


Having a Gastroscopy (OGD)

Endoscopy Department



This information leaflet contains information about your procedure including the risks, benefits, alternatives to the test and what you might expect when you come to the hospital. If, after you have read it, you have any queries or concerns, please talk to us about any worries and ask any questions you may have.

The aim of this booklet is to enable you to make an informed decision when you come for your procedure. It is important to us that you have understood the procedure, its risks, and benefits before we ask you to sign your consent form. We will need to have your formal written consent before we can perform your procedure.

Your appointment time in the Endoscopy Unit is approximate, as some procedures may take longer than expected. We also deal with emergencies, and these can take priority over patients with outpatient appointments. You should expect to be in the department approximately for most of the morning or afternoon.

Preparation for the procedure

Eating and Drinking

You must not eat anything for at least **six hours** before your procedure because the food in your stomach can prevent the Endoscopist from having a good view of your stomach. It can also increase the risk of inhaling the contents of your stomach into your lungs which can cause severe pneumonia.

You can have a few sips of water up to **two hours** before your test.

Medicines

Unless you have been advised otherwise, you should take your usual medicine normally with a few sips of water.

If you have diabetes, either on tablet or Insulin, please telephone us on 01932 722231 / 01932 722747 for advice at least one week before your endoscopy appointment.

If you are on any blood thinning medication like Warfarin, Dabigatran, Edoxaban, Apixaban, Rivaroxaban or anti platelet medication like Clopidogrel, Dipyridamole, Prasugrel and Ticagrelor, please inform us as soon as possible as it may be necessary for you to stop taking your tablets for a limited time before the procedure.

If you are on strong medicine to reduce the acid in the stomach such as:

- Omeprazole (Losec)
- Esomeprazole (Nexium)
- Lansoprazole (Zoton)
- Pantoprazole (Protium)
- Rabeprazole (Pariet)

Please stop taking this two weeks before your appointment unless specifically advised to continue it by your doctor.

If you are worried that your symptoms will become worse, please contact your GP for advice.

If you have been previously told that you have ulcer in your gullet, stomach or small bowel and needed a repeat Gastroscopy to check if the ulcer has healed or has been diagnosed of Barrett's Oesophagus and needs surveillance Gastroscopy, you must NOT stop taking the anti-acid medicine you have been prescribed.

If you choose to have sedation, you will not be permitted to drive home or take public transport. You must arrange for a family member or a friend to collect you from the Endoscopy Unit and you must have an adult to stay with you overnight, this is because sedation makes you very forgetful and it stays in your blood stream for 24 hours.

What is a Gastroscopy?

A Gastroscopy is an examination that will allow us to look directly at the lining of the oesophagus (the gullet), the stomach and around the first bend of the small intestine or the duodenum.

During the procedure, a flexible tube called a gastroscope is passed through the mouth into the gullet, stomach, and small bowel. This tube has a light and a camera at the end which feeds the images into a monitor allowing the Endoscopist to examine the lining and check for any abnormalities such as inflammation or ulcers.

During the examination, tissue samples or biopsies can be taken for analysis. The sample is removed painlessly by a disposable forceps passed down the endoscope. Photographs may also be taken and will be kept in your medical record.

The examination is carried out by a trained doctor or nurse called an Endoscopist. Sometimes, however, the test may be carried out by an Endoscopist who is learning, under the close supervision of the experienced Endoscopist.

You may choose to have either a sedative to help you relax during the procedure or a local anaesthetic to numb the back of your throat or both.

Why do I need an OGD?

You have been advised to have a gastroscopy to find the cause of your symptoms. The results will help your doctor decide on which treatment is best to help you or whether further examinations are needed to be carried out.

A gastroscopy may be advised for several reasons including recurring indigestion, anaemia, unintentional weight loss, vomiting, bleeding, recurrent heart burn or difficulty in swallowing. It can also be used to check a previously diagnosed gastrointestinal condition like an ulcer or Barrett's Oesophagus.

Are there any alternatives?

