

Patient information factsheet

Gastroscopy with oesophageal variceal banding

We have given you this factsheet because your doctor has recommended that you have a procedure called oesophageal variceal banding. It explains what oesophageal variceal banding is and what the procedure involves so you know what to expect. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

What are oesophageal varices?

Oesophageal varices are swollen veins in your oesophagus (also known as your food pipe or gullet). They are similar to varicose veins that some people have in their legs. They are formed when blood flow through the liver is restricted.

What is oesophageal variceal banding?

Oesophageal variceal banding is the treatment for oesophageal varices. It involves compressing the varices with tight rubber bands. It is performed during a gastroscopy (a procedure to check the upper part of your digestive system, including inside your throat, oesophagus and stomach).

Why do I need this procedure?

Oesophageal varices can bleed, so it is important to try to reduce or shrink them if possible. This procedure can reduce your risk of major bleeding and can get rid of the varices.

Are there any risks or complications?

Oesophageal variceal banding is generally a safe procedure, but as with any medical procedure there are possible risks and complications.

Bleeding - There is a small risk of bleeding from the banding (1 in 100 people). Contact us immediately for advice using the details at the end of this factsheet if you vomit blood or pass black stools up to two weeks after the procedure.

Infection - There is a small risk of developing a chest infection after the procedure.

We will discuss all the potential risks and complications with you in more detail before your procedure.

Are there any alternatives to this procedure?

There may be alternatives to variceal banding depending on your condition and symptoms. Your doctor will discuss these with you, if appropriate.

How should I prepare for the procedure?

Eating and drinking

You must not eat or drink anything for 6 hours before your appointment, except for water, which you may drink up to 2 hours before your appointment.

Medication

You may continue taking your usual medication. Please bring a list of all the medications you are currently taking to your appointment.

Please contact the endoscopy department on **023 8120 6066** as soon as you receive your appointment letter if you are taking any blood-thinning medications, such as:

- warfarin
- clopidogrel
- edoxaban
- rivaroxaban
- apixaban
- dabigatran

These medications can increase the risk of bleeding during the procedure, so it's important we discuss this with you in advance.

If you are taking any other medications that you believe may thin your blood, please tell us.

Sedation

We usually offer sedation for this procedure to help you stay relaxed and pain-free. Before your procedure, a nurse will give you a sedative injection (medicine to make you drowsy) via a cannula (a small plastic tube placed in a vein in your hand or arm).

After having sedation, you must have a responsible adult to take you home and stay with you overnight. If you do not have anyone who can stay with you, you may need to stay in hospital overnight after your procedure. If this is the case, please call the endoscopy department on **023 8120 6066** as soon as possible so that we can make arrangements for this.

For 24 hours after being sedated you must not:

- drive
- drink alcohol
- operate machinery
- sign important documents

Consent

The doctor will explain what they are going to do during your procedure, and you will be given the opportunity to ask any questions you may have. If you are happy to go ahead with the procedure, we will ask you to sign a consent form.

Pre-procedure check

Before your procedure, a nurse will carry out a series of pre-procedure checks with you. Please note that glasses and/or false teeth will need to be removed before your procedure. If you have crowns or dental bridgework, you must tell the nurse as there is a slight risk to teeth.

What will happen during the procedure?

Your procedure will be performed in the endoscopy department by a qualified endoscopist.

We will spray a local anaesthetic (medicine that numbs a specific area of the body) into your throat. This can be uncomfortable but should not be painful.

Patient information factsheet

The anaesthetic doesn't taste particularly pleasant and you may have a sensation of numbness or 'blocking' in the back of your throat. You may also feel as if you can't swallow, but you can - the back of your throat is just temporarily numb.

We will then give you a sedative, which should make you feel comfortably relaxed throughout the procedure. Once the sedative has worked, we will attach a hollow tube loaded with small rubber bands to the end of a gastroscope (a long, thin, flexible tube with a small camera inside it). We will pass the gastroscope through your mouth and into your oesophagus (food pipe). We will then look for the swollen vein(s). Once identified, we will apply suction and position the elastic bands around the swollen vein(s).

How long will it take?

The procedure usually takes between 10 and 20 minutes.

What will happen after the procedure?

After your procedure, we will take you to an area to recover for one hour before going home. During this time, we will monitor you to make sure you are recovering well.

You must **not** eat or drink anything for two hours after your procedure.

After a couple of days, a clot will form in each of the treated veins, causing them to shrink.

You may need several treatments to get rid of all your swollen veins. If this is the case, we will repeat the procedure approximately every four weeks until all of your veins have been treated.

For more information about what to expect after your procedure, including when to seek urgent medical advice, please read our 'Gastroscopy and treatment of oesophageal varices (G6) aftercare advice' factsheet which we will give you.

Contact us

If you have any further questions or concerns, please contact us.

Endoscopy unit

Telephone: **023 8120 6066** (every day, 8am to 6pm)

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**