

Gastroscopy – Oesophago-gastro duodenoscopy (OGD)

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If you are unable to keep your appointment, please notify the Endoscopy Unit booking office as soon as possible.

Contact telephone numbers: Monday to Friday 08.00-18.00 hours

For appointments: please contact the Endoscopy Unit booking office on 01493 452690

For advice: please contact the Endoscopy Unit on 01493 452370

Introduction

You have been advised by your GP or hospital doctor to have an investigation known as a gastroscopy (OGD).

If you are unable to keep your appointment, please notify the department as soon as possible. This will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you.

This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation and whether you wish sedation to be used. A consent form is also enclosed.

This procedure requires your formal consent.

The consent form is a legal document, therefore please read it carefully. Once you have read and understood all the information including the possibility of complications and you agree to undergo the investigation, **please sign and date the consent form**. You will notice that the form is in duplicate, allowing you to keep a copy for your records.

If however there is anything you do not understand or wish to discuss further do not sign the form, but bring it with you and you can sign it after you have spoken to a healthcare professional.

What is a Gastroscopy (oesophago-gastro-duodenoscopy or OGD)?

This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum. The instrument used in this investigation is called a gastroscope. It is flexible and has a diameter less than that of a little finger. Each gastroscope has an illumination channel which enables light to be directed onto the lining of your upper digestive tract and another which relays pictures back to the endoscopist onto a television screen.

During the investigation, the endoscopist may need to take some tissue samples (biopsies) from the lining of your upper digestive tract for analysis; this is painless. The samples will be retained. Also, photographs may be taken as part of the procedure.

The procedure will be performed by or under the close supervision of an experienced doctor or nurse endoscopist.

Why do I need to have a Gastroscopy?

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

There are many reasons for this investigation including: indigestion; anaemia; weight loss; vomiting; passing black motions; vomiting blood or difficulty swallowing.

What are the risks?

A. The endoscopic examination:

The main risks are of mechanical damage to teeth or bridgework which may occur if you bite very hard on the mouthguard.

Perforation or tear of the lining of the stomach or oesophagus (risk approximately 1 in 2000 cases) and bleeding which could entail you being admitted to hospital. Certain cases may be treated with antibiotics and intravenous fluids. Perforation may require surgery to repair the hole.

Bleeding may occur at the site of the biopsy, and nearly always stops on its own.

B. Sedation:

This can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by an endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

Older patients and those who have significant health problems, for example, people with significant breathing difficulties due to a bad chest may be assessed by a doctor before being treated.

Please note that occasionally the test may need to be abandoned or may be incomplete. In this case, the test may need to be repeated or we may suggest an alternative procedure.

What are the alternatives?

An alternative to this investigation would be a barium meal x-ray examination; this is not as informative as an endoscopy and has the added disadvantage that tissue samples cannot be taken.

Preparation for the investigation

Eating and Drinking

It is necessary to have clear views and for this the stomach must be empty. Therefore do not have anything to eat for at least six hours before the test. Sips of water are safe up to two hours before the test.

If your appointment is in the morning have nothing to eat after midnight. Sips of water are safe up to two hours before the test.

If your appointment is in the afternoon you may have a light breakfast no later than 8am and sips of water are safe up to two hours before the test.

What about my medication?

• Digestive Medication

If you are presently taking tablets to reduce the acid in your stomach please discontinue these tablets two weeks before your investigation.

If you are having a follow up gastroscopy to check for healing of an ulcer found during the last two to three months, or a surveillance gastroscopy for Barrett's oesophagus, then please continue to take your acid reducing medications. If unsure please telephone the unit.

• Diabetics

If you are a diabetic controlled on insulin or medication please ensure the Endoscopy Department is aware so that the appointment can be made at the beginning of the list. Please see guidance provided separately or refer to JPUH patient information on the website.

- **Anticoagulants and anti-platelet agents**

If you are taking anticoagulants e.g. warfarin or acenocoumarol, the anticoagulation nurse will contact you at least **seven days prior** to your appointment about stopping, or dosing, and arranging a blood test. On arrival to the endoscopy unit the nurse will test your blood to check your INR and advise on dosing after the procedure.

There is no restriction in taking aspirin or dipyridamole which can be taken as usual.

You may only need to stop antiplatelet or anticoagulant medication if you are having a therapeutic procedure such as a polypectomy. Your consultant will advise you.

- **Medical devices**

If you have a pacemaker or implantable cardioverter defibrillator (ICD) that has not been checked within the last six months please telephone the department as soon as possible. If the device has been checked then all you need to do is inform the nurse on admission of the device and the date last checked.

- **Other medication**

You should continue to take all of your other medications as normal, unless you have been told otherwise by your referring doctor.

How long will I be in the endoscopy department?

This largely depends upon whether you have sedation and also how busy the department is. You should expect to be in the department for approximately one to three hours. Emergencies can take priority over outpatient lists.

What happens when I arrive?

You will be met by an endoscopy nurse who will ask you a few questions, one of which concerns your arrangements for getting home.

They will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.

You will have a brief medical assessment regarding your medical condition and any past surgery or illness you have had to confirm that you are sufficiently fit to undergo the investigation.

Your blood pressure and heart rate will also be recorded and if you are diabetic, your blood glucose level. Should you suffer from breathing problems a recording of your oxygen levels will be taken.