Trans-Nasal Endoscopy (TNE)

A finer tube (approximately 6mm in width) is used trans nasally (through the nose) to examine the lining of your gullet, stomach, and small bowel. Using a slimmer tube has shown to improve the gagging sensation which commonly occurs when the scope is passed through the mouth; this allows the procedure to be performed with more ease, without sedation.

Barium meal x-ray

This is an alternative examination. It is not as informative as an endoscopy and samples or biopsies could not be taken during a Barium test so you may still need to have a gastroscopy.

What options are available to help me during my Gastroscopy?

Anaesthetic throat spray - A local anaesthetic spray is given at the back of your throat - this has an effect very much like a dental injection. This medicine will numb your throat allowing the gastroscopist to go down with ease.

The benefit of choosing throat spray is that you are fully aware during the examination and the Endoscopist will be able to talk to you throughout the test. You will be allowed to go home unaccompanied after the examination and carry on as usual during the day.

Sedation via a needle - A sedative injection can help you relax if you are particularly anxious about the procedure. It can sometimes make you drowsy which can help you tolerate the procedure. A sedative is different to general anaesthetic, its purpose is to help you relax and not 'knock you out'.

If you choose to have sedation, you will not be permitted to drive home or take public transport. You must arrange for a family

member or a friend to collect you from the Endoscopy Unit and you must have an adult to stay with you overnight.

You may also choose to have both the local anaesthetic throat spray and sedation with your procedure which is considered safe. You can discuss these options with the Endoscopy nurse when you sign your consent form.

There is a considerable variation in the way people react to this procedure and the sedation. The procedure is safe but may be unpleasant and at times uncomfortable. We aim to use the sedation to help you relax within safe limits. We do NOT aim to send you to sleep but we will do our best to make the procedure as comfortable as possible.

What are the possible risks of Gastroscopy?

A gastroscopy is a safe examination for most people and serious complications are uncommon. The Endoscopy team is trained to detect and treat any complications that may happen. The possible risks are listed below:

- A tear (perforation) in the lining of your oesophagus, stomach, or duodenum. Nationally, this happens to approximately 1 in 10,000 patients. The risk is higher if there is an abnormal narrowing (stricture) which needs to be stretched (dilated). If a hole is made, you will need to be admitted in the hospital for further treatment which may include surgery.

- Bleeding may occur at the site of biopsy; this usually stops on its own. The risk is higher if you are on blood thinning medications.
- Breathing difficulty or heart irregularities because of reaction to the sedation or accidentally inhaling secretions such as saliva during the procedure. We will monitor you continuously during the procedure so if any of these problems occur, we would be able to treat it quickly.
- Damage to teeth or bridgework - this is rare. The endoscopy nurse will place a plastic mouthpiece in your mouth to help protect your teeth.
- Incomplete procedure. This can happen if you are unable to tolerate the procedure if there are undigested food in your gullet and stomach or if a complication occurs during your gastroscopy. If this happens, it may be necessary for the Endoscopist to arrange another gastroscopy or an alternative test such as Barium meal.

What will happen when I come in?

When you come to the Department, please present yourself at the reception where they will confirm your details with you. Please note that we have a limited amount of space in the Department and there may not be an available space for a friend or relative to accompany you during your appointment.

A member of staff will bring you in the Admissions area to go through your health questionnaire with you. He/she will be taking your blood pressure, pulse and temperature and record it your booklet. An intravenous cannula will be placed in your arm/hand if you have chosen to have sedation; this will be used as an access so the Endoscopist can give you the sedation before the start of the procedure. Your admission nurse will make sure that the procedure is thoroughly explained and that you understand the procedure before you sign your consent form. This will be an opportunity for you to ask any questions you may have. We will be asking you to sign your consent before you can be taken into the procedure room where your endoscopy will be done.

The member of staff will also ask you about your arrangements for getting home after your gastroscopy. If you decided to have sedation, a responsible adult must be available to take you home and stay with you overnight, as the sedation can impair your reflexes and judgment. Please note that your procedure will be cancelled if you do not have an escort arranged to collect you from the Department.

What happens during a gastroscopy?

Your procedure will be carried out in one of the procedure rooms where experienced members of the team will be always with you.

