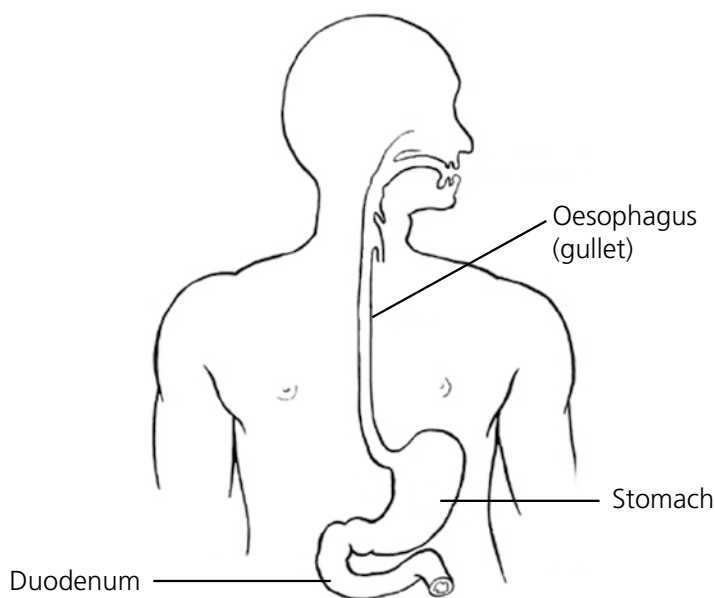


# Gastroscopy

## Oesophago-gastro duodenoscopy (OGD)

## A Guide to the Procedure

Please read all your information leaflets as they give you instructions you will need to follow.



### Why do I need to have a Gastroscopy?

A gastroscopy can be done to check what's causing your digestive symptoms, treat some conditions or check for cancer.

Check causes of your digestive symptoms, such as:

- Difficulties swallowing or pain when swallowing (dysphagia)
- Indigestion, heartburn or stomach pain that does not go away or keeps coming, even if you take medicine
- You keep feeling sick (nausea) or being sick (vomiting), or both
- Vomiting blood
- Your poo is black and sticky, like tar (there may be blood in it from your stomach)

Treat problems with your digestive system such as:

- Widen your food pipe (oesophagus) if it's too narrow and causing pain or difficulties when you swallow
- Stop bleeding inside your stomach or oesophagus

### The Appointment

The time of your arrival will be indicated on your letter. This is to allow time for your assessment and admission to be completed by the nursing team. Your actual procedure time will therefore differ from your arrival time, and you may well be in the Endoscopy Unit for the **whole morning or afternoon**. Please be prepared for what may be a long wait if unforeseen alterations to the endoscopist's list occur. Emergency inpatients take a greater priority.

Bring a good book with you!

- Remove growths
- Help endoscopists place a feeding tube into your stomach if you are unable to eat normally
- Check for some types of cancer

## What is a Gastroscopy?

The procedure you will be having is an oesophago-gastro duodenoscopy (OGD), also known as a gastroscopy. It is a very accurate way of looking at your upper digestive tract.

An OGD is a procedure in which the doctor uses an instrument called an endoscope to look directly at the lining of the oesophagus (gullet), stomach and duodenum (first part of the intestine).

An endoscope is a long, flexible tube, thinner than your little finger which transmits a picture to a TV screen.

During the investigation samples of tissue (biopsies) from the lining of the upper digestive tract may need to be taken and sent to the Pathology Department if necessary. The collection of tissue is painless and samples are retained. A video recording and/or photographs may be taken for your records.

The procedure will be performed by, or under the supervision of, a trained doctor or clinical endoscopist, and we will make the examination as comfortable as possible for you. Some patients prefer to have sedation for this procedure although you may prefer to remain awake and have anaesthetic throat spray.

## Preparation

### Eating and drinking

It is necessary to have clear views and for this **the stomach must be empty**. You must not eat anything for **at least six hours** before your appointment time.

If your appointment is in the **morning** then you **must not eat anything after midnight**. If your appointment is in the **afternoon** you may have a light breakfast **no later the 8 am**.

You may drink **CLEAR** fluids, i.e. water, black tea or black coffee up to **two** hours prior to your procedure.

