Transnasal Oesophago-Gastro-Duodenoscopy (OGD)

Patient information

Endoscopy Unit,
The Royal Infirmary of Edinburgh

Endoscopy Nurses: 0131 242 1600
Endoscopy Booking Line: 0131 536 4162

This document contains important information about your upcoming investigation and should be read immediately, giving you time for questions, if you have any.

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Introduction

You have been advised by your GP or hospital doctor to have a procedure known as an transnasal oesophago-gastroduodenoscopy (Transnasal OGD), also known simply as a “transnasal endoscopy”.

If you are unable to keep your appointment, please notify the department as soon as possible. This will enable the 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.

Consent
This procedure requires your formal consent. This booklet has been written to enable you to make an informed decision about agreeing to the procedure. At the back of the booklet is the consent form.

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 procedure, please sign and date the consent form. You will notice that the consent form is duplicated, allowing you to keep a copy for your records. Please fill it in while it is still attached to this booklet.

If however there is anything you do not understand or wish to discuss further, but still wish to attend, do not sign the form, but bring it with you 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.

Local anaesthetic
Transnasal-OGD is performed with local anaesthetic only, and patients are not sedated. It is therefore not essential that you have anyone to accompany you home, though you may still wish to have someone attend with you.
General information about the procedure

What is an Transnasal OGD?
The procedure you will be having is called an transnasal oesophago-gastroduodenoscopy sometimes known more simply as a transnasal gastroscopy or endoscopy. Gastroscopy is usually performed through the mouth, but in this case a much smaller endoscope is introduced through the nose.

This is an examination of your oesophagus (gullet), stomach and the first part of your small intestine called the duodenum. The instrument (endoscope) used for this procedure is flexible and has very small diameter. The endoscope relays images back to the Endoscopist on a TV 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 may be retained. Photographs and/or a video recording may be taken for your records.

The procedure will be performed by or under the supervision of a trained doctor or nurse endoscopist, and we will make the investigation as comfortable as possible for you. The procedure is carried out with local anaesthetic nasal spray and gel.

Why do I need to have a Transnasal OGD?
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 but they include: indigestion, abdominal pain, difficulty swallowing, vomiting, weight loss, or signs of blood loss such as anaemia, passing black motions, or vomiting blood.

What are the alternatives?
A barium meal x-ray examination is another method of investigation the upper digestive tract. It is not as informative or accurate as an endoscopy and has the added disadvantage that tissue samples cannot be taken. Endoscopy can also be performed through the mouth, the transnasal method may be preferable in certain situations which will have been discussed with you, and can be discussed further when you attend.

How long will I be in the Endoscopy department?
This largely depends on whether you have had sedation and how busy the department is. You should expect to be in the department for approximately 5-6 hours. The department also looks after emergencies and these can take priority over our outpatient lists.

You may be in the department 2-3 hours before the investigation; therefore you may want to bring something to read. **We would recommend you do not bring any valuable items with you to the hospital.**
Preparation for the procedure

Eating and drinking
It is important to have clear views and for this the 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 & toast) no later than 8am, but no food or drinks after that.
- Small amounts of water are ok to take up to two hours before the procedure.

What about my medication?
Your routine medication should be taken.

Digestive medication
If you are currently taking tablets to reduce the acid in your stomach, please stop taking them two weeks before your investigation UNLESS you are having a follow up OGD to check on Barrett’s oesophagus or the healing of an ulcer or oesophagitis, in which case please continue your acid-reducing medications right up to the day of your repeat endoscopy. If unsure, please telephone the Endoscopy Unit on 0131 2421600.

For people with diabetes
If you have diabetes that is controlled by insulin or tablets, please ensure the Endoscopy department is aware so that the appointment can be made at the beginning of the list. Please see guidelines printed in the back of this booklet.

Anticoagulants
Please telephone the unit if you are taking blood-thinning drugs such as Warfarin or Clopidogrel.

If you have any other queries regarding your medications please telephone the Endoscopy Unit on 0131 2421600.

Allergies
Please telephone the Endoscopy Unit on 0131 2421600 for information if you think you have a latex allergy.
What happens when I arrive?

When you arrive in the department, a qualified nurse or health care assistant will meet you and will ask you a few questions, including about your arrangements for getting home. You will also be able to ask further questions about the investigation. The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have. If you are having sedation they may insert a small cannula (plastic tube) into a vein in your arm through which sedation will be administered later.

