

Endoscopy Unit

Gastroscopy Oesophago-Gastro Duodenoscopy (OGD) and Flexible- Sigmoidoscopy Combined

The aim of this booklet is to help you make an informed decision about agreeing to the procedure and to help answer any questions that you may have. It also explains the diet you need to follow before your appointment.

What is a Gastroscopy Oesophago-Gastro Duodenoscopy?

An oesophago-gastro-duodenoscopy (OGD) is an accurate way to look at your oesophagus, stomach and the first part of your small bowel. This is also known as the upper gastrointestinal (GI) tract. It is used to find out if there is any disease or inflammation present. It also allows us to take tissue samples (biopsies) for analysis by the pathology department if necessary. A gastroscopy involves the use of a flexible tube camera to examine the inside of your upper GI tract on a screen. This allows the endoscopist to check whether there is a disease or inflammation.

If a sample needs to be taken, you should not be able to feel it. Photographs may be taken and are attached to your medical records. If you choose to watch the procedure, please keep in mind that the images on the screen are magnified.

Why do I need an OGD?

An OGD is used to find the cause of your symptoms, help with treatment



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and to decide if any further treatment or investigation is needed. Is it also used for follow-up inspection of previous disease, or assessing the clinical importance of an abnormality seen on an x-ray.

Should your condition or symptoms worsen before your appointment, we advise you to contact your GP immediately.

What are my options?

A barium x-ray meal is the alternative to an OGD. The advantage of a having an OGD is that samples can be taken in the same procedure, saving the need for a second examination.

Are there any risks?

An OGD is an invasive procedure; which can lead to complications. Serious complications are extremely rare. The most serious risk is the gastroscopist damaging your upper GI tract during the test. This can cause an infection, bleeding or a tear (perforation). If this were to happen, the symptoms include significant chest or abdominal pain and bloating, and you may need medicine to treat the problem.

Other risks include sore throat, discomfort swallowing, dental damage, bleeding, heartburn/ reflux and reaction to medication.

Please note that occasionally the test may need to be abandoned or may be incomplete. This can happen if you find the procedure too uncomfortable or if your stomach contains a significant amount of food. In this case, the test may need to be repeated at another time or an alternative procedure is suggested.

What is a flexible-sigmoidoscopy?

A flexible-sigmoidoscopy is an accurate way to look at the lining of the left side of your large bowel (colon) to find out if there is any disease or inflammation present. It allows us to take tissue samples (biopsies) for analysis if necessary. A colonoscope is used, which is a flexible camera that shows the inside of your bowel on a screen.

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If a sample needs to be taken, you should not be able to feel it. Photographs may be taken and are attached to your medical records. If you choose to watch the procedure, please bear in mind that the images on the screen are magnified.

What are the alternatives?

A barium enema is the alternative to a flexible-sigmoidoscopy. The advantage of having a flexible-sigmoidoscopy is that samples can be taken in the same procedure, saving the need for a second examination.

Are there any risks?

A flexible-sigmoidoscopy is an invasive procedure; which can lead to complications. Serious complications are extremely rare. The most serious risk is the endoscope damaging your colon during the test. This can cause an infection, bleeding or a perforation (tear) of the lining of the bowel. If this were to happen, your abdomen may become painful and bloated and you may need medicine or surgery to treat the problem.

If a biopsy is taken or a polyp is removed during the test, you may pass a small amount of blood from your anus after the test. This should only happen up to 12–24 hours after the test and is usually no more than a few teaspoons full.

Please note that sometimes the test may need to be abandoned or may be incomplete. This can happen if you find the procedure too uncomfortable or if the bowel preparation did not empty your bowel completely. In this case, the test may need to be repeated or suggest an alternative procedure.

What about my medication?

Please continue to take your regular medication as prescribed, unless you are taking any of the following:

- Iron tablets – You must stop these **one week before** your appointment
- Stool bulking agents such as **Fibogel, Regulan, Proctofibre, Loperamide (Immodium) or Codeine Phosphate** – You must stop these **three days before** your appointment

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- **Anticoagulants** – Please contact the unit on 024 7696 6805 if you are taking blood thinning medications such as **Warfarin, Clopidogrel, Rivaroxaban, Apixaban, Edoxaban, Dabigatran, Prasugrel or Aspirin**
- **Diabetes** – if your diabetes is controlled with **insulin** or **oral medication**, please make sure you have received a diabetic information leaflet and that the Endoscopy Unit is aware. This is to make sure you are seen in a timely manner.

