

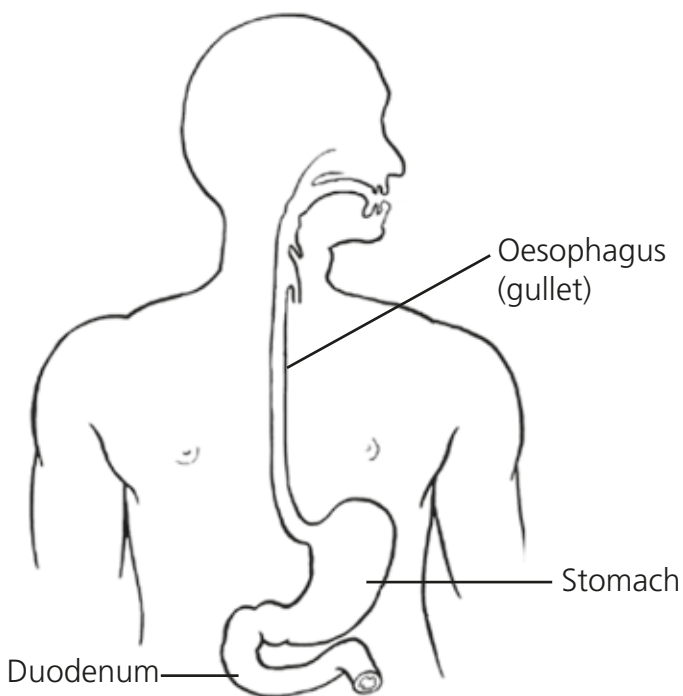
Gastroscopy

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.

Upper digestive tract



Introduction

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 nurses. 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 consultant's list occur. Emergency inpatients take a greater priority.

Bring a good book with you!

Why do I need to have a Gastroscopy?

You have been advised to undergo this investigation to:

- try and find the cause of your symptoms;
- help with treatment;
- if necessary to decide on further investigation.

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

What is a Gastroscopy?

The procedure you will be having is an oesophago-gastro duodenoscopy (OGD) also known as a gastroscopy or endoscopy. 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.

Light travels through the scope through an illumination channel. The light is shone at the lining of your upper digestive tract and is then transmitted back up the endoscope relaying a picture onto a TV screen.

During the investigation samples of tissue (biopsy) 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 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.

Some treatments can also be carried out through the endoscope. These include stretching (dilating) narrowed areas of the oesophagus, stomach or duodenum, removing polyps and swallowed objects, and treatment of bleeding vessels and ulcers by internal injection or application of heat.

Preparation

Eating and drinking

It is necessary to have clear views and for this **the stomach must be empty**. So 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 fluids, i.e. water, tea or coffee with **no milk, up to two hours before**.

Any prescribed medication tablets or insulin should be taken as normal (further instructions to follow) 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.

Current medication

If you are taking Warfarin, Clopidogrel, Dabigatran (Pradaxa), Rivaroxiban (Xarelto) or Apixaban (Eliquis) **please ring the Endoscopy Department on 01392 402400 at least 1 week before your appointment**. This is necessary to allow time for arrangements regarding anticoagulant medication to be made prior to the appointment. An Endoscopy nurse will ask you some questions about your anticoagulant medication, such as why you are being prescribed the drug and what you should do to prepare for your procedure.

You are advised to bring all your current medication with you for your admission. If you are having sedation, your medication will be kept with you or given to an accompanying adult.

What happens when I arrive?

When you arrive in the Endoscopy Unit, Area N, Level 2, a qualified nurse or healthcare assistant who will explain the procedure and you will be given the opportunity to ask questions.

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 also be asked some questions about your travel arrangements for getting home. If you chose to have 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 for them to be able to 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.

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

Your blood pressure and heart rate will be recorded and if you have diabetes your blood glucose will also be recorded. Should you suffer from breathing problems a record of your oxygen levels will 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 make you sleepy. Many patients prefer a topical local anaesthetic spray to the throat instead, as they can continue their normal activities afterwards. However, you can choose to have a light sedative, but this does mean that you must follow the instructions given at the end of this leaflet.

Intravenous sedation

The sedative injection will make you feel sleepy and relaxed but not unconscious.

The sedation will 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 so will be able to follow simple instructions during the investigation but you will feel drowsy.