You will have a brief medical assessment where a qualified nurse will ask you some questions regarding your medical condition and any surgery or illnesses you have had. This is to confirm that you are fit to undergo the investigation. Your blood pressure and heart rate will be recorded and if you have diabetes, your blood glucose level will also be recorded.

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.

The Transnasal OGD procedure

You will be escorted into the procedure room where the Endoscopist and the nurses will introduce themselves. You will also be able to ask further questions about the investigation.

For a transnasal endoscopy, local anaesthetic will be used. This consists of a local anaesthetic spray (5% lidocaine and 5% phenylephrine) applied into the nostril. When your nostril is numb, a small soft tube covered with anaesthetic (lidocaine) jelly will be inserted into your nostril. The thickness of the tube is similar to that of the transnasal endoscope and is removed after a few minutes.

The nurse looking after you will ask you to lie on your left side and will then place an oxygen monitoring probe on your finger. Any saliva or other secretions produced during the investigation can be removed from your mouth using a small suction tube, rather like the one used at the dentist.

The endoscopist will introduce the transnasal endoscope into your nostril, and through the back of your mouth and by asking you to swallow can pass it into your oesophagus, stomach, and then into your duodenum. Your windpipe is deliberately avoided and your breathing will be unhindered. You will be able to speak to the endoscopist during the procedure if you need to.

Occasionally it does not prove possible to pass the endoscope successfully through the nose. If this happens the endoscopist will discuss alternative methods of investigation with you.

Risks of the procedure

The doctor who has requested the procedure will have considered and discussed this with you. The risks should be weighed against the benefit of having the procedure carried out. Transnasal OGD is generally a very safe examination but as with any invasive procedure it has the possibility of complications. The main procedural risks you should be aware of are:
Nose soreness or bleeding is the commonest side effect. It is usually a minor problem and settles on its own.

Chest infection can occur after the procedure if some fluid passes into the lungs. The risk of this is less with procedures requiring no sedation like Transnasal OGD. 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 a diagnostic examination only, but can occur more often with the more complex procedures involving endoscopic treatment. A perforation would require admission to hospital for treatment with fluids and antibiotics, and might require surgery to repair the tear.

After the procedure
Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. Should you have underlying breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing.

Discharge following Transnasal endoscopy is usually quicker than with other endoscopic procedures because sedation is not given and local anaesthetic is only applied to the nose, and not the throat. The nurse will check that you do not have any significant bleeding or discomfort from the nose, and you will be given a cold drink.

Before you leave the department, the nurse or Endoscopist will discuss the findings and any medication or further investigations required. They will also tell you if you need further appointments, and you will also be given some written information.

If a person accompanying you has left the department, the nursing staff will telephone them when you are ready for discharge.

Points to remember

- Because you are not having sedation, you do not require someone to accompany you, unless you wish.

- Our aim is for you to be seen and have your procedure as soon as possible after your arrival. However, the department is very busy and also deals with emergencies so it is possible under these circumstances that your procedure may be delayed.

- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises
Information for patients with diabetes
You should inform the Endoscopy department about your diabetes and request an early morning appointment.

The day of the procedure

Diet-controlled and tablet-controlled diabetes (Type 2 Diabetes)
Check your blood glucose on waking. 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 sugar-containing drink. Inform the nurse on arrival in the Endoscopy unit that you have done this. A nurse will check your blood glucose level when you arrive in the Endoscopy Unit.

- Do not take your morning dose of tablets; bring your tablets with you to have after the procedure
- Report to the nursing staff if you have needed glucose before arriving and inform them immediately if you feel ‘hypo’ at any time during your visit
- Your dosage of tablets can be given as soon as you are able to eat and drink safely; the nursing staff will inform you when it is safe.

Insulin-controlled diabetes
- Monitor your blood glucose at least 4 times during the day, but ideally you should monitor even more frequently than this. Continue to take your daily insulin injections, but the amount you take may need to be altered according to how your blood glucose levels are behaving and how much carbohydrate containing drinks you are taking. 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 (e.g. greater than 15 mmols/l) when you should leave your dose unaltered.
- If you have concerns about adjusting your insulin dosage please contact the Diabetes Specialist Nurses on 0131 242 1470, to discuss appropriate measures. You can also contact the diabetes doctor on call on 0131 537 1000 and ask to speak to the diabetes doctor.

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. As these are absorbed quickly through the tissues of the mouth, if sucked, they will not interfere with the procedure. Take three (3) tablets initially, followed by a further three (3) if symptoms continue after 15 minutes. If your medication has been adjusted this should not be a problem.

