Oesophago-Gastro-Duodenoscopy (OGD)

Information for you

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This booklet contains important information about your upcoming investigation. Please read this as soon as possible, to give you time to think about any questions you may like to ask.

For more information, telephone the endoscopy nurses on 01563 827713.

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Introduction

Your family doctor (GP) or hospital doctor has referred you for a procedure called an oesophago-gastro-duodenoscopy (OGD), also known simply as a ‘gastroscopy’.

If you are unable to keep your appointment, please tell us as soon as possible. This will help staff to arrange another date and time for you and give your appointment to someone else.

It is essential that you read this booklet thoroughly and carefully. Please bring this booklet and appointment letter with you when you attend your appointment.

Consent

This procedure requires your formal consent. This booklet will help you make an informed decision about agreeing to the procedure. The consent form is included in your pack.

The consent form is a legal document, so please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to the procedure, please sign and date the consent form.

If, however, there is anything you do not understand or wish to discuss further, but still wish to have the procedure, do not sign the form. Bring it to your
appointment and you can sign it after you have spoken to a health care professional.

If, having read the information, you do not wish to go ahead with the procedure, or want to consider alternative methods of investigation, please discuss with your GP or hospital doctor as soon as possible before the date of your appointment.

**Sedation**

If you are having sedation, the drug can remain in your system for up to 24 hours and you may feel drowsy later on, with intermittent lapses of memory.

If you are having a procedure under sedation, you must have someone available to take you home, and if you live alone, to stay with you overnight.

If this is not possible you may need to stay overnight after the procedure. Please tell the department as soon as possible if this is the case.

If you don’t tell the department your test may be cancelled on the day.

**About the procedure**

**What is an OGD?**

An OGD is an examination of your oesophagus (gullet), stomach and the first part of your small intestine called the ‘duodenum’. The instrument used in this investigation is called a ‘gastroscope’. It is flexible and has a diameter less than that of
your little finger. The gastroscope sends images to a screen for the endoscopist to view.

During the investigation, the endoscopist will usually take some tissue samples (biopsies) for analysis. This is painless. We may keep the samples. We may also keep photographs and/or a video recording for our records.

A doctor or nurse endoscopist will perform, or supervise, the procedure. They will make the investigation as comfortable as possible for you using either local anaesthetic throat spray, if you choose, or ‘conscious sedation’ where you receive an injection to make you relaxed and slightly drowsy, without being unconscious.

**Why do I need to have an OGD?**

You have been advised to have this procedure to try to find the cause of your symptoms, help with treatment and, if necessary, decide on further investigation.

There are many reasons for this investigation, they include: indigestion, abdominal pain, difficulty swallowing, vomiting, weight loss, signs of blood loss such as anaemia, passing black stools or vomiting blood.

**What are the alternatives?**

A barium meal x-ray examination is another method to investigate the upper digestive tract. However, it is
not as informative or accurate as an endoscopy and tissue samples cannot be taken.

**How long will I be in the Endoscopy unit?**

This depends on whether you have had sedation and how busy the unit is. You should expect to be in the unit for approximately two to four hours. The unit also deals with emergencies and these can take priority over outpatients.

You may want to bring something to read. We recommend you do not bring any valuable items with you to the hospital.

**Preparation**

**Eating and drinking**

It is important for the endoscopist to have a clear view, so your stomach must be empty.

- If your appointment is in the morning, take no food or drinks after midnight.
- If your appointment is in the afternoon, you may have a light breakfast (tea and toast) no later than 8am, but no food or drinks after that.

It is okay to drink small amounts of water up to two hours before the procedure.
Medication

What about my medication?
You can take your routine medication as normal.

Digestive medication
If you are currently taking tablets to reduce the acid in your stomach, stop taking them two weeks before your investigation unless you are having a follow-up OGD to check on your Barrett’s oesophagus or the healing of an ulcer or oesophagitis. If this is the case, please continue to take your acid-reducing medication until your repeat endoscopy.
If you are unsure, please telephone the Endoscopy unit on 01563 827713.

People with diabetes
If you have diabetes that is controlled by insulin or tablets you can request the first appointment either in the morning (8.30) or in the afternoon (13.00). Please contact the Endoscopy secretaries on the number on your appointment letter. You can also contact the Endoscopy unit on 10563 827713 if you are unable to speak to a secretary.
If you have a morning appointment you should food fast from midnight. You may have clear fluids up until 2 hours before your appointment time.
If you have an afternoon appointment you can have an early breakfast (no later than 8am) and food fast
thereafter. You may have clear fluids up until 2 hours before your appointment time.

