**What happens next?**
We will usually contact you by letter or phone about the results.

**What if there are problems later?**
Phone Accident and Emergency (A&E) on 0131 536 0206 or 0207 if you have any worries. Explain what test was done, which consultant did it and what is worrying you. If there is any doubt, bring your child to A&E.

**Your views on our service**
We will give you a questionnaire to fill in to ask your views on the overall endoscopy experience. This is to help us ensure the service is the best it can be.
**Your child’s test - what is it?**

We have arranged for your child to come to the Royal Hospital for Sick Children for a procedure called an upper endoscopy. We use a slim flexible telescope (called an endoscope), which has a tiny camera and light on the end. This examines the upper part of the bowel (see diagram) and will look at the food pipe (oesophagus), the stomach and the duodenum (the first part of the small intestine). We do the test with your child completely asleep (anaesthetised) so there is no discomfort or memory of the test.

**If a colonoscopy is also being carried out please ensure you read the other leaflet provided and follow the instructions for that test.**

Medical Records will let you know the date of the test.

If you have any questions, please call the gastroenterology secretaries on 0131 536 0615. They are there 9am to 4pm.

**On the day of the test**

Our tests usually take place in the afternoon. On the day of the test your child should have a light breakfast such as white toast, rice krispies or cornflakes and any regular medications they are on before 8am.

After 8am your child can have clear fluids to drink until you arrive on the ward. Please make sure your child knows what the test involves and how it will be done.

The medical and nursing staff on the ward will ask you a few questions. Your child will have some routine observations taken (weight, temperature, pulse and blood pressure). If anaesthetic is to be given through a vein (in the hand), a cream will be used to numb the skin over the vein at least an hour before the test.

The doctors from the gastroenterology and anaesthetic teams will see you on the ward, explain the procedure again and ask for your written consent. Any risks of the anaesthetic and the scope test will be explained to you as part of that discussion. You are welcome to ask as many questions about the test as you wish.

**The test**

You and your child will be taken to the anaesthetic room in theatre where the anaesthetist will either put a small cannula (tube) into a vein in the hand, or give your child a mask by which to breathe in the anaesthetic. Once they are asleep, you will be asked to leave, and the nurse will show you back to the ward where you can wait. In theatre, the scope is carefully passed through the mouth and down to the stomach and small intestine. Problems from this test are uncommon but the doctor taking the consent will explain all about the procedure and any other procedures that we might have to do.

**After the test**

Immediately after the test your child may be a bit sleepy. The doctor will come to see you after the scope list finishes and explain what they saw and any plans that are needed. There are usually no problems after the test but some children may complain of a sore tummy, windiness and sore throat. This is normal and usually mild. Paracetamol can be used following the dosage instructions on the bottle. Before we allow your child home we make sure there are no problems and they are able to eat and drink normally. You should be able to go home around 6pm. Occasionally some children have to stay in hospital overnight. If your child needs to stay, the reasons will be discussed with you. **You should bring an overnight bag just in case.**