

Gastroscopy and Argon Plasma Coagulation (with APC)

Patients with certain conditions of the stomach or oesophagus may be offered treatment with Argon Plasma Coagulation (APC). A gastroscope will be passed down into your food pipe. The gastroscope is a long flexible tube (thinner than your little finger) with a bright light at the end. The laser or APC probe is then passed through the gastroscope to treat your condition. It may take more than one treatment to ensure your condition is adequately managed.

What is APC?

Argon Plasma Coagulation or APC is a heat treatment which can stop small blood vessels from bleeding.

What should I know before deciding?

The endoscopist will ensure you know enough information about the procedure to enable you to decide about your treatment. They will write this on the consent form as well as discussing choices of treatments with you.

Consent form

Before you can have the procedure, the endoscopist will need to gain your consent. This will be required in writing. Before going to the procedure room, the endoscopist carrying out the procedure will come and speak to you. They will explain the procedure again and the risks and benefits. If you are happy to go ahead with the procedure you will be asked to sign a consent form. If you later change your mind, you are entitled to withdraw consent, even after signing. A copy of the consent form will be offered to you. It is your decision whether or not to consent to the procedure. Ask as many questions as you like and please express any concerns about medication, allergies or past medical history.



On arrival to the Endoscopy Unit

When you arrive in the department you will be asked to wait in the waiting area. An admissions nurse will confirm all your personal details, check your weight and height, take your blood pressure, temperature and pulse and will check if you have any serious medical conditions. They will also check if you have any allergies and confirm your discharge arrangements with you. The procedure will then be explained and you will then be shown where to wait for your procedure.

Preparation for the procedure

To allow a clear view of the stomach please do not eat anything for **six hours**. You may drink clear fluids up to two hours prior to the procedure.

Please bring with you to your appointment:

- Your pre-assessment questionnaire.
- Any letters you have received from the hospital.
- Any medications or a list of medications that you are currently taking. It is important to remember any asthma inhalers, angina sprays, blood pressure medication or diabetic medication.
- Please remove any nail polish from your fingers.

You should not bring valuables or large amounts of money into hospital, as we cannot accept responsibility for them. You will have sedation during the procedure, so please make sure someone is able to collect you.

Medication

You may continue to take your usual medication up to the day of your test, but you must stop taking certain tablets. In some instances, your doctor may have asked you to stop medication for your stomach for two weeks prior to your test. If you are taking any blood thinning medication such as **Warfarin, Rivaroxaban** or **Clopidogrel**, or any other blood thinning medication, you will have been informed of what to do. Please take any blood pressure tablets as normal. If you are a diabetic and have not received an information leaflet prior to your procedure, please telephone the department, explain that you have not received an information leaflet and are on tablet, insulin, diet or a combination.



How long will I spend in the department

The procedure itself takes about 30 to 45 minutes. An hour after the procedure you will be given a tepid drink and if the recovery staff are happy you will be able to go home. You should continue on fluids for at least six hours, then eat a soft diet.

The time on your appointment letter is for your pre-procedure assessment and not your appointment time. Occasionally we sometimes have to deal with unexpected emergencies and this can prevent us seeing you as quickly as we would like. We apologise if this happens to you. We will keep you fully informed and make sure you know the reasons for the delay.

Is there an alternative procedure I could have?

Alternatives to APC treatment may include an operation. This would have been considered, but APC is felt to be your best treatment option.

On arrival to the Endoscopy Unit

One of the endoscopy nurses will talk to you, do your observations and explain the test. The endoscopist will discuss the procedure with you and you will be asked to sign a consent form.

What happens during the procedure?

All your belongings will stay with you at all times. You will be taken to the procedure room. The nursing staff will introduce themselves to you. You will need to remove any false teeth just before the test begins.

Throat spray: You will be given a local anaesthetic spray to numb your throat. It has a slightly bitter banana taste. You may have the feeling of a 'lump' in your throat, but you will still be able to swallow. This is normal following the throat spray. The sensation of the spray lasts about 15 to 20 minutes.

Sedation: For this procedure, most patients have sedation. Midazolam is a sedative injection and may make you feel sleepy. It does sometimes have a short-term amnesic effect, which means you may not remember having the procedure.

Please do not take any sleeping tablets on the day of your procedure.



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The endoscopist will spray your throat with the local anaesthetic throat spray and you will be asked to lie on your left hand side.

A cannula will be inserted into a vein (if this has not been done previously), usually into the arm or back of the hand. The sedative injection will be administered through the cannula. You will feel relaxed and may not remember the test, but you will still be awake.