If you are having local anaesthetic throat spray, this will be given whilst you are sitting up (if you have any dentures, you will be asked to remove them first), the results are rapid, and you will immediately experience loss of sensation at the back of your throat. A member

of staff will put a blood pressure cuff on your arm and a probe will be placed on your finger to check your oxygen level throughout the procedure, a plastic cannula will also be placed in your nostrils if you requested to have sedation. You will be asked to lie on your left-hand side, if you have requested to have sedation, it will be given at this point.

A small plastic mouth guard will be placed gently between your teeth to help you keep your mouth slightly open and make it easier for the Endoscopist to pass the endoscope (camera), which is no bigger than the tip of your finger.

The Endoscopist will start the test by placing the lubricated endoscope into your mouth. The Endoscopist will then push the gastroscope gently down into your oesophagus, stomach and duodenum, a small amount of air is blown into your stomach, this is necessary to allow the Endoscopist to have a clear view during the procedure. This air will be removed at the end of the test.

Sometimes a biopsy may be taken for analysis in the laboratory. The tissue is removed using a disposable forceps through the gastroscope; it does not usually cause discomfort, but if it does this should pass very quickly.

Photographs may be taken during your procedure; these will be filed and kept in your medical notes.

The procedure usually lasts between five to fifteen minutes; length of the procedure depends on the number of biopsies taken or whether any therapeutic procedure is required. When the examination is finished, the gastroscope will be removed carefully.

What happens after a gastroscopy?

After your procedure, you will be taken to the Recovery Area.

If you had the **local anaesthetic spray only**, you will be asked to sit on a chair where your blood pressure, pulse and oxygen saturations will be checked. If you are diabetic, we may need to check your blood sugar again. You will be asked to wait for at least thirty minutes until the effects of local anaesthetic has worn off. You will then be offered some refreshments like tea/coffee and biscuits. If you would like to go home and not wait for the refreshments, a member of staff will send you home with instructions on when it is safe to eat and drink. Please let a member of staff know so we can facilitate your discharge for you.

When you are ready to go home, a member of staff will bring you to a private room where we can explain to you the results of the endoscopy. A copy of your endoscopy report will be given to you.

If you have had **sedation**, you will be kept on the trolley for at least an hour so you can rest. You will have your blood pressure pulse and oxygen saturations checked at least every fifteen minutes. If you are diabetic, we may need to check your blood sugar again. Once you are fully awake from the sedative, you will be offered some refreshments like tea/coffee and biscuits. The plastic cannula used to give you the sedation will also be removed. The sedative can make you forgetful and can make you feel intermittently tired and drowsy for at least 24 hours, this is why we strongly recommend that you arrange someone to stay with you overnight. For 24 hours following your sedation, you must not drive, drink alcohol, operate any heavy machinery or sign any legal document.

If the person collecting you has left the Department, a member of staff will telephone them when you are ready to go home. Once your escort has arrived, you will be taken to a private room where a member of staff will go through all your discharge information with you. After this and you feel ready, you could be discharged from the Department. A copy of your endoscopy report will be given to you.

When will I know the results?

An experienced member of the team will be able to tell you the endoscopy results when you are ready to go home. However, if a biopsy sample was removed, this might take up to six to eight weeks to process (depending on the urgency). We will write to you and GP with the result or arrange an outpatient appointment, whichever is appropriate.

When can I return to work?

If you do not have sedation, you can return to work straight away. If you have sedation, you should be well enough to return to work after 24 hours.

What would it mean if I did not have the Gastroscopy?

If you did not have the Gastroscopy, your condition would not be accurately diagnosed and, without the right treatment, could get worse.

Can I seek a second opinion?

Yes, if you are not happy with the results, treatment, or advice, you have the right to seek a second opinion and your doctor can advise you on that tissue if required.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

You can use Text Relay to turn telephone communications into text.
Use the Relay UK app on your phone, tablet or PC.
You can also use Relay UK via Minicom or Uniphone.

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ने जुगठुं उतनमे ची लेज वै उं बिक्था कवळे दिस नंघर उे देन कते: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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