Please do **NOT** add milk or milk powder/ substitutes to any drinks during this period.

## Current medication

Any prescribed medication, tablets or insulin should be taken as normal and you are advised to bring details of the medications you take with you for your admission.

If you have diabetes and need advice, please talk to either your General Practitioner (GP) or contact the hospital switchboard on **01392 411611** and ask for the Diabetes on-call nurse (09:00 – 13:00 weekdays only.) You will be asked to leave an answer phone message that should include your name, number and that advice is required for preparing for an endoscopy.

If you are taking any anticoagulants or antiplatelets (medicine which thins your blood) or if you are unsure if your medication may affect the procedure, **please ring the Endoscopy Department on 01392 402400 at least 1 week before your appointment**.

## What happens when I arrive?

When you arrive in the Endoscopy Unit you will be seen by a member of the nursing team, who will explain the procedure and you will be given the opportunity to ask questions.

You will also be asked some questions about your travel arrangements for getting home. If you have had sedation you will not be able to drive (your car insurance is invalid for 24-hours) or use public transport, so you must arrange for a family member or friend to collect you. The nurse will need a contact number so they can arrange for your collection once you are ready for discharge. If you have been given a sedative injection, you must have someone to collect you from the Endoscopy Unit to take you home and stay with you for the next 24-hours.

You will have a brief medical assessment regarding your medical condition and any surgery or illnesses you have had, to establish that you are fit to undergo the procedure.

Once you are happy, any questions have been answered and you agree to undergo the investigation, you will be asked to sign a consent form electronically, which is the same form as the READ ONLY version, sent to you together with this leaflet, allowing you to confirm you have understood all the information, including the possibility of complications.

Please keep jewellery to a minimum, if at all possible only wear wedding bands in order to avoid loss or damage occurring. Please do not bring excessive amounts of money with you.

You will remain in your own clothes.

If you are having sedation, the nurse will insert a small cannula (a small plastic tube) into a vein in either the back of your hand or your arm, through which the sedation will be given. Your blood pressure and heart rate will be recorded and, if you have diabetes, your blood glucose will be recorded. Should you suffer from breathing problems a record of your oxygen levels will also be taken.

## Sedation or local anaesthetic

Intravenous sedation or throat spray can improve your comfort during the procedure so that the endoscopist can perform the procedure successfully.

Intravenous sedation is an injection to help you relax, whereas local anaesthetic spray numbs the back of the mouth and inside of your throat instead.

## Intravenous sedation

Sedation is not always required for this investigation but if it is needed the sedatives and painkillers may be administered into a vein in your hand or arm and you will be in a state called conscious sedation. You will still be able to hear what is said to you and follow simple instructions during the investigation, but you will feel drowsy. After the examination you may not remember anything because the sedation can affect your memory.

It is important to remember that after sedation you must not drive, take alcohol, operate heavy machinery or, sign any legally binding documents. In addition, someone will have to take you home and stay with you for 24 hours

## Anaesthetic throat spray

Since the gastroscope is thinner than your little finger, you may be happy for the procedure to be carried out without any sedation and have throat spray instead. The local anaesthetic spray numbs the throat, much like a dental injection.

After the procedure you must wait (about an hour) until the sensation in your throat and mouth has returned before having anything to eat or drink. It is strongly advised that the first drink you have after your procedure should be cold and sipped, to ensure that you do not choke.

The benefit of having throat spray is that no sedation is involved and you will be fully conscious and aware. This means that you will not have to be accompanied home and will be permitted to drive after the procedure.

## The procedure

You will be taken to the Endoscopy treatment room where the procedure will be performed. After the endoscopist has answered any further questions, you will be asked to remove any dentures.

If you have chosen to have the local anaesthetic spray only, your throat will be sprayed before you are asked to lie down on your left side. A plastic clip will be placed on your finger or ear to monitor your pulse rate and oxygen levels during the procedure and a plastic mouth guard will be placed between your teeth.

If you have chosen to receive sedation, often the endoscopist may also use the local anaesthetic spray to make the procedure more comfortable, so will spray your throat before you are asked to lie down on your left side. A plastic clip will be placed on your finger or ear to monitor your pulse rate and oxygen levels during the procedure and oxygen will be administered to you via small tubes into your nose. The endoscopist will give you a sedative injection, which will make you feel sleepy and relaxed, but not unconscious. A painkiller may also be given at this point.

