Patient Information

Endoscopy Unit

Therapeutic Gastroscopy:
Oesophago-gastro duodenoscopy (OGD)
and oesophageal stent insertion

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 Therapeutic Gastroscopy.

During this examination the endoscopist is going to treat the specific disease of your oesophagus (gullet).

This procedure requires your formal consent.

This booklet has been specifically designed for patients who are likely to require treatment for diseases of the oesophagus.
If you are unable to keep your appointment, please notify the Unit on 024 7696 6755 as soon as possible.

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 and ensure you bring this with you on the day of your procedure.

If however there is anything you do not understand or wish to discuss further but you 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.

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
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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.

Your OGD is more involved than having a straight forward inspection. The endoscopist is also using the procedure to give you your treatment for your condition. This is known as a Therapeutic Gastroscopy.

In routine examinations some patients have sedation injected into a vein for this procedure. In your particular circumstances, if the endoscopist has recommended that you require endoscopic treatment, you will receive intravenous sedation often in combination with a painkiller.

**Why do I need to have a therapeutic OGD?**

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

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

**Oesophageal stent insertion**

You have been advised by your doctor that the appropriate treatment to help improve your swallowing difficulties is to have a stent inserted in your oesophagus (gullet).

**What is a stent?**

A stent is a tube made of flexible metal mesh which once in position across the narrowed area of your gullet expands to allow fluid and food to pass through to the stomach more easily.

**How the stent is inserted and positioned.**

**All patients** who are having a stent inserted are given intravenous sedation often in combination with a painkiller. A gastroscopy (an explanation of which you will find further on in this booklet) will be performed to examine the problem area, your stomach and duodenum. It is possible that this procedure will be carried out using X-ray.
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equipment, usually in the X-ray department to assist in positioning the stent. The abnormal area of the gullet will be identified and its position marked.

Sometimes if the abnormal area of the gullet is very narrow it will need to be stretched using an additional procedure which is also described in this booklet in the oesophageal dilatation section.

Having assessed and prepared the abnormal part of the gullet in this way, the endoscope is finally used to position a fine wire into your stomach. The endoscope is then removed leaving the wire behind. The stent is designed so that in its unopened form can be passed over the wire and carefully positioned.

Once the endoscopist is happy with the positioning, the stent will be released and the wire withdrawn. The stent will then begin to gently expand and restore the diameter of the gullet.

The stent may not fully expand for 3 days and during this time you may experience some chest or back discomfort. This usually settles after a day or two. Chest X-rays and sometimes special scans are required after the procedure.

It is important that you let the doctor or nurse know if you are uncomfortable so that you can be offered appropriate assessment and medication.

Oesophageal dilatation

In some patients, it is impossible to insert a stent without first stretching (dilating) the affected area of the gullet.

There are two main methods used to stretch the oesophagus. Firstly, the gastroscope is used to inspect and to position a guide wire into your oesophagus, passing across the narrowing and onwards into your stomach. X-ray guidance here may be used, although not in every case.

Once this guiding wire has been correctly positioned the stretching equipment used is introduced into position along the wire. With this method, a graduated tapered dilator (bougie) is slid over the wire through the narrowing causing stretching as it is advanced through the abnormal area.

In the second method of treatment, a guide wire is unnecessary as the stretching equipment can be positioned using the gastroscope alone. In this case, it is possible to pass the stretching equipment through a small internal channel within the gastroscope itself.

The stretching equipment used is either in the form of an inflatable pressure balloon which is positioned whilst deflated and then inflated to certain pressures within the narrowed area and as the balloon expands the oesophagus is stretched to reach the diameter of the balloon. Different sizes of balloons can be used in order to safely stretch the oesophagus to the diameter required, to improve your symptoms.

The method that is used to treat you is chosen by the doctor and largely depends upon the type of oesophageal problem that you have, this will be discussed with you.
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Advice about returning to eating and drinking will be given to you. On discharge, you will be given a contact number for the Upper Gastrointestinal Nurse Specialist should you need advice and instructions on looking after your stent and your diet.

Risks of Therapeutic OGD with sedation

The doctor who has requested the procedure will have considered and discussed this with you. The risks must be compared to the benefit of having the procedure carried out. There are three sets of procedural risks you should be aware of:

1. Inspection and biopsy only
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 main risks are:
- To teeth or bridgework
- Perforation or tear of the linings of the stomach or oesophagus and bleeding which could result in you being admitted to hospital. Certain cases may be treated with antibiotics intravenous fluids. But some may require surgery to repair the hole.
- Bleeding may occur at the site of biopsy. Typically minor in degree, such bleeding almost always stops on its own.

2. Risks associated with the endoscopic treatment of your condition
Endoscopic treatment has revolutionised the way in which some diseases of the oesophagus and stomach are treated. It is often the case that conditions previously only treated by surgery can now be dealt with using endoscopy. The specific risks associated with endoscopic treatment are described below.

The occurrence of any of these may delay your discharge from hospital. It is important to appreciate that a serious complication could prove fatal.

Oesophageal dilatation
Occasionally stretching does cause some bleeding but this is usually not serious and settles quickly. Hospital admission would be required if it persisted.

The most serious risk is perforation (making a hole or tear) of the oesophagus or stomach. This can occur in up to approximately 10% of cases and may require surgery. Sometimes the perforation is small, for example where the guiding wire has caused a small puncture, and this can be managed without surgery but will always require admission to hospital. If a stent is subsequently inserted, this may seal the hole and prevent problems developing.

These complications can normally be detected during or soon after the procedure and action taken.
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Stent insertion
The nature of your condition and the technology which is being used to treat you are associated with complications in approximately 10% of patients.

These range from the less serious, including incorrect positioning of the stent (requiring stent repositioning), subsequent movement of the stent from its correct position (requiring stent repositioning) and minor bleeding. The more serious complications include perforation of the gullet or stomach, tearing of the lining of the gullet and bleeding. Sometimes the perforation is small, for example where the guiding wire has caused a small puncture, and this can be managed without surgery but will require admission to hospital.

Sometimes cancerous growths of the gullet can cause blockage of the stent at any stage following its insertion. This can normally be treated with further endoscopic procedures.

3. Risks associated with intravenous 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 having the procedure.

Preparation for the procedure

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 time.

What about my medication?
Your routine medication should be taken.

Anticoagulants/allergies
Please telephone the unit on 024 7696 6805 if you are taking anticoagulants such as Warfarin Clopidogrel or Prasugrel. 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 ask you a few questions, one of which concerns your arrangements for getting home. The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.

You may be receiving intravenous sedation and a painkiller. 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.

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.

**Intravenous sedation and pain relief**
The sedation and painkiller 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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You are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure. You will need someone to accompany you home.

The therapeutic OGD procedure
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 begins.

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. The sedative drug and painkiller 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.

After the procedure
Unless specifically instructed otherwise, 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) it will be necessary to check that there are no immediate complications. This may involve you having a chest x-ray and being asked to swallow some water. Depending upon your individual case you may be admitted to hospital, or you may be allowed home. Before you leave the Unit, the nurse or doctor will explain the findings, any medication or further investigations required and will also inform you if you require further appointments.

As 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.

Having 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.

**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 must go immediately to the Emergency department 02476 966200.
- 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 use the hospital transport service before then you may contact hospital transport direct on 01926 310312

This booklet is based on information produced by the British Society of Gastroenterologists and adapted for UHCW by Marie O’Sullivan.

[www.bsg.org.uk](http://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 6755 and we will do our best to meet your needs.

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**Document History**

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