

Patient Information

Endoscopy Unit

Therapeutic Gastroscopy: Oesophago-gastro duodenoscopy (OGD) with Oesophageal Dilatation

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 gastroscope 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 dilation treatment?

You have a narrowing in your oesophagus that needs to be dilated (stretched). This may be due to abnormal muscle tone or disease. Your endoscopist can fully explain why you need this treatment. After the dilation, you will be able to eat and drink easier.

What are my options?

Dilatation 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



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be another option such as an oesophageal stent insertion. The available or most appropriate option depends on the diagnosis or the nature of the problem.

Your doctor will discuss the options to you and explain why dilatation is the right choice for you.

Are there any risks?

An OGD with dilation 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 or surgery 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 about my medication?

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

- **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.

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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.

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.

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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 the 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 transferred 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.

Is it painful?

You may feel some discomfort during the endoscopy procedure. You will be offered the option of local anaesthetic throat spray or sedation. However, for oesophageal dilatation we advise you have both throat spray AND sedation.

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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 which you are allowed to start eating or 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. 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 dilation procedure

You are 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.

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 gastroscop (tube camera) into your mouth and move it to the back of your throat. You may be asked to swallow to help move the gastroscop 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.

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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

There are two main ways in which the oesophagus can be stretched. The endoscopist will decide which option is best for you once they have assessed your oesophagus during the OGD. The choice depends on the diagnosis or the nature of the problem, and specific medical conditions. Your doctor will inform you of this.

Balloon Dilation

The oesophagus is stretched to a certain diameter using an inflatable pressure balloon. A guide wire may be placed in your oesophagus via the gastroscop, to help the balloon glide into place. Depending on the balloon types, the nurse will inflate it with sterile water or air to a diameter chosen by the endoscopist. It normally stays inflated for 60 seconds to ensure sufficient pressure has been applied to stretch the muscle wall. The balloons come in a variety of sizes, one will be chosen to fit your oesophagus problem by the endoscopist. You may be stretched from a smaller to a larger diameter during the same procedure to get the best results.

Bougie Dilation

A bougie is a gradual tapered plastic tube that stretches your oesophagus in the same way a balloon dilator does. With this approach, a few different sized bougies may be used to stretch the muscle wall to the desired size. Typically, a guide wire is placed into your oesophagus, and the gastroscop is then removed. The bougie is then guided over the wire and slowly advanced. Once removed, the endoscope will normally be reinserted to examine the oesophagus has been treated to the desired diameter. This process may be repeated as necessary.

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 appointment. If this does get worse, you start vomiting blood or become short of breath, please go to the 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.
- 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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