



King's College Hospital
NHS Foundation Trust

Gastric peroral endoscopic myotomy (G-POEM)

Information for patients attending King's College Hospital site only

This information leaflet answers some of the questions you may have about having a gastric peroral endoscopic myotomy (G-POEM). It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any more questions, please do not hesitate to contact a member of staff.

Endoscopy Unit

Reception	020 3299 3599
Pre-assessment Clinic	020 3299 2775
Nurse's Station	020 3299 4079

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

www.kch.nhs.uk

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Important information

Please make sure you read and follow the instructions in the following sections on pages 5 to 6:

- Do I need to prepare for the procedure?
- Do I need to stop taking my medication?
- What will I need on the day of the procedure?
- Things to remember?

Failure to follow this advice will result in your appointment being cancelled.

What is a gastric peroral endoscopic myotomy (G-POEM)?

G-POEM is a procedure we use to relax your pylorus (the valve between your stomach and small bowel) when it is not working properly. It allows food and drink to pass more freely out of your stomach and into your small bowel.

A long, thin flexible tube called a gastroscope is passed into your mouth and down into your stomach. The gastroscope is thinner than your little finger and has a camera in its tip which sends video images of the inside of your stomach and intestine to a monitor screen.

The endoscopist will make a 1cm cut in the inner layer of your stomach wall using the electrosurgical knife and then make a 'tunnel' under the inner lining of your stomach, so they can cut the muscles right down to the pylorus. They seal the small cut in the lining of your stomach wall with temporary clips after the procedure, so there are no holes or breaks in the lining.

You have the procedure under a general anaesthetic (GA) so you will be asleep.

Why do I need this procedure?

You have a relatively common condition called gastroparesis, where your stomach does not empty in the normal way so food passes through your stomach much more slowly than usual.

It is caused by:

- damage to your stomach nerves and muscles and
- your pylorus going into spasm and not allowing food to leave your stomach and pass into your small bowel as quickly as usual.

Symptoms include feeling full very quickly, loss of appetite, bloating and stomach pain. It can often cause vomiting and eventual weight loss. In many cases there is no obvious cause, but it can be caused by diabetes that is not being controlled well and it can also happen after some types of stomach surgery.

What are the benefits?

The procedure will help the pylorus to relax and allow the food to pass more quickly.

The procedure is done entirely through endoscopy. This means you have no skin wounds or stitches as there would be after a surgical procedure.

What are the risks?

G-POEM is a safe procedure. Serious complications are very rare. Risks can include:

- **Bleeding.** You may bleed during the procedure. This will be controlled immediately by using the electrosurgical knife to cauterise (burn) the blood vessels. This could require a blood transfusion if severe, but such significant bleeding is not expected.
- **Perforation.** The risk of making a perforation (hole) in your stomach wall is less than 1 case in 100. We take every care to avoid this, but if it happens you will need to stay in hospital and may need surgery.
- **Aspiration** (inhalation of stomach contents) which may lead to pneumonia, happens rarely (less than 1%).
- **The procedure is not right for you.** There is a chance that G-POEM may not be right for you, but we may only know this for sure on the day of the procedure. Its success can depend on whether or not your pylorus is going into spasm before you have the G-POEM. We measure this on the day with a special 'pressure' balloon. Your doctor will explain this to you and give you an idea how successful the procedure is likely to be before you have the procedure. There is a small chance (less than 10%) that we find the procedure is not right for you when you are under general anaesthetic and have the measurements to see how much spasm there is in the pylorus muscle.
- **Discomfort.** A sore throat is common for a few days after the procedure.
- **Dislodged teeth, crowns or bridgework.** There is a small chance that loose teeth, crowns or bridgework can be dislodged during the procedure. If you have any of these, please inform the anaesthetist beforehand.
- **Drug reactions** are very rare. The anaesthetist who gives you the GA will discuss this with you before the procedure. Please see the section 'What happens when I go home?' on page 9, to know what symptoms to look out for in the first week and what to do about them.

As a result of any of the above risks, there is the possibility that you may be admitted to the hospital for observation or further treatment.

Are there any alternatives?

You can have laparoscopic (keyhole) surgery but is not always the best option for gastroparesis. We will discuss the possibility of surgery with you if we have not already done so.

Gastroparesis is first treated with medication and we only consider you for G-POEM or surgery if this medication is not working or you cannot take it.