A plastic clip will be placed on your finger or ear to monitor your pulse rate and oxygen levels during the procedure so that any changes can be dealt with quickly. A cuff will be placed on your arm to monitor your blood pressure.

After the examination you will probably not remember anything because of the sedation which 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 for 24 hours after the procedure and someone will have to take you home.

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 remain in your own clothes. Once you are in the treatment room you will be asked if you have any further questions and you will be asked to remove any dentures or contact lenses. A plastic clip will be placed on a finger or ear to monitor your pulse rate and oxygen levels. A cuff will be placed on your arm to monitor your blood pressure. If you have chosen to have the local anaesthetic, your throat will be sprayed and you will be made comfortable on a trolley. A plastic mouth guard will be placed between your teeth. If sedation has been chosen, an injection will be given which will make you feel sleepy and relaxed. Any saliva or other secretions produced during the investigation will be removed using a small suction tube (similar to that used by a dentist).

The doctor will pass the endoscope over your tongue and you may be asked to swallow once or twice at this stage. 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). Sometimes the doctor will take a very small piece of tissue (biopsy) for analysis in the laboratory. Any photographs or recordings will be retained with your notes.

After the procedure

You will be allowed to rest for as long as necessary. Your blood pressure and heart rate will be recorded and if you have diabetes, your blood glucose will be monitored. If you have underlying breathing difficulties or if your oxygen levels were low during the procedure we will continue to monitor your breathing.

If you have had a local anaesthetic spray and no sedative, you will usually be able to go home fairly soon after the procedure.

If you have had a sedative injection, you may need to stay for about 1-3 hours after the procedure, and you must have someone to collect you from the Endoscopy Unit and take you home. **For the next 24 hours** you should follow the instructions as laid out on the back page of this leaflet.

Once you have recovered from the initial effects of the sedation (which normally takes 30-60 minutes) you will be offered light refreshments.

If you have had sedation you may feel fully alert after the investigation but the drug can remain in your blood system for about 24 hours. You may 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. The nursing staff will telephone the person collecting you when you are ready for discharge.

Before you leave the department the nurse or endoscopist will discuss any findings, medication and further investigations or appointments with you. You will be given a copy of the report to take home with you.

Your throat may feel slightly sore for up to 24 hours, but this should soon ease. You will be able to eat and drink a little before you go home. In general, it is wise to avoid chunks of food, to chew your meals well and to take them with plenty of water.

Results

Often the doctor, or member of the Endoscopy Team, will be able to give you the results immediately after the test. However, if a biopsy was taken the results of this may take up to 14 working days. If a clinic appointment is not arranged, then you should contact your GP to discuss the findings after this time.

Risks

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 endoscopic procedure

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 1,000 examinations), but may require urgent treatment, and even an operation to repair the hole. Certain cases may be treated with antibiotics and intravenous fluids.

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.

Be sure to inform your GP if you have any pain, black tarry stools, or troublesome vomiting in the hours or days after Gastroscopy.

If you are unable to speak to your doctor you must go immediately to the Accident and Emergency Department informing them you have had an endoscopy.

Consent

This leaflet has been written to enable you to make an informed decision about agreeing to have your procedure. With this information you may have been given a consent form. **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 undergo the investigation, please sign and date the consent form. If there is anything you do not understand or wish to discuss further do not sign the form but bring it with you and sign it after you have spoken with a healthcare professional.

You will notice the consent form includes a carbon copy, or duplicate, so that you can keep a copy for your records. **Please bring both copies of the consent form with you when you have your procedure.**

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

If you have had sedation, it is important **for the next 24 hours** to have someone stay with you and to observe the following instructions.

- You should make arrangements for someone to take you home by car or taxi (public transport is not appropriate) **and to stay with you for the next 24 hours.**
- *Do not* drive a car or any other vehicle, including bicycles (note that your insurance is invalid if you do so).
- *Do not* operate machinery or appliances such as cookers and kettles.
- *Do not* drink alcohol.
- *Do not* make important decisions or sign important documents.
- *Do not* lock the bathroom or toilet door, or make yourself inaccessible to the person looking after you.
- Drink plenty of fluids and eat a light diet.

Take things easy for the next 24 hours, and if you have any problems, please contact your GP.

If you are unable to speak to your doctor, you must go immediately to the Accident and Emergency Department informing them you have had an endoscopy.

After 24 hours, the effects of the sedation should have worn off and you should be able to resume normal activities.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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