

Gastroscopy (OGD)

The Procedure Explained

You have been advised by your GP or hospital doctor to have an investigation known as a **Gastroscopy**.

This procedure requires your formal consent. If you are unable to keep your appointment, please notify the Endoscopy scheduling office as soon as possible. This will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you. Please bring this booklet with you when you attend.

An appointment for your **Gastroscopy** has been arranged at:-

The Endoscopy Unit
Calcraft Suite
Floor 3
Royal Gwent Hospital
Newport
NP20 2UB

Tel. No:- 01633 – 234225.

This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation and whether you wish sedation to be used. At the back of the booklet is the consent form. If however there is anything you do not understand or wish to discuss further but still wish to attend do not sign the form, but bring it with you and you can sign it after you have spoken to a health care professional.

The consent form is a legal document, therefore please read it carefully. Once you have read and understood all the information including the possibility of complications and you agree to undergo the investigation, please sign and date the consent form. You will notice that the consent form is carbonised, allowing you to keep a copy for your records, so please fill it in while it is still attached to this booklet.

What is an OGD?

The proposed procedure you will be having is called an oesophago-gastroduodenoscopy (OGD) sometimes known more simply as a gastroscopy or endoscopy. This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum. The instrument used in this investigation is called a gastroscope. It is flexible and has a diameter less than that of a little finger. Each gastroscope has an illumination channel which enables light to be directed onto the lining of your upper digestive tract and another which relays pictures back to the endoscopist onto a television screen. During the investigation, the doctor may need to take some tissue samples (biopsies) from the lining of your upper digestive tract for analysis: this is painless. The samples will be retained. A video recording and/or photographs may be taken for your records.

The procedure will be performed by or under the supervision of a trained doctor or nurse endoscopist, and we will make the investigation as comfortable as possible for you. Some patients have sedation injected into a vein for this procedure, although others prefer to remain awake and have local anaesthetic throat spray only.

Why do I need to have an OGD?

You have been advised to undergo this investigation to try and find the cause for your symptoms, help with treatment and if necessary, to decide on further investigation.

There are many reasons for this investigation including: indigestion; anaemia; weight loss; vomiting; passing black motions, vomiting blood or difficulty swallowing. A barium meal x-ray examination is an alternative investigation. It is not as informative as an endoscopy and has the added disadvantage that tissue samples **cannot** be taken.

Preparation

Eating and Drinking

It is necessary to have clear views and for this the stomach must be empty. Therefore do not have anything to eat for at least 6 hours before the test. Small amounts of water are safe up to two hours before the test. If your appointment is in the morning have nothing to eat after midnight but you may have a sips up to 6am. If your appointment is in the afternoon you may have a light breakfast no later than 8 am and small amounts of water until 2 hours (sips) before your appointment.

What about my medication?

Your routine medication should be taken, unless you take tablets to reduce the acid in your stomach, see below.

Digestive Medication

If this is your first OGD and if you are presently taking tablets to reduce the acid in your stomach please discontinue them 2 weeks before your investigation.

If you are having a follow up OGD, to check for healing of an ulcer for example, found during the last 2-3 months, then please continue your acid reducing medications right up to the day before your repeat endoscopy. If unsure please telephone the unit.

Diabetics

If you are a diabetic controlled on insulin or medication please ensure the Endoscopy department is aware so that they can inform you of any changes on taking your medicines and the appointment can be made at the beginning of the list.

Anticoagulants/allergies

Please telephone the unit if you are taking anticoagulants e.g. warfarin, **Clopidogeral or any other anticoagulant, such as Rivaloxaban, Apixaban, Dabigatran, Edoxaban etc., and also** telephone for information if you think you have a latex allergy'.

How long will I be in the endoscopy department?

This largely depends upon whether you have sedation and also how busy the department is. You should expect to be in the department for up to half a day. The department also looks after emergencies and these can take priority over outpatient lists.

What happens when I arrive?

When you arrive in the department you will be met by a qualified nurse who will ask you a few questions, one of which concerns your arrangements for getting home. You will also be able to ask further questions about the investigation. The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.

You will be offered the choice of sedation or local anaesthetic throat spray (this is dealt with in more detail in the next section of this booklet). If you have sedation, the nurse will insert a small cannula (small plastic tube) into a vein usually on the back of your hand through which the sedation will be administered later. If you have sedation you will not be permitted to drive home or use public transport alone, so you must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that she can contact them when you are ready for discharge. You will have a brief medical assessment with a qualified endoscopy nurse who will ask you some questions regarding your medical condition and any past surgery or illness you have had to confirm that you are sufficiently fit to undergo the investigation. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose level will also be recorded. Should you suffer from breathing problems a recording of your oxygen levels will be taken. 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.