The other alternative is not to have the procedure at all. This would result in no diagnosis being made or treatment performed. If you have concerns, speak with your endoscopist before signing the consent form.

Do I need any tests before the G-POEM?

You will have already had tests such as a gastroscopy and a stomach emptying scan. These confirm that you have gastroparesis.

The doctors who are going to do the procedure will see you in the outpatient clinic beforehand. They will explain what they plan to do and you will be able to talk to them about any aspect of the procedure.

Do I need to have a general anaesthetic?

All G-POEMs are performed under general anaesthetic (GA). You will be unconscious during the test and you will have a thin tube inserted into your lungs to help you breathe.

Someone must come to collect you and take you home afterwards. You must not travel home in a taxi alone. We cannot give you a GA unless you arrange this. The effects of the GA can last longer than you think. Please see 'Advice after having a general anaesthetic' on page 8.

Some patients may need to be admitted overnight for observation. This should be discussed with you during your pre-assessment.

Will it hurt?

This procedure will be performed under general anaesthetic (GA) and therefore you will not experience pain or discomfort during the procedure.

After the procedure, you may experience a sore throat or other pain (see 'What are the risks?' on page 4).

Do I need to prepare for the procedure?

- If you are expecting to go home after the procedure you must arrange someone to collect you from the department and stay with you for at least the first 24 hours. We cannot give you a general anaesthetic unless you arrange this:
 - see 'Do I need to have a general anaesthetic?' on page 5
 - see 'Advice after having a general anaesthetic' on page 8 for advice about things you should not do during the first 24 hours after having general anaesthetic
- Some patients may need to be admitted overnight for observation. This should be discussed with you during your pre-assessment.
- This procedure requires you to have a nursing pre-assessment before the date of your procedure. If we are unable to contact you for your pre-assessment, we will not be able

to advise you how to prepare for your procedure. Therefore, the procedure may be cancelled on the day.

- We need to get a clear view of your oesophagus (food pipe), so your stomach must be empty:
 - **you must have liquids only and no solid food for 72 hours before your procedure date**
 - suitable liquids include broth and soup, ice pops, tea or coffee with milk or cream and nutritional supplements
 - **you must stop drinking liquids (nil by mouth) at least 6 hours before your procedure**

Do I need to stop taking my medication?

If you are taking any medication which you have been told may thin your blood, inform the nurse during your pre-assessment. You may need to stop taking it for a short time.

If you are taking any other medications, including for diabetes, discuss with the pre-assessment nurse if they need to be stopped before the procedure.

What will I need on the day of the test?

- Please wear comfortable, loose clothing.
- Please bring a list of any medications that you are currently taking.
- Please bring your reading glasses as you will need to read and sign your consent form.
- You may want to bring something to read while you wait or headphones to listen to music or a podcast.
- Please bring your appointment letter if you were sent one.
- You will need to change into a hospital gown for your test, so you may want to bring a dressing gown and slippers to wear for walking to the toilet.
- Please bring a reusable bag to put your belongings in while you are having your test or procedure.
- Please consider walking or using public transport on your way to the hospital, if you can, to reduce the carbon footprint of your appointment.
- If you use a NIPPY ventilator at home for sleep apnoea, please remember to bring it with you.
- There is no general public car parking at King's College Hospital, Denmark Hill site. Please see the following website for further information:
<https://www.kch.nhs.uk/patientsvisitors/getting-to-kings/parking>

Things to remember

- Your appointment time is the time you are expected to arrive in the department. However, if you are not staying in the hospital overnight, you should plan to be in the Endoscopy Unit for the whole day. The department has 5 rooms running at the same time and accommodates emergencies. Someone with a later appointment than you may be seen before you. If you have any concerns, please ask a member of staff.

- Please do not bring children with you unless there is someone to look after them. We do not have any childcare facilities in the unit.
- We cannot take responsibility for any valuables, but your things will always be kept with you (on a shelf on the examination trolley).
- The waiting room has limited seating. Only one escort can remain in the waiting room throughout your stay. They will not be allowed into clinical areas.

What happens when I arrive for my procedure?

When you arrive, a nurse will complete the health assessment form with you if you have not already done so. The endoscopist who is going to do your test will come and explain the procedure to you. An anaesthetist will also see you.

Consent

We must by law obtain your written consent to any procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.

What happens before the procedure?