**Anticoagulants**

Please contact the unit if you are taking blood-thinning drugs such as Warfarin, Clopidogrel, Ticagrelor or Apixaban.

If you have any other questions about your medication please telephone the Endoscopy unit on 01563 827713.

**Allergies**

If you think you have a latex allergy, please telephone the Endoscopy unit on 01563 827713 for information.

**What happens when I arrive?**

When you arrive, the receptionist will give you a leaflet about the unit to read. A nurse will then meet you and will ask you a few questions, including about your arrangements for getting home. You will also have the opportunity to ask further questions about the investigation. The nurse will make sure you understand the procedure and discuss any other concerns or questions you may have.

You will have a brief medical assessment where the nurse will ask you some questions about your medical condition and any surgery or illnesses you have had. This is to confirm that you are fit
enough for the investigation. The nurse will record your blood pressure and heart rate and if you have diabetes, they will record your blood glucose level.

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 you will move to another waiting area and then on to the endoscopy bay where you will change and wait on a trolley. If you are having sedation the endoscopy nurse may insert a small cannula (plastic tube) into a vein in your arm through which the sedation will be given. When ready, staff will collect you and take you to the procedure room.

If you have sedation you cannot drive or use public transport or stay on your own. You must arrange for a responsible adult to accompany you home and stay with you for 24 hours. The nurse who admitted you will need the contact details of your ‘responsible adult’ so they can be contacted when you are ready to be discharged.

The procedure

The OGD examination

The endoscopist and nurses will meet you in the procedure room and introduce themselves. You will also be able to ask more questions about the investigation.
If you wear dentures, the nurse will ask you to remove them. Just before the procedure starts you will insert a small plastic mouth guard to protect your teeth.

If you are having local anaesthetic throat spray, the nurse will spray this on the back of your throat while you are sitting up and swallowing. The effect is very quick and you will notice a loss of sensation of your tongue and throat. The nurse looking after you will then ask you to lie on your left side.

If you are having sedation, you will get the medication through the cannula in your vein. This will make you feel relaxed and lightly drowsy but not unconscious. This means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions. Some patients experience a little memory loss with the sedation so afterwards they remember very little of the procedure, but this does not always happen.

During the procedure we will monitor your breathing, heart rate and oxygen levels. This is done through a probe attached to your finger or earlobe. Your blood pressure may also be recorded during the procedure using a cuff, which will inflate on your arm from time-to-time.

Any saliva or other secretions produced during the investigation will be removed using a small suction tube like the one used at the dentist.
The endoscopist will insert the gastroscope into your mouth and will ask you to swallow to help pass it down your oesophagus, into your stomach and then into your duodenum. The procedure avoids your windpipe so your breathing will not be affected.

**Sedation or throat spray?**

Local anaesthetic throat spray or conscious sedation can improve your comfort during the procedure and help the endoscopist perform the procedure successfully.

**Local anaesthetic throat spray**

With this method your throat is numbed with local anaesthetic spray. As gastroscopes have become thinner, many patients are happy for the procedure to be carried out with throat spray only. The main benefit of choosing throat spray is that you can go home unaccompanied, almost immediately after the procedure with no restrictions on driving or normal activities. The only constraint is that you must not have anything to eat or drink for about 30 minutes after the procedure, until the sensation in your mouth and throat has returned to normal. Staff will give you a drink before you are discharged.

**Conscious sedation**

For conscious sedation a short-acting sedative drug is injected through the cannula in your vein. This is mainly to relax you, but it can also make you drowsy.
Some patients do not remember the procedure and think they have been unconscious, but this is not the case. The recovery time from sedation varies, but it can take up to a few hours.

If you have sedation, you will need someone to accompany you home and stay with you until the next day. You should not drive, drink alcohol, care for dependents, sign any legally binding documents or operate machinery or potentially hazardous household appliances for 24 hours after the procedure.

**Risks of the procedure**

The doctor who requested the procedure will have considered and discussed the risks with you. The risks should be weighed against the benefit of having the procedure carried out. There are two types of risks you should be aware of.

**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 normally only last for a short time. The nurse will monitor you and deal with any problems quickly.

Older patients and people who have significant health problems - for example, people with significant breathing difficulties due to a bad chest - may be assessed by a doctor before having
the procedure. In these situations we may advise that less or no sedation is used, as the risks of complications from sedation may be higher.

