



Argon plasma coagulation (APC)

This leaflet tells you about having argon plasma coagulation which is a heat treatment to seal bleeding vessels or destroy abnormal areas or tumour tissue in the lining of the gut. It explains what is involved and what the possible risks are. If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you in the Endoscopy Unit.

What is APC?

Argon plasma coagulation or APC is a heat treatment which can stop blood vessels bleeding. It allows the gastroenterologist to seal irregular or bleeding tissue. Patients with certain conditions of the stomach or oesophagus may be offered treatment with Argon Plasma Coagulation. APC is performed during a gastroscopy (stomach) and colonoscopy (bowel).

Please read the Therapeutic Gastroscopy Explained Patient information leaflet for more information about the gastroscopy.

Argon plasma coagulation is a method of applying heat treatment to seal bleeding vessels or destroy abnormal areas or tumour tissue in the lining of the gut. During the gastroscopy, a small tube (argon probe) is passed down the gastroscope to deliver the heat treatment. The heat from APC only reaches a depth of 2-3mm. This allows the heat to be given precisely, reducing the chance of damaging healthy gut. Sometimes, more than one treatment of APC is needed to achieve the desired result. Having treatment with APC is no more uncomfortable than having a normal endoscopic examination, although it might take a little longer. Most people having this procedure have sedation due to the length of the procedure.

Is there any alternative procedure I could have?

Alternatives to APC treatment may include an operation. The doctor would have considered, but decided APC to be your best treatment option.

You have been advised to undergo this investigation to try and treat your symptoms, and if necessary, to decide on further investigation.

Preparing for the procedure

It is necessary for you to have an empty stomach, so **no solid food and drink for at least 6 hours before the procedure**. Small amounts of water are safe up to two hours before the test.

- **If you have a morning appointment, do not eat after midnight.**
- **If you have an afternoon appointment, you may have a light breakfast no later than 8am, but nothing after that.**

What about my medication?

If you have diabetes, follow the advice in the booklet provided or read the Trust leaflet called 'Advice for people with diabetes undergoing a gastroscopy and/or colonoscopy' on the Trust website.

Anticoagulants and Antiplatelet (medication to thin the blood):

- If you are taking Aspirin you may continue.
- If you are taking Dipyridamole, **please stop 7 days prior to procedure.**
- If you take Clopidogrel, Prasugrel or Ticagrelor and **do not have any stents in your heart, please stop 7 days before the procedure.**
- If you have coronary artery stents, or are unsure, please **do not stop** taking your anticoagulant. Please call the Endoscopy Unit nursing team Monday to Friday on 0778 322 7459 for advice.
- If you are taking Dabigatran, Rivaroxaban, Apixaban or Edoxaban, **please stop these medications at least 3 days before the procedure.** If you have any kidney problems or unsure, please call the Endoscopy nursing team on 0118 322 7459 or 5249.
- If you are taking Warfarin, please call the Endoscopy nursing team on 0118 322 7459 or 0118 322 5249 as these may need to be paused temporarily before the examination.

When telephoning the unit, please have to hand, the procedure you are having, the name of blood thinning medication you take, why you take it and the best contact number to reach you. Please be aware calls from the hospital will be shown as withheld, so please ensure that the number you give to us, will receive our calls.

IMPORTANT: If you are taking **GLP-1** medication e.g. Munjaro, Wegovy, Ozempic you will need to **STOP EATING** solid foods for **24 HOURS** before your appointment and drink clear fluids only. **STOP DRINKING CLEAR FLUIDS 2 HOURS** before your appointment.

All other routine medication can be taken as normal.

How long will I be in the Endoscopy Unit?

The length of stay depends on whether you have sedation and also how busy the unit is. You should expect to be in the unit for up to 4 hours. The unit also looks after emergencies and these can take priority over outpatient lists.

What happens when I arrive?

On arrival, please report to the main desk where the receptionist will check your personal details. You will be greeted by a nurse and escorted to the assessment area.

You will have a brief medical assessment with an endoscopy nurse who will ask you some questions regarding any medical condition, past surgery or illnesses you have had to confirm that you are sufficiently fit to undergo the investigation.

If you have not already done so and you are happy to proceed, you will be asked to sign your consent form at this point. This will be electronic.

You may be asked to change into a hospital gown, depending on the treatment you are having done.

Please note your appointment time is your arrival time on the unit, not the time of your test. Your test will happen sometime later. There may be other patients in the unit who may arrive after you, but are taken in for their procedure before you. This will be for medical reasons or they are seeing a different endoscopist (doctor).

You will be offered the choice of sedation or local anaesthetic throat spray.