We will ask you to change into a hospital gown in a changing cubicle and then make you comfortable while you wait for your procedure.

A nurse or doctor will put a cannula into your arm or hand. This is a very thin plastic tube through which they can give you any medication required. You will then be taken into the procedure room.

A nurse will attach you to a monitor so your vital signs can be measured during the procedure. Once the anaesthetic is working, the anaesthetist will gently push a breathing tube into your throat. The procedure will start when the anaesthetist is satisfied the general anaesthetic has taken full effect.

What happens during the procedure?

The doctor will gently push the gastroscope into your oesophagus through your mouth and into the stomach to reach the pylorus.

They will make a 1cm cut in the inner layer of your stomach wall using the electrosurgical knife and then make a 'tunnel' under the inner lining of your stomach, so they can cut the muscles right down to the pylorus.

They seal the small cut in the lining of your stomach wall with temporary clips after the procedure, so there are no holes or breaks in the lining.

Photographs and video images will be taken during the procedure for the purpose of adding clinical information to your medical notes. Additional consent is required for these images to be used for any other purpose.

Trainees often attend the department to gain skilled supervised training. You have the right to refuse being treated by a trainee. Your treatment will not be affected by your decision.

How long does the procedure take?

The procedure usually takes about 60 to 90 minutes. If your muscles are thick and bulky, it can take a bit longer.

What happens after the procedure?

You should plan to be in the Endoscopy Unit for the whole day. This is to give you time to recover and allow for any unexpected delays. You will need to stay until the effects of the general anaesthetic have reduced.

If you are staying overnight, a nurse will take you to your allocated ward once you have recovered from the anaesthetic.

You will not be able to eat at all for the first 24 hours after the procedure. This is to ensure that the first cut in the lining of your oesophagus has time to heal and that any swelling inside you caused by your procedure has gone down. We will give you fluids, medication to reduce the amount of acid in your stomach and painkillers through the cannula that was put in before your procedure.

Advice after having a general anaesthetic

After a general anesthetic, you may feel tired, dizzy or weak. If you are going home after the procedure, you must have someone to collect you from the Endoscopy Unit and stay with you for at least the first 24 hours.

During the first 24 hours you should not:

- drive a car
- operate machinery (including kitchen appliances)
- drink alcohol
- take sleeping tablets
- sign legal documents
- look after young children and/or dependents alone.

When will I get my results?

Before you leave, we will give you a copy of your test report and any instructions you need. We will also send a copy of the test report to your GP (home doctor).

What happens when I go home?

We will observe you very closely after the procedure for:

- severe chest or tummy pain
- distended (swollen) tummy
- fever (high temperature).

If you experience any of the above symptoms when you have gone home in the first week after the procedure, let us know immediately using the contact numbers on the front page of this leaflet.

Please contact your GP if you have any of the following symptoms:

- severe or continuous pain in your neck, chest or abdomen (tummy)
- persistent nausea or vomiting
- pooing black (tarry) stools
- temperature of 37.4°C and higher
- chills

When can I start eating normally again?

It is important that you follow these instructions to ensure you get the best possible results from your procedure.

- Week one. In the first week, you can have liquids only – nothing thicker than tomato soup. You can take your usual medication.
- Week two. In the second week, you can start eating pureed food as well as liquids.
- Week three. In the third week, you can start eating a normal diet.
- After week three. Many people tell us it takes longer to get used to how and what to eat – even up to 6 to 8 weeks after the procedure. Take it slowly and don't worry if you still have some symptoms. These should not stop you from eating.

Who can I contact with queries and concerns?

If you have any questions about G-POEM, before or after your procedure, 9am to 5pm, Monday to Friday, call:

- Dr Hayee's secretary, tel 020 3299 6044
- Mr Haji's secretary, tel: 020 3299 3268

At all other times, if you have concerns after your procedure, please call your GP (home doctor) or local Emergency Department (A&E). If you need to do this, ask that they contact Dr Hayee or Mr Haji via King's switchboard on 020 3299 9000. G-POEM is a highly specialist procedure and needs specialist input at all stages. We will also give you an emergency contact number.

The Endoscopy Department is working hard to reduce the impact of its service on the environment, to find out more please see www.kch.nhs.uk/services/services-a-to-z/endoscopy/

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 3601

Email: kch-tr.palsdh@nhs.net

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: 01689 863252

Email: kch-tr.palspruh@nhs.net

If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net