You will be given some oxygen through a little piece of foam placed into one of your nostrils. A small clip will be placed on your finger to monitor your heart rate and oxygen levels throughout your procedure.

To keep your mouth open during the procedure, a plastic mouth guard will be placed between your teeth. When the endoscopist passes the gastroscop into your food pipe, it may feel uncomfortable, but should not cause you any pain; nor will it interfere with your breathing. The APC probe will then be passed through the gastroscop so that treatment can be given.

Sometimes it is necessary for some small tissue samples to be taken from your stomach lining. You are unlikely to feel this.

The procedure can take up to 30 minutes. If you get a lot of saliva in your mouth, the nurse will clear it using suction. When the procedure is finished, the endoscope is removed quickly and easily.

What happens after the procedure?

You will have to stay in the department to recover for about one hour. Male and female patients are nursed in separate areas to maintain privacy and dignity at all times. Once the nurses in the recovery area are satisfied that you have recovered, you will be offered a tepid drink. The cannula will be removed after you have had a drink.

It is important that you do not:

- Drive any vehicles.
- Operate any machinery or gas or electrical appliances, as your reactions may be slower.



- Drink alcohol.
- Take any sleeping medications.
- Make any important decisions or sign any legal paperwork for 24 hours.

The effects of the sedation can last for up to **24 hours**. You may feel perfectly recovered, your judgement and reactions may be impaired during this time. It is essential you have someone to take you home and stay with you for the remainder of the day and overnight. It is recommended that you rest for the remainder of the day.

When can I get back to normal activities?

You should be ready to get back to your normal activities after 24 hours.

Getting your results

Before leaving the department, we will speak to you about the results of the procedure. The nurse or doctor will usually speak to you and advise you of the findings of your test and if you require any further procedures or follow up. You may be given a copy of the procedure report, and a copy will be sent to your GP or referring doctor.

Can there be complications or risks?

As with most medical procedures, there are some risks involved. The endoscopist will have felt the benefits of this procedure outweigh the potential risks. The majority of procedures are straightforward. With any procedure there is a small chance of complications or risks. Major complications occur in about 3% nationally. This depends upon how fit you are before the procedure.

Risks can include:

- The sedative can affect your breathing making it slow and shallow. This is more of a risk if you already have a heart or lung problem. If this were to happen you may need to stay in hospital overnight.
- You may suffer from a sore throat or feel some wind in your stomach. These will settle after a few days.
- There is a small risk of damage to crowned teeth or dental bridgework.



- Occasionally, APC can cause a tear or perforation. This occurs in about 1% - 9% of patients. If this occurs you will need to be admitted to hospital and given fluids through a drip until the tear has healed itself. Very rarely, a further procedure or operation is required. It is extremely rare to experience a perforation during APC treatment.
- There is a small risk of bleeding with this procedure. This often settles without treatment, but if it continues it may be necessary for you to return to hospital.
- Very rarely, patients develop a chest Infection after this procedure. If you develop a cough or temperature after the procedure you should contact your GP.

Students

Occasionally there may be students observing procedures in the department or the doctor may be a trainee under the supervision of an experienced endoscopist. If you do not want students to be involved in your care please inform a member of staff.



Frequently asked Questions and Answers

1. Should I still come for the procedure if my symptoms have stopped?

If your symptoms have stopped, you must contact us so we can speak to your referring doctor. Although the symptoms may have gone, the doctor may still want you to have the procedure done to have a look to ensure all is clear.

2. Will the procedure hurt? You may feel some discomfort from the air that is pumped into your stomach.

3. How soon can I eat and drink? Most patients can have a drink after an hour. You must continue on clear fluids for six hours and then you can start a soft diet.

4. Can my relatives / friends stay with me? Your relative or friends can stay with you until you go for the procedure.

5. Can I drive home after the procedure if I have sedation?

If you have sedation you will not be allowed to drive home and must arrange for someone to accompany you and drive you home. Medication given during the procedure will prohibit you from driving until 24 hours after your examination. Please do not plan to use public transport.



Contact Details

If you are unable to keep your appointment or if you have any questions, please ask a member of staff on the day or telephone the department.

Doncaster Royal Infirmary: Tel. 01302 366666 Ext. 4720

Bassetlaw Hospital: Tel. 01909 500990 Ext. 2017

Patient Advice & Liaison Service (PALS)

PALS staff are available to offer advice or information on healthcare matters. The office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. PALS staff can also visit inpatients on all Trust sites.

The contact details are:

Telephone: 01302 553140 or 0800 028 8059

Email: pals.dbh@dbh.nhs.uk.