Please contact the unit if you have an allergy to Latex.

Preparing for the procedure

You must have a clean and empty lower bowel to ensure the endoscopist has a clear view to complete a full assessment. To do this, you need to follow a strict diet **two days before** your appointment.

Two days before your appointment

Fibre is the indigestible part of cereals, fruit and vegetables. With this in mind we ask that you have a low fibre diet on this day.

Food Allowed	Food NOT Allowed
ALL meats (must be lean and tender), fish and eggs	ALL Fruits AND Vegetables
White breads, Pasta, Rice, Mashed or Boiled Potatoes (without skin)	Any food containing wholemeal or Bran – Wholemeal Bread, Pasta, Rice, Cereals and Biscuits
Yorkshire Puddings, Pancakes, Cream Crackers, Water Biscuits, Any Pastry containing White Flour, Crisps	Digestive and Coconut Biscuits, Oat Cakes, Ryvita etc

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Clear and Puree Soup	
Tomato and ALL fruit Juice (smooth)	
Boiled Sweets, Toffees, Plain or Milk Chocolate	
Sponge cake, Madeira Cake, Shortcake	
Ice Cream, Ice Lollies, Smooth Yoghurt	
All flavours of Jelly (except Blackcurrant)	
Honey, Marmalade, Golden and Treacle Syrup	
Fruit Squash, Fizzy Drinks	
Tea and Coffee (small amount of milk)	

If you have specific dietary needs such as coeliac, vegan please contact the unit on 024 7696 6805.

The day before your procedure

You can have breakfast from foods in the 'allowed' list above. After this, you must not eat solid, semi-solid or soft food. You should drink as much from the list below as possible.

Fluids Allowed	
Tea and Coffee (small amount of milk)	Tonic/Soda Water, Lemonade
Water	Oxo/Bovril
Smooth Fruit and Tomato Juice	Clear Soup and Broth (no noodles or vegetables)

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Fruit Squash	
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You may still eat all flavours of jelly (apart from blackcurrant), boiled sweets and clear mints.

If you do start to feel light headed please add sugar or glucose to your drinks.

DO NOT HAVE thick drinks or soups using flour.

On the day of your procedure

If you have a morning appointment (before 12 noon) please follow these instructions:

- Do not eat after **midnight**
- You may have a drink at **6am**

If you have an afternoon appointment (after 12 noon) please follow these instructions:

- You may have a light breakfast no later than **8am**
- You may have small sips of water until **two hours** before your appointment

Bowel Preparation

We need the left side of your bowel to be clean to make sure a clear examination. Once you have been admitted, a member of staff will administer an enema. For this you will lie on your left-hand side with your knees bent, whilst the nurse inserts a small tube into your bottom and pushes approximately 200mls of medication into your rectum. You will feel the need to open your bowels immediately. This is completely normal and please try to hold the medication for around 5 minutes. After this time, you can go to the toilet.

How long will I be in the Endoscopy Unit?

You should expect to be in the unit for around 3-4 hours. The unit may need to prioritise emergency patients from the wards and other departments.

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The 3-4 hours also depends on how quickly you recover from the procedure, whether you have agreed to have any sedative medication and how busy the department is.

Please note that we do not allow children in the department so please make childcare arrangements or ask for your appointment to be rebooked.

What happens when I arrive?

You will be checked in at reception where the receptionist will check your name, date of birth, address and confirm your arrangements for getting home. You will be given a patient wristband so that staff can safely identify you throughout your stay in Endoscopy Unit.

A member of staff will then take you to an admission room where you will be asked to change into a hospital gown. They will do a brief medical assessment to make sure that you are fit to undergo the procedure. If you are diabetic, your blood glucose level is checked and documented. If you take anticoagulant medication, a finger prick test (INR) will also be carried out.

The nurse will make sure that you understand the procedure and answer any questions or concerns you may have. You will then be asked to sign a consent form.

A consent form is a legal document which confirms your agreement for a trained medical professional to carry out the procedure and your understanding of any associated risks. The doctor or nurse completing the form will explain the procedure to you, outlining the benefits and risks associated with the intended procedure. You may ask questions about the procedure or ask them to repeat or explain further if you do not understand.

You will then wait in your admission room or be taken to a waiting area until it is your turn.

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Is it painful?