Sedation or throat spray?

Intravenous sedation or topical local anaesthetic throat spray can improve your comfort during the procedure so that the endoscopist can perform the procedure successfully.

Intravenous sedation

The sedation will be administered into a vein in your hand or arm which will make you lightly drowsy and relaxed but not unconscious. You will be in a state called co-operative sedation: this means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation also makes it unlikely that you will remember anything about the procedure. You will be able to breathe quite normally throughout. Whilst you are sedated we will check your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded.

Please note that 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 and you will need someone to accompany you home.

Anaesthetic throat spray

With this method sedation is not used, but the throat is numbed with a local anaesthetic spray. As the gastroscopes have become thinner many patients are happy for the procedure to be carried out without sedation and to have throat spray instead. The throat spray has an effect very much like a dental injection. The benefit of choosing throat spray is that you are fully conscious and aware and can go home unaccompanied almost immediately after the procedure. You are permitted to drive and carry on life as normal.

The OGD examination

In turn you will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves 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 commences. If you are having local anaesthetic throat spray this will be sprayed onto the back of your throat whilst you are sitting up and swallowing: 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 may then place the oxygen monitoring probe on your finger.

If you have decided to have sedation, the drug will be administered into a cannula (tube) in your vein and you will quickly become sleepy. Any saliva or other secretions produced during the investigation will be removed using a small suction tube, again rather like the one used at the dentist. 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 your breathing will be unhindered. During the procedure samples may be taken from the lining of your digestive tract for analysis in our laboratories. These will be retained. Any photographs will be recorded in your notes.

Risks of the procedure

Upper gastrointestinal endoscopy is classified as an invasive investigation and because of that it has the possibility of associated complications. These occur extremely infrequently; we would wish to draw your attention to them and so with this information you can make your decision. The doctor who has requested the test will have considered this. The risks must be compared to the benefit of having the procedure carried out.

The risks can be associated with the procedure itself and with administration of the sedation.

The endoscopic examination

The main risks are of mechanical damage to teeth or bridgework; perforation or tear of the lining of the stomach or oesophagus (risk approximately 1 in 2000 cases) and bleeding which could entail you being admitted to hospital. Certain cases may be treated with antibiotics and intravenous fluids. Perforation may require surgery to repair the hole. Bleeding may occur at the site of biopsy, and nearly always stops on its own.

Sedation

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse/practitioner ensures that any potential problems can be identified and treated rapidly. Older patients and those who have significant health problems, for example, people with significant breathing difficulties due to a bad chest may be assessed by a doctor before being treated.

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 are diabetic, your blood glucose will be monitored. Should you have underlying difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can administer additional oxygen. Before you leave the department, the nurse or doctor will explain the findings and any medication or further investigations required. The nurse will also inform you if you require further appointments.

Since sedation can make you forgetful it is a good idea to have a member of your family or a friend with you when you are given this information although there will be a short written report given to you.

If you have had sedation you may feel fully alert following the investigation; however the drug remains in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory. If you live alone, try and arrange for someone to stay with you, or if possible, arrange to stay with your family or a friend for at least 12 hours. If the person collecting you leaves the department, the nursing staff will telephone them when you are ready for discharge.

General points to remember

- If you are unable to keep your appointment please notify the scheduling office as soon as possible.
- It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is very busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over less urgent cases.
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises. Please bring with you a list of your current medication.

Discharge Instructions Following Gastroscopy

When your nurse feels that you have recovered enough she will discharge you from the unit to the safety of your relative/friend. Following your gastroscopy you may have a sore throat from the insertion of the scope. This can last up to 24 hours. You may also feel a little bloated if some of the air has remained in your stomach. To alleviate this, it is advisable to sit upright, if possible walk around, drink warm drinks or peppermint water/eat peppermints.

If you have any vomiting or severe chest, neck or abdominal pain please contact the unit during working hours 8am to 5pm on:-
01633 - 234225, your GP or after 6.30 pm the out of hours team on
01633 – 744285.

If you have had sedation you must follow these instructions for 24 hours after your procedure

- Do not drink alcohol or smoke
- Do not drive any form of transport or operate machinery
- Do not sign any legal documents
- Do not take any drugs other than those prescribed for you
- **You will need someone to stay with you overnight**
- Please adhere to any discharge advice you may be given by the nursing or medical staff
- You may eat and drink normally following the procedure
- You should rest overnight and if you feel well enough you should be able to return to work the next day but should not drive

**“This document is available in Welsh /
Mae’r ddogfen hon ar gael yn Gymraeg”.**