You may also wish to bring along some reading material or crossword puzzles to occupy your time while you are in the hospital.

You will not be allowed to leave the hospital alone or drive yourself home, so arrange for a responsible adult to drive you to and from the hospital and have someone stay with you for at least 24 hours once you are back home.

## 3. During Surgery

Typically, an upper GI endoscopy takes only 15-20 minutes to perform. During the procedure, everything will be done to make you be as comfortable as possible. Your blood pressure, pulse, and oxygen levels in your blood will be carefully monitored. The doctor may give you a sedative to make you feel relaxed and drowsy, but you will still be conscious enough to co-operate during the procedure.

Before your operation, your throat may be anaesthetised via a spray or gargle.




Before your operation, your throat may be anaesthetised via a spray or gargle. This will help to alleviate any discomfort when the endoscope is inserted. A supportive mouthpiece will keep your mouth open during the endoscopy. Once you are fully prepared, the doctor will gently manoeuvre the endoscope into position.

You should not feel any pain during the procedure and it will not interfere with your breathing.


The doctor will use the endoscope to evaluate, diagnose or treat any problems. In some cases, it may be necessary to extract a tissue sample called a biopsy, for analysis and examination under the microscope. This is also a painless procedure. In other instances, the endoscope can be used to treat a problem such as an active bleeding ulcer.




### How an Upper GI Endoscopy is Performed




The endoscopy is inserted in your mouth and gently edged down your oesophagus.



The endoscope will be inserted until it reaches your stomach.



Once in the stomach, the doctor will look for any problem areas.



If anything suspicious is found, the doctor will take a tissue sample for biopsy.

## 4. After Surgery

When your endoscopy has been completed, you will be cared for in a recovery area until most of the effects of the medication have worn off and the doctor is happy with your recovery. Usually, you can expect to go home within a few hours of the procedure.

The doctor will inform you of the results of the procedure and discuss any other matters that might need to be brought to your attention.

You will be given instructions regarding how soon you can eat and drink, plus other guidelines for resuming your normal daily activity.

By the time you're ready to go home, you'll feel stronger and more alert.



By the time you're ready to go home, you'll feel stronger and more alert. Nevertheless, you should plan on resting for the remainder of the day. This means not driving so you'll need to have a family member or friend take you home.

Note: In order for us to maintain a high quality of care and prevent any possible risks, we respectfully request your permission to exhibit your details at your bedside. Your initials, surname, doctor's name and possible risk factors, eg. diabetes, will be displayed above your bed on a small white board.

## 5. At Home

Occasionally, minor problems may persist such as a mild sore throat, bloating, or cramping. These symptoms should disappear within 24 hours or less.

## 6. Possible Complications

Years of experience have proved that upper GI endoscopy is a safe procedure and complications rarely occur. However, potential complications which have been associated with the procedure include:

- A perforation or puncture of the intestinal wall, which could require surgical repair; and
- Bleeding, which, in the worst instance, would require a blood transfusion.

Again, these complications are unlikely. Be sure to discuss any specific concerns



Again, these complications are unlikely. Be sure to discuss any specific concerns you may have with the doctor.

Contact the GMSC Advice Line on 0161 746 2828, call your local general practitioner, or go to the nearest Accident and Emergency Centre if you experience:

- Fever or a high temperature.
- Chills.
- Severe pain despite using pain killers.
- Bleeding.

## 7. GMSC Advice Line

The staff at the GMSC are available to assist you at any time. You can reach them by calling: 0161 746 2828.

## 8. About Netcare and the NHS Partnership

### 8.1 Netcare

Network Healthcare Holdings Limited (Netcare) is one of the largest integrated private healthcare organisations in South Africa. Listed on the Johannesburg Securities Exchange (JSE) in 1996, the Netcare group owns and manages 45 private hospitals and clinics, 61 specialised medical centres and 53 Medicross Family Medical and Dental Centres throughout South Africa.

In total, Netcare hospitals comprise 7 200 beds, 319 operating theatres; all of which are supported by over 2 200 medical practitioners in private practice. Collectively, over 4.8 million patients a year are cared for in medical facilities



Collectively, over 4.8 million patients a year are cared for in medical facilities within the Netcare group.

Specialised hubs of clinical excellence focusing on disciplines such as cardiology, cardiothoracic surgery, neurosurgery, orthopaedic surgery, gastroenterology, oncology, ophthalmology, renal dialysis and organ transplantation are located in numerous Netcare hospitals.

## 8.2 The Netcare/NHS Treatment Centre Partnership

During the past two years, Netcare has participated in four successful NHS Waiting List Initiatives which were specific to ophthalmology; orthopaedic surgery; and ear, nose and throat surgery.

Committed to reducing waiting times for those needing surgical procedures and to improving choice and access to facilities; in 2003, the NHS launched its Treatment Centre (TC) initiative, a programme designed to provide rapid, safe and effective medical treatment to patients on Waiting Lists.

Against the backdrop of its previous experience with NHS Waiting List Initiatives, Netcare was selected as the successful bidder for two such five-year TC initiatives; the first of which is based on a mobile ophthalmology chain that will perform 44 000 cataract procedures over five years. The second TC initiative will see 45 000 orthopaedic and general surgery procedures performed at the newly-constructed Greater Manchester Surgical Centre (GMSC) over the five-year period. The Netcare/NHS partnership upholds the NHS' principle of delivering excellent



The Netcare/NHS partnership upholds the NHS' principle of delivering excellent service free at the point of access. Providing the highest possible quality of care while maintaining patient dignity at all times, is a fundamental objective of the partnership.

Netcare's medical team consists of highly skilled, experienced and professionally qualified consultant surgeons, anaesthetists and nursing personnel, all of whom are supported by administrative, technological and patient care teams.

We dedicate our efforts to providing you with quality care in a safe, efficient and caring environment.