You may feel some discomfort during the procedure. You will be offered the option of local anaesthetic throat spray, Entonox, sedation or you may choose not to have any pain relief.

Throat Spray

The back of your throat is numbed using local anaesthetic spray. After the spray, you will feel a lump in the back of your throat and feel as though you are unable to swallow. This is completely normal and you are very safe. The effects last an hour after the initial spray, following this you are allowed to start eating and drinking as before.

Entonox

Entonox is a gas mixture made up of nitrous oxide and oxygen (gas and air) and is often used as an excellent short term pain relief for women in labour or other uncomfortable procedures. The gas is self-administered through a mouthpiece. You are able to drive yourself home half an hour after the procedure.

Sedation

If you choose to have sedation, the nurse will insert a small plastic tube (cannula) into the back of your hand or arm - this is used to administer the injection medication(s). If required during the procedure, a member of the team will administer more medication if deemed safe.

After the procedure, you are not allowed to drive or use public transport, so you need to arrange a family member or friend to collect you. You should not drink alcohol, operate heavy machinery or sign legal documents for 24 hours after your procedure.

The OGD Procedure

You will be taken to the procedure room and introduced to the team, who go through safety checks and answer any last minute questions. You will be asked to remove any dentures to make sure they are not damaged. A blood pressure cuff and blood oxygen monitor is placed on your arm and finger to monitor you throughout.

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Before the procedure starts, a plastic mouth guard will be inserted and oxygen administered through a sponge in your nostril if you agreed for sedation. The sedation will then be administered.

The endoscopist will insert the gastroscope (tube camera) into your mouth and move it to the back of your throat. You may be asked to swallow to help move the gastroscope into your oesophagus. You will be asked to take a few deep breaths whilst this is happening as it is very common to feel uncomfortable. You may feel some light pressure or 'butterflies' in your stomach during the procedure. This is due to the tube camera's movement in different parts of the stomach.

It is normal for saliva to collect in your mouth, this will be removed by a small suction tube similar to one used at the dentist.

Air is used to inflate the stomach; this can result in bloating and burping. This is perfectly normal so please do not feel embarrassed.

The Flexible-Sigmoidoscopy Procedure

You will then be asked to lie on your left hand side with your knees bent and feet forward (like you are sitting on a chair). Before the procedure starts, the endoscopist will quickly examine your back passage with a finger, to check for piles.

You may be asked to change position during the procedure; this is to allow the scope to glide through your bowel with ease. There are bends that occur naturally, if needed a member of the team will apply pressure to your abdomen to help the scope through these.

CO₂ gas is used to inflate the bowel; this can result in bloating and cramping. If this occurs you will be asked to pass wind. This is perfectly normal and please do not feel embarrassed.

After the procedure

You will be transferred to the recovery area where you will be monitored by a qualified nurse. You should expect to stay in the department until a safe discharge time is planned. If you are diabetic, your blood glucose will also

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be checked. Every patient is different. Once you have recovered sufficiently you will be moved into a chair and asked to get dressed. Your lift will be contacted to arrange collection. Before you leave, the nurse or endoscopist may discuss the findings of the procedure with you, and give you a discharge leaflet and a copy of your endoscopy report. They will also tell you of any further investigations or treatment you may need.

If you normally suffer from memory problems, a family member or friend can be with you whilst you are being discharged.

You will be given specific information regarding eating and drinking before your discharge. This has been agreed by the endoscopist. Please follow the instructions to prevent complications when you get home.

General points and information

- We aim for you to be seen and treated in a timely manner. However, emergency patients take priority and we apologise if this delays your appointment. You will be kept updated if this happens.
- You may want to bring a dressing gown and slippers with you.
- The hospital cannot accept responsibility for the loss or damage to personal property during your time on the premises.
- If you have any problems with persistent abdominal pain or bleeding, please contact your GP immediately informing them that you have an appointment with us.
- If you are unable to speak to your GP and your symptoms persist, you must attend Accident and Emergency immediately.
- If you require hospital transport for your appointment please contact hospital transport direct on 01926 310312.

Further Information

If you need any more information or explanation, please contact the Endoscopy Unit on 024 7696 6805.

This booklet is based on information produced by the British Society of Gastroenterologists and has been adapted for UHCW NHS Trust by

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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 us on 024 7696 6805 and we will do our best to meet your needs.

The Trust operates a smoke free policy

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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