

Endoscopy Unit

Oesophago-gastro duodenoscopy (OGD) and Oesophageal stent insertion

What is an OGD?

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 stent treatment?

You have a narrowing in your oesophagus that needs to be opened up and supported by a stent (a flexible metal mesh tube). The narrowing may be due to the disease of the oesophagus. Your endoscopist can fully explain why you are in need of a stent. After the stent insertion, you will be able to eat and drink easier by keeping to the advice regarding different types of food.



What are my options?

Stent insertion has been chosen by your doctor as they feel it is the best treatment option for you. However, if you do not wish to proceed there may be another option such as having your oesophagus dilated (stretched) or having a small feeding tube inserted via your nostril to maintain nutrition.

Your doctor will discuss all the options to you and explain why a stent insertion is the right choice for you.

Are there any risks?

An OGD with stent insertion 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.

After the stent is inserted, there is a risk that it may slip out of place at a later date, also known as stent migration. If this happens, the stent stops working. It may be necessary to repeat the procedure to re-position the stent or place a new stent at another endoscopy procedure.

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 about my medication?

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

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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

We need to have a clear view of your upper GI tract. Therefore, we need **you not to eat for at least six hours** before your appointment. You may have sips of water up to **two hours** before your appointment.

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

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 have the procedure. If you are diabetic, your blood glucose level is checked and recorded. 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 planned 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.

The procedure may be performed with x-ray support. You will be taken to the x-ray department if this is needed.

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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 or sedation. However, for the insertion of a stent we advise you have both throat spray AND sedation.

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.

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 with stent procedure

You will be taken to the procedure room (or x-ray department) 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.

Before the procedure starts, a plastic mouth guard will be inserted and oxygen administered through a sponge in your nostril if you agreed to 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

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help move the gastroscope into your oesophagus. You will be asked to take a few deep breathes 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.

Treatment during the procedure

You may need additional treatment before the stent insertion, which depends on what the endoscopist finds. For example, the oesophagus may need to be dilated (stretched) before the stent can be placed. This will have been explained when you are consented for the stent insertion procedure.

Stent Insertion

During the procedure a small wire is usually moved through the gastroscope, beyond the narrowed part of oesophagus, and into the stomach. The gastroscope is then removed whilst the guidewire remains. The guidewire acts as a guide to allow the endoscopist to place the stent effectively.

X-rays may be used to ensure the correct place for stenting. The stent is threaded over the guide wire beyond the affected part or narrowing of the oesophagus. The gastroscope may be re-inserted or x-ray is used, to guide the release of the stent in the right area. Once the stent placement has been confirmed, both the guide wire and the gastroscope will be removed.

The stent may not fully expand to its maximum set diameter for 72 hours. This allows for a safe and effective restoring of the narrowed part of your oesophagus. During this time, you may feel slight pressure or some pain in your chest. This is completely normal.

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Oesophageal Dilation

This is when the oesophagus is stretched to a certain diameter. The stretching may be done using either with an inflatable pressure balloon or a gradual tapered plastic tube (bougie).

After both of the stent treatment, you may cough up a small amount of blood. This is completely normal and please do not worry.

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 for an hour or until a safe discharge time is planned. If you are diabetic, your blood glucose will also 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.

You may feel some discomfort in your chest for 3 days after your procedure, this is normal. However, if the discomfort does not disappear, you become short of breath, or you start being sick (vomiting) and pass blood please attend your nearest Accident and Emergency.

General points to remember

- We aim for you to be seen and treated in a timely manner. However, emergency patients will 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.

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- 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 had 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 Sakina Lyall, Endoscopy Nurse and Joe Colby Lead Nurse for Gastroenterology.

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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