You will be offered a choice of sedation or local anaesthetic throat spray (this is dealt with in more detail in the next section).

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.

Sedation or throat spray?

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

Intravenous sedation

The sedation will be administered into a vein in your hand or arm which will make you lightly drowsy and relaxed but not unconscious. You will be in a state called conscious sedation: this means that,

although drowsy, you will be able to hear what is said to you and therefore will be able to follow simple instructions during the investigation. You will be able to breathe normally throughout. It is possible that the sedation may result in you being unable to remember anything about the investigation.

Whilst sedated we will check your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded.

Please note that if you decide to have sedation you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure and you must have a responsible adult to accompany you home and stay with you over night.

Anaesthetic throat spray

With this method sedation is not used, but the throat is numbed with a local anaesthetic spray.

As the gastroscopes have become thinner many patients are happy for the procedure to be carried out without sedation and to have throat spray instead. The spray has an effect very much like a dental injection.

The benefits of choosing throat spray are that you are fully conscious and aware and can go home unaccompanied almost immediately after the procedure. You are permitted to drive and carry on life as normal.

The only constraint is that you must not have anything to eat or drink for 30 minutes after the procedure, until the sensation in your mouth and throat has returned to normal. It is strongly advised that when having your first drink after the procedure, it should be a cold drink and should be sipped to ensure you do not choke.

The OGD examination

You will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions.

If you have dentures you will be asked to remove them at this point. Any remaining teeth will be protected by a small plastic mouth guard which will be inserted immediately before the examination commences.

If you are having a local anaesthetic throat spray this will be sprayed onto the back of your throat whilst you are sitting up and swallowing: the effect is rapid and you will notice loss of sensation to your tongue and throat.

The nurse looking after you will ask you to lie on your left side and will then place the oxygen monitoring probe on your finger. If you have decided to have sedation, the drug will be administered into a cannula in your vein and you will quickly become sleepy.

Any saliva or other secretions produced during the investigation will be removed using a small suction tube, rather like the one used at the dentist.

The endoscopist will introduce the gastroscope into your mouth, down your oesophagus into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing will not be affected.

During the procedure samples may be taken from the lining of your digestive tract for analysis. These will be retained. Any photographs will be recorded in your medical notes.

After the procedure

You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. Should you have any underlying difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can administer additional oxygen. Once you have recovered from the initial effects of sedation or throat spray (which normally takes 30 minutes) you will be offered a drink.

Before you leave the department, the nurse or doctor will explain the findings and any medication or further investigations required. She / he will also inform you if you require further appointments.

Since sedation can make you forgetful you will need to have a member of your family or a friend with you when you are given this information.

If you have had sedation you may feel fully alert following the investigation, however the drug remains in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory. If you live alone, you should arrange for a responsible adult to stay with you overnight.

If the person collecting you leaves the department, the nursing staff will telephone them when you are ready for discharge.

Contacts

If you need further advice please contact endoscopy on
01493 452370 Monday to Friday 08.00 – 18.00

General points to remember

It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is very busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over less urgent cases.

If you have any problems with persistent or worsening abdominal pain after your procedure, please contact your GP immediately informing them that you have had an Endoscopy.

If you are unable to contact or speak to your doctor, you can phone or attend the hospitals A&E department. You can contact them on **01493 452559**.

Privacy and dignity

Please note we have single sex changing, recovery and toilet facilities available in the unit.

Please be advised that relatives are not permitted into the procedure room with the patient or into the recovery areas. This is to protect other patient's privacy, dignity and enable staff to concentrate on looking after the patients.

Visit our website:

<http://www.jpaget.nhs.uk/departments-services/departments-services-a-z/endoscopy-unit/>

Guidelines for people with diabetes undergoing endoscopic procedures

Every effort will be made to offer you a morning appointment if you are on insulin and require an endoscopic procedure. If you have been given an afternoon appointment please be sure to tell the department that you are a diabetic on insulin.

Insulin

- If you are on insulin 4 times daily or more and require insulin adjustment advice, contact the Diabetes Nursing Team on 01493 453373 (answer phone).
- If you are on an insulin infusion pump there is no need to make any adjustment to your bolus insulin doses. Your basal insulin should be reduced by 30% for 2 hours before and 2 hours after any booked procedure time. This can be extended, if necessary, according to recovery and diet.
- If you are on pre-mixed insulin (e.g. Humulin M3, Insuman Comb 25 or NovoMix 30) up to 3 times daily contact Diabetes Nursing Team and refer to guidance provided separately.

This booklet was produced by:

The Endoscopy Team and The Endoscopy Patient Participation Group at the James Paget University Hospitals NHS Foundation Trust.

Diabetic patient information ratified by Dr Joanne Randall, Consultant Endocrinologist.

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Your Feedback

We want your visit to be as comfortable as possible - talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve it, then ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care.

Before leaving please complete a Friends and Family Test feedback card.

Help us transform NHS services and to support patient choice.

OUR VALUES

Collaboration

We work positively with others to achieve shared aims

Accountability

We act with professionalism and integrity, delivering what we commit to, embedding learning when things do not go to plan

Respect

We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride

Empowerment

We speak out when things don't feel right, we are innovative and make changes to support continuous improvement

Support

We are compassionate, listen attentively and are kind to ourselves and each other



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240