The endoscopist will pass the endoscope over your tongue and you may be asked to swallow once or twice. This will not cause any pain or interfere with your breathing and your windpipe will be deliberately avoided. The endoscope will then gently pass into your stomach and upper part of the small intestine (duodenum). You may feel like you want to be sick, however, this should stop once the tube has reached the stomach. Air is pumped in to inflate your stomach which may cause you to feel bloated and you might burp a few times. Sometimes the endoscopist will take a very small piece of tissue (a biopsy) for analysis in the laboratory, you will not feel anything if this happens. A gastroscopy should not be painful, but you can ask for the procedure to be stopped at any time. Any saliva or other secretions produced during the procedure will be removed using a small suction tube (similar to that used by a dentist).

## After the procedure

If you have had a local anaesthetic spray and no sedative, you will be shown into a waiting area until the report is finalised. You should be able to go home fairly quickly, however, you should wait an hour to eat or drink to allow the numbness to have worn off.

If you have had a sedative, you will be taken in to our recovery area on the trolley bed, where you will rest for approximately 30 minutes. Your blood pressure and heart rate will be monitored and, if you have diabetes, your blood glucose will also be monitored.

You may have some stomach and throat soreness, but this should soon ease within a few hours.

If you have been given a sedative injection, you must have arranged for someone to collect you from the Endoscopy Unit to take you home. This is because the drug given can remain in your system for about 24-hours, which may cause you to feel drowsy later on with intermittent memory lapses. You must arrange for someone to stay with you, or, if possible, arrange to stay with family or a friend for the 24-hour period.

The nursing staff will telephone the person collecting you when you are ready for discharge.

## Results & Discharge

Before you leave the department, the endoscopy team will discuss any findings, medication and any follow-up investigations with you. However, results of a biopsy taken may not be available for 14-days and can be discussed with your GP after this time if no further clinic appointment is arranged.

You will be given a copy of the report and an aftercare leaflet to take home with you.

**Be sure to gain advice if you have any severe pain or black tarry stools or troublesome vomiting in the hours or days after gastroscopy. Contact details will be provided upon discharge.**

## Risks associated with endoscopic procedures

As Gastroscopy is an invasive investigation it is not without associated risks and complications. Although these occur extremely infrequently, it is important that you are aware of them so that you can make your decision to consent to the procedure. The risks can be associated with the procedure itself and reaction to medication.

- There is a 1 in 10,000 chance of procedure related mortality.
- The main risks of gastroscopy relate to the procedure itself and are due to mechanical damage.
- Damage can occur to teeth and bridge work, perforation (tear) of the intestine, and bleeding. These complications are very rare (less than 1 in 21,000 examinations), but may require urgent treatment, and even an operation to repair the hole. Certain cases may be treated with antibiotics and intravenous fluids.
- Risks of complications increase if therapy is used (polyps removed, dilatation)
- Bleeding may occur at the biopsy site, but it nearly always stops on its own.

**Sedation** can cause problems with breathing, heart rate and blood pressure. These problems are usually short-lived and are carefully monitored by a fully trained endoscopy nurse. Close monitoring means that any problems can be acted on quickly.

## Consent

This leaflet has been written to enable you to make an informed decision about agreeing to have your procedure. With this information you will have been given a **READ ONLY** consent form. **The consent form is a legal document, so please read it carefully.** During your admission with the nursing team there will be an opportunity to ask questions and when you agree to undergo your investigation you will be asked to sign the consent form electronically.

**For further information on any aspect of the procedure, please contact: The Endoscopy Unit, Tel: 01392 402400.**

## View your hospital records with MY CARE

The new digital patient record system means that whichever care team you're meeting with, you have quick and convenient access to your medical information.

MY CARE can be accessed on your mobile phone, tablet or computer, through an app. It is accessible day or night and gives you handy access to your medical information if you are away from home or school.

To start using MY CARE, visit the App Store or Google Play and download MyChart by Epic, then select MY CARE Royal Devon or use the QR code below:



Download the app now!

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