If you decide to have sedation, you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours. **Following the procedure you must have someone to accompany you home and stay with you for up to 8 hours. You are not allowed home alone in a taxi. If you want to have sedation but you do not have anyone to accompany you home, then your procedure will be cancelled.**

Sedation and throat spray

It is advisable to have sedation for a gastroscopy / colonoscopy with APC due to the length of the procedure to make it more comfortable.

The procedure

You will be escorted into the treatment room, where the endoscopist and the nurses will introduce themselves, complete a safety checklist and you will have the opportunity to ask any final questions.

If you have any dentures you will be asked to remove them at this point. Any remaining teeth will be protected by a small plastic mouth guard, which will be inserted immediately before the examination starts.

If you are having local anaesthetic throat spray, this will be sprayed onto the back of your throat. The effect is rapid and you will notice loss of sensation to your tongue and throat.

The nurse looking after you will ask you to lie on your left side and will place the oxygen monitoring probe on your finger. If you have decided to have sedation, the medication will be administered into a cannula (tube) in your vein and you will quickly become drowsy.

Any saliva or other secretions produced during the investigation will be removed using a small suction tube, like the one used at the dentist.

A special pad will be placed on your leg, connecting you to the electrical apparatus.

The endoscopist will introduce the gastroscope into your mouth, down your oesophagus into your stomach and then into your duodenum. Your windpipe is deliberately avoided and you can breathe normally.

During the gastroscopy, a small tube (argon probe) is passed down the gastroscope to deliver the heat treatment.

What are the risks of this procedure?

Upper gastrointestinal endoscopy is classified as an invasive investigation and has the possibility of associated complications. These are very rare but it is important that we tell you about them so you can consider this information when you make your decision to consent to treatment.

During APC the inflating of the stomach/bowel by gas can make you feel that you have some trapped wind.

Perforation (1-9%) and bleeding are the other side effects that can occur although very rarely.

Surgery may be required if any of these occur

The doctor who has requested these tests will have considered this carefully. The risks must be compared to the benefits of having the procedure carried out. The risks can be due to the procedure itself and also due to the administration of the sedation.

Please read the 'Therapeutic gastroscopy' leaflet for risks of gastroscopy and risks of sedation.

After the procedure

You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you have diabetes, your blood glucose will be monitored. If you have underlying difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can give you additional oxygen if required. Once you have recovered from the initial effects of any sedation (which normally takes 30 minutes) you will be offered a snack and moved into a comfortable chair.

Before you leave the unit, the nurse or doctor will explain the findings and any medication or further investigations required. She or he will also inform you if you require further appointments. You will be given a short report along with the patient after care advice on discharge.

Please remember, **if you decide to have sedation you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours.** Following the procedure you must have someone to accompany you home and stay with you for up to 8 hours. You are not allowed home alone in a taxi.

If the person collecting you leaves the department, the nursing staff will telephone them when you are ready to go home.

Summary of important information

- APC is a safe procedure and a very good way to treat your symptoms. Risks and complications are rare and the benefits outweigh the risks. However, it is your decision whether you wish to go ahead with the procedure or not and you are free to change your mind at any time.
- It is everyone's aim for you to be seen as soon as possible. However, the unit can be busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you are unable to keep your appointment, please notify us as soon as possible.
- This information leaflet must only be used in conjunction with the 'Therapeutic gastroscopy' leaflet.

Training

Royal Berkshire Foundation NHS Trust Endoscopy Unit has doctors who are trainee endoscopists. You may be asked if you would be willing to be examined by a trainee doctor endoscopist. All trainees are under the direct supervision of an expert consultant trainer until they are fully competent. With your help it will be possible to train the specialists of the future.

Royal Berks Charity Gastroenterology Support Fund U200

The Gastroenterology Support Fund was set up with the purpose of providing gastrointestinal services that may not otherwise be available through NHS resources. The Gastroenterology Department carries out many hundreds of complex diagnostic test procedures each year and is one of the most technically advanced departments in the UK. Nevertheless, much of the equipment and some of the staffing are funded through non-NHS money raised by donations and charitable resources. In Endoscopy, this funding supports specialist nurse training. In order to expand these facilities and to remain up to date with the technological advances that are continually occurring, further donations are greatly needed and appreciated.



Donate today to the Royal Berks Charity Gastroenterology Support Fund and help make a difference.

Contacting us

If you have any questions or need any advice, please do not hesitate to contact the Endoscopy Unit on: 0118 322 7459 or 0118 322 5249.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Endoscopy: August 2026

Next review due: August 2028