Endoscopy Unit

Gastroscopy Oesophago-Gastro Duodenoscopy (OGD): the procedure explained

This is your information booklet. To help you prepare for this procedure, please read this information carefully and bring this booklet with you to your appointment.

Introduction
You have been advised by your GP or hospital doctor to have an investigation known as a gastroscopy (OGD).

This booklet aims to help you to make an informed decision about agreeing to this investigation and whether you wish sedation to be used. Enclosed with this booklet is your consent form.

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, which is enclosed with this leaflet.

If however there is anything you do not understand or wish to discuss further, do not sign the form but bring it with you and sign it after you have spoken to a health care professional.

What is an OGD?
The procedure you will be having is called an Oesophago-Gastro Duodenoscopy (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
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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.

Should your condition deteriorate or symptoms become worse before your Endoscopy appointment we advise you to contact your GP immediately

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, to provide 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 six 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 drink at 6.00am.

If your appointment is in the afternoon you may have a light breakfast no later than 8.00am and small amounts of water until two hours before your appointment.

Routine Medication
Your routine medication should be taken, but if you are taking any blood thinning medication (anticoagulants) please see information below.

Anticoagulants/Allergies
Please telephone the unit on 024 7696 6805 if you are taking anticoagulants such as Warfarin, Clopidogrel, Prasugrel, Dabigatran, Rivaroxaban or Apixaban.

Please telephone for information if you have a latex allergy.

Diabetics
If you are diabetic, controlled on insulin or medication, please ensure you have received a diabetic information leaflet and that the Endoscopy Unit is aware so that the appointment can be made at the beginning of the list.
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How long will I be in the Endoscopy Unit?
This largely depends upon whether you have sedation and also how busy the Unit is. You should expect to be in the Unit for approximately 2-4 hours. The Unit also looks after emergencies and these can take priority over outpatient lists.

If you have to bring children requiring supervision with you for your appointment, please ensure that they have someone to supervise them whilst you are having your procedure. Staff within the department are unable to assist with the supervision of young children. In these instances you may be asked to rebook your appointment to a time more suitable for you to have childcare arrangements in place.

What happens when I arrive?
Once you have booked into the Unit at the reception desk you will be met by a qualified nurse who will give you a brief medical assessment. This is to establish your medical condition and find out about any past surgery or illness and 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.

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 may insert a small cannula (small plastic tube) into a vein usually on the back of your hand or arm. The sedative will be administered through this just before the procedure.

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, through the cannula, 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.
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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 only constraint is that you must not have anything to eat or drink for about an hour after the procedure, until the sensation in your mouth and throat has returned to normal.

It is strongly advised that when having your first drink after the procedure, it should be a cold drink and should be sipped to ensure you do not choke.

The OGD examination
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 will 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. A small sponge will also be placed in your nose to provide you with extra oxygen.

Any saliva or other secretions produced during the investigation will be removed using a small suction tube, 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.
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Risks of the procedure
Upper gastrointestinal endoscopy is classified as an invasive investigation and as such carries the possibility of associated complications. Although these occur extremely infrequently, we would wish to draw your attention to them to enable you to make an informed decision about the procedure. 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 main risks of endoscopic examination are:

- Of 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 ensures that any potential problems can be identified and treated rapidly.

Older patients and those who have significant health problems, for example, people with 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. 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 chair.

Before you leave the Unit, the nurse or doctor will explain the findings, they will give you details of any medication or further investigations required, and you will be informed 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 4 hours. If the person collecting you leaves the department, the nursing staff will telephone them when you are ready for discharge.
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General points to remember

- If you are unable to keep your appointment please notify the endoscopy department on 02476 96 6755 as soon as possible. This will enable us to offer the appointment to another patient.
- If you have a dressing gown and slippers please bring them with you.
- Please note to ensure the privacy and dignity of other patients we do not allow friends or relatives into the clinical area of the department. Should you wish to remain with your friend or relative you may join them in the primary waiting area once you have changed into a hospital gown.
- 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 the less urgent cases.
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you have any problems with persistent abdominal pain or bleeding please contact your GP immediately informing them that you have had an endoscopy.
- If you are unable to contact or speak to your doctor, you should phone the Gastroenterology ward for advice on 02476965375.
- If you require hospital transport for your appointment and you have previously used this service then please contact the Endoscopy Unit on 024 7696 6755 and we will arrange this for you. If you have not used the hospital transport service before then you may contact hospital transport direct on 01926 310312.

For further information or clarification please contact:

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Ground Floor, Central University Hospital, Coventry & Warwickshire NHS Trust Clifford Bridge Road Walsgrave Coventry CV2 2DX Telephone: 024 7696 7509

This information has been adapted from information provided by the British Society of Gastroenterology by Marie O’Sullivan.

www.bsg.org.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7509 and we will do our best to meet your needs.

The Trust operates a smoke free policy