**Risks associated with the endoscopic examination**

A gastroscopy is generally a very safe investigation, but as with any invasive procedure it has the possibility of complications. The most common side effect is a sore throat. More serious complications occur rarely, but can include:

**Damage to teeth** - for this reason we ask you to remove dentures and we will ask you about loose teeth, crowns or bridgework.

**Chest infection** – this can happen after the procedure if some fluid passes into the lungs. The risk of this is greater with procedures requiring heavier sedation. Treatment with antibiotics may be necessary.

**Bleeding from the site of a biopsy** - this is usually minor and stops on its own.

**Perforation (or tear) of the lining or wall of the digestive tract.** This is very rare with only a diagnostic examination, but can occur more often with more complex procedures involving endoscopic treatment. A perforation would need admission to hospital for treatment with fluids and antibiotics, and might require surgery to repair the tear.
After the procedure

Staff will record your blood pressure and heart rate and, if you have diabetes, they will also monitor your blood glucose. If you have breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing. The length of time before you can be discharged will depend on whether you have had throat spray or sedation.

**Throat spray** – you cannot have anything to eat or drink for about 30 minutes after the procedure, until the sensation in your mouth and throat has returned to normal. Staff will give you a cold drink and something to eat before you are discharged.

**Sedation** - once you are awake and have recovered from the initial effects of the sedation (which normally take about 30 to 60 minutes) you can have a drink and toast or sandwiches.

Before you leave the department, the nurse or endoscopist will discuss the findings and any medication or further investigations needed. They will also tell you if you need further appointments, and you will receive some written information.

If the person accompanying you has left the unit, the nursing staff will telephone them when you are ready to be discharged.
As the sedative remains in your system for about 24 hours, you may feel drowsy later on, with intermittent lapses of memory.

**Remember:**

General points to remember

- If you are having sedation, you must have someone to stay with you when you get home.
- If you take blood thinning agents such as Warfarin or Clopidrogel, please contact the unit.
- If you have a pacemaker, please contact the unit.
- Our aim is for you to be seen and have your procedure as soon as possible after your arrival. However, the unit is very busy and also deals with emergencies, so it is possible your procedure may be delayed.
- The hospital cannot accept any responsibility for loss or damage to personal property during your time on these premises.
Information for patients with diabetes
You should tell the Endoscopy unit about your diabetes and request the first appointment in the morning or afternoon.

The day of the procedure
Diet-controlled and tablet-controlled diabetes (Type 2 Diabetes)
Check your blood glucose when you wake up. If your blood glucose is less than 5 mmol/l, or you feel that your blood glucose level may be low, have a small glass of a drink which contains sugar. When you arrive at the Endoscopy unit tell the nurse you have done this. A nurse will then check your blood glucose level.

• Do not take your morning dose of tablets. Bring your tablets with you to take after the procedure.

• Tell the nursing staff if you needed to take glucose before arriving and tell them immediately if you feel ‘hypo’ at any time during your visit.

• You can take your tablets as soon as you are able to eat and drink safely. Nursing staff will tell you when you can do this.

Insulin-controlled diabetes
Monitor your blood glucose at least four times during the day, but ideally you should monitor even more often than this. Continue to take your daily
insulin injections, but the amount you take may need to be changed according to your blood glucose levels and how much carbohydrate-containing drinks you have had. In general, insulin doses often need to be reduced by one quarter to one third.

You should reduce your evening insulin injection by one third, unless your blood glucose levels are running very high (greater than 15 mmols/l). If this is the case you should not change your dose.

If you take a non insulin injection, for example, Victoza or Byetta, stop this the day before the procedure.

If you have concerns about adjusting your insulin dosage please contact your diabetes specialist nurse to discuss.

**Carrying glucose to treat hypoglycaemia**

If you are on tablets or insulin for your diabetes, then on the day before and day of the procedure, carry glucose tablets (Dextrosol) in case of hypoglycaemia. These are absorbed quickly through the tissues of the mouth and will not interfere with the procedure. Take three tablets initially, followed by three more if symptoms continue after 15 minutes. If your medication has been adjusted this should not be a problem. If the hypoglycaemia continues, take two digestive biscuits, a slice of bread and 200ml – 300ml of milk. This will affect your treatment for that day.
Blood glucose monitoring

If you usually test your blood glucose levels check them as usual on the morning of the procedure and take your equipment with you to the appointment. If you do not usually test your blood, do not worry, staff will check your blood glucose levels when you arrive for the procedure.
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