

Information for patients and carers

Investigations for Oesophageal/ Stomach Cancer

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

Introduction

The following investigations will help your cancer specialist team decide on your treatment, as cancer of the oesophagus or stomach can be treated in different ways. Your consultant will decide on which of the following investigations are necessary, these investigations may take several weeks to undertake and will depend on the site of your tumour.

CT Scan of chest and abdomen

CT stands for computerised tomography. It is a combination of x-ray and computer technology. The scan is a type of x-ray examination but different from ordinary x-rays because it shows the body in slices and builds up a 3-D picture. The scan is performed to detect possible spread from the tumour.

You should be in the x-ray department for 1 to 2 hours. You will have a needle in your arm; this is to inject the dye that goes into the blood. The dye shows up the organs more clearly on the scan. Once the procedure is completed the needle will be removed from your arm.

Gastroscopy

A gastroscopy is a procedure where a thin, flexible tube called an endoscope is used to look inside the oesophagus (gullet), stomach and first part of the small intestine (duodenum). It's also sometimes referred to as an upper gastrointestinal endoscopy. The endoscope has a light and a camera at one end and allows the surgeon or endoscopist to take photographs and biopsies of the abnormal tissue.

This will have been used to diagnose your tumour, but on occasions the consultant may wish to repeat it at the same time as a laparoscopy. It can be performed either under sedation or general anaesthetic.

EUS (Endoscopic Ultrasound)

This involves the same procedure as the gastroscopy, but a tiny ultrasound probe is attached to the end of the gastroscope (like an internal scan). It allows the doctor to get a deeper view of the wall of the oesophagus (gullet), and stomach and surrounding areas. This may give a clearer idea of the depth of the tumour and whether lymph glands nearby are enlarged.

PET /CT Scan (Positron Emission Tomography/ Computed Tomography)

This is a specialised type of scan which produces pictures showing the density of different organs in the body which may be needed for oesophageal cancer. This may take 2 to 3 hours. If appropriate more information will be given at a later stage.

Laparoscopy

This will be carried out if the CT scan has not detected any significant spread from the tumour. The procedure will be carried out under a general anaesthetic. A laparoscope (telescope) is introduced through the umbilicus (belly button) and gas is then pumped through a small incision (wound) to expand the space inside the abdomen, which allows the surgeon a clear view of the internal organs. At the same time a sample of fluid or tissue (biopsy) may be taken for analysis.

The whole procedure will take about 30 minutes. This is routinely a day case procedure, and you should be able to go home on the same day. If the stitches are not dissolvable, they will need removing, by the district nurse or practice nurse.

ECHO (Echocardiogram)

An ultrasound scan of your heart to assess its function

Pulmonary Function Test (Flow Volume Loop)

This is to assess how well your lungs are working and detect any respiratory disease. This procedure may be performed when major surgery is being considered.

ECG (electrocardiogram)

Is a test which checks the electrical activity of your heart.

CPEX (cardio-pulmonary exercise test)

CPEX is a type of exercise stress test that measures the function of heart and lung as a combined unit. This may be required prior to major surgery. Patients undergoing CPEX testing have a number of parameters measured firstly at rest and then with exercise. The exercise test either consists of a treadmill or a cycle test.

What happens next?

When relevant investigations are completed, your consultant and the multi-disciplinary team will decide on your treatment plan. This will be discussed in depth with you and your family/carer.

Questions about cancer?

We're here to help, the Macmillan Cancer Information & Support Service at Lancashire Teaching Hospitals is open to anyone affected by cancer and is situated at both Chorley Hospital & Royal Preston Hospital.

Contact us on 01772 523709 or cancerinfocentre@lthtr.nhs.uk

Contact details

Should you require further advice or information please contact the Upper GI team on 01772 524788

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

Follow us on social media @lancshospitals

Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you

come to hospital and will offer you support and advice about stopping smoking this will include Nicotine Replacement Therapy to help manage your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Department: Upper GI

Division: Surgery

Production date: January 2025

Review date: January 2027

Document Code and version: CA216 V3