



**Birmingham Children's Hospital
NHS Trust**

ENDOSCOPY

Parents Information Leaflet

This information leaflet is available in large print and on computer Disk (it is also available in Braille, other languages and on audio tape on request). Please contact the Child and Family Information Centre on 0121 333 8505

ENDOSCOPY

What is an endoscopy?

An endoscopy is a test, which is usually carried out under general anaesthetic. A thin flexible tube with a bright light on the end called an Endoscope is passed into the mouth, down the oesophagus (food tube) and into the stomach and on into the first part of the intestine (duodenum).

What are the benefits of an endoscopy?

The doctor can look down this tube and get a clear view and check whether there is any structured problem. The doctor can also take a biopsy (tiny sample of tissue for analysis in the laboratory) if required. This will help with diagnosis of your child's symptoms. The doctor will usually discuss with you the reasons why your child needs an endoscopy, in an out patients clinic.

What are the risks of an endoscopy?

The risks to your child are very small. Anaesthetics carry a risk, but these are very small. The anaesthetist is a specialist doctor who is able to deal with any complication that happens under the anaesthetic. A child may feel sick and vomit afterwards, but this is very rare nowadays. Children may have a headache, sore throat or feel dizzy or may be upset after the anaesthetic, but these are usually short lived and can be easily treated. There is a small risk of bleeding after an endoscopy when a biopsy is taken. This is why children are observed for a period after the procedure. This is the period in which any bleed would show up.

Consent will normally be discussed with you in out-patients with your child if appropriate.

What is the preparation for an endoscopy?

When admitted to the ward your child will be seen by a doctor and a nurse. They will give you detailed explanations, note any allergies and if your consent has not been taken prior to this it will be taken at this time. This is a good time to ask any further questions. If a blood test is needed before the endoscopy it will be taken from a cannula (a thin plastic tube in a vein) otherwise Ametop is applied (magic cream). Your child may be given a sedative medicine to help them relax. This will be discussed with you.

What happens next?

The procedure takes place in the endoscopy room in the theatre area. You will be allowed to accompany your child to the room, but parents do not stay during the actual endoscopy. When your child is under the anaesthetic the endoscope will be passed down through the mouth into the oesophagus, onward into the stomach and finally into the first part of the intestines. Once the test is finished the scope is removed.

What happens after the endoscopy?

Once your child has returned to the ward the nurse will check your child's pulse, breathing rate and blood pressure. When your child is fully awake they can start to eat and drink small amounts.

When can your child go home?

Children should be able to go home on the same day.

What care will my child need at home?

- ◆ Eat and drink normally
- ◆ Normal activities can be resumed the day after the procedure
- ◆ Some children have wind for a day or so. This is normal.

- ◆ Some children have a sore throat, simple painkillers like paracetamol can be used in dosages as stated on the packaging.
- ◆ Some children have discomfort over the chest area. Again this usually settles within two days and responds to paracetamol.
- ◆ Any concerns after you go home should be reported to a registrar in the Liver Unit Team. They can be contacted via the hospital switchboard on 0121 333 9999.
- ◆ You can also contact Liver Direct where an experienced nurse is available Monday to Friday 10.30 – 12.30 to answer general concerns. Messages can be left on the same number and will be answered the same day. The service is available 10.30 – 12.30, 2.30 – 4.30 (until 5.30 on Wednesday)

When will we know the results of the endoscopy?

The doctor who performed the endoscopy will usually come to the ward after the procedure and tell you what they have found. Your consultant may want to talk to you about the biopsy results at an out patients clinic in the next few weeks. However if there is a need to change your child's treatment before that time you will be contacted by a member of the Liver Unit.

Where Can I Get Further Information?

We hope this information will help you understand the procedure offered to your child. However it is not totally comprehensive so before you sign the consent form it is important that you talk to your hepatologist and ask questions.

Addition information may be available from the Liver Unit Liaison Nurse Team, Senior Nurses or Doctors on the Ward. There is also information to be found on the internet. Access can be obtained through the Child and Family Information Centre. This is on the ground floor of the hospital near the Welcome Desk.

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Updated July 2004

The following information is from the BCH Consent, Tissue & Bodily Fluids Policy March 2004

Taking tissue samples

To help us find out what is wrong with your child, or how well the treatment is working, we may need to take tissue samples. The doctor will talk to you and your child about how and why the samples need to be taken.

What is a tissue sample?

Tissue samples are things such as:

- Very small pieces of skin, very small pieces of internal organs or lumps.
- body fluids, such as blood, urine and saliva.

Using spare tissue

We will never take more tissue than we think we need for the tests. But sometimes a little is left over when we have finished the tests. We might use this “spare” tissue to:

- check that the tests are done properly and give the right results (this is called quality assurance).
- find out how often people are having similar illnesses in the rest of the country (this is called the Public Health Surveillance for the national incidence of disease).
- or teach staff and students more about children’s illnesses and how we find out what is making them ill.

- do research to try to find out more about children's illnesses (this will only be done if our Research Ethics Committee agrees; it is their job to look after your child).

These things help us to know more about children's health problems, and make health care better for us all. We very much hope that you will not mind us using any spare tissue there might be.

Answering your questions

If you do not want us to use the spare tissue, blood or other body fluids in any of the these ways or if you have any questions, please speak to a member of staff looking after your child.

Thank you for your help

Please use this space to write down any notes or questions you may have.