Blood glucose monitoring
If you usually test your blood glucose levels, check them, as usual, on the morning of the procedure and carry your equipment with you to the appointment. If you do not usually test your blood, do not worry, your blood glucose levels will be checked when you arrive for the procedure.
Location of the Endoscopy Unit
The endoscopy unit is located within the Medical Daycase Unit of the Royal Infirmary

Directions to the Medical Day Case Unit

If entering via North Junction Road/Car park B: Entrance signed Day Case & Day Surgery (No.2 on map) adjacent to Main Front Entrance (West)

If entering via South Junction Road/Car park C: Enter the hospital through Main Rear Entrance (East). Continue through main mall and exit at Main Front Entrance (West). Turn left and enter at Day Case & Day Surgery (No.2 on map).

Please report to reception desk on arrival.

Plan of the hospital and grounds. Entrance to Endoscopy Unit is at “2”

Location of the Royal Infirmary of Edinburgh.
The hospital is on the south side of Edinburgh on old Dalkeith Road (A7).
The full address is:
Royal Infirmary of Edinburgh, 51 Little France Crescent, Old Dalkeith Road, EH16 4SA

**By Public Transport**

The following services stop at the hospital, either at the West main entrance bus stop, or close by on Old Dalkeith Road.

- LRT 8, Muirhouse to Little France
- LRT 18, Gyle Centre to Little France
- LRT 21, Gyle Centre to Little France
- LRT 24, Davidson’s Mains to Little France
- LRT 33 & N33 Baberton Mains to Little France
- LRT 38, Muirhouse to Little France
- LRT 49, The Jewel to NRIE
- Munros 51 or 52, Edinburgh to Jedburgh or Kelso respectively.
- First 79, Haymarket to Rosewell
- First 86, Clerwood to Mayfield
- Eve Car and Coaches 128, Haddington to Little France
- First 140 & 142, Rosewell to NRIE, passing Musselburgh

Please note that the proposed services and timetables may have changed by the time of your appointment, therefore you are advised to check the details by contacting the City of Edinburgh Council’s Traveline or the bus operator on the numbers below.

**Contact details for full timetables or further information are:**

- Lothian Buses: 0131 555 6363 [www.lothianbuses.co.uk](http://www.lothianbuses.co.uk)
- First Edinburgh: 0131 663 9233 [www.firstedinburgh.co.uk](http://www.firstedinburgh.co.uk)
- Stagecoach: 01592 642394 [www.stagecoachbus.com/fife](http://www.stagecoachbus.com/fife)
- Munros: 01835 862253
- Traveline 0800 23 23 23

**By car:**

**Directions from City Centre** – Leave the city centre via North Bridge at the East end of Princes Street. Follow this road for approx. two and a half miles until you reach the Liberton Road/Lady Road junction. Turn left on to Lady Road. Go straight over the Lady Road roundabout to the Cameron Toll roundabout. Take the 3rd exit sign posted to Dalkeith and New Royal Infirmary (A7). Continue on this road for around ¾ mile. The hospital is on the left hand side.

**Directions from Bypass** – Leave the Edinburgh City Bypass (A720) at the Sheriffhall Roundabout onto Old Dalkeith Road (A7) toward Edinburgh City Centre. Turn right into the hospital after just over 2 miles.

Entry to the site is via two access roads, one to the north and one to the south of the site. The nearest Car Park and drop off point to our department is reached by entering the North Junction road.
Please use Car Park B and enter the Hospital by the entrance signed Day Case & Day Surgery.

There are free disabled parking spaces located near the main entrances. The current parking charges for all other patients and visitors are:

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<tr>
<td>0-1 hours</td>
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<td>£6.40</td>
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<td>6-24 hours</td>
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By bicycle/motorbike:

New cycle/bus lane from Cameron Toll to the Royal Infirmary of Edinburgh via Old Dalkeith Road, as well as improvements to the cycle and footpaths on Craigmillar Castle Road, may make this an option for some patients and visitors.

There is currently provision to park both bicycles and motorbikes on site, free of charge. Motorcycle parking is within marked spaces out with the car parks at various points around the perimeter of the building. Cycle parking is available close to all the entrances to the building, in the form of Sheffield stands. CCTV monitors these areas at all times.
Patient Details

Consent Form
Patient agreement to endoscopic investigation or treatment

Name of procedure/s (include a brief explanation if the medical term is not clear)

Transnasal Oesophago-Gastro Duodenoscopy (OGD)

Investigation of the upper gastrointestinal tract with a flexible endoscope passed through the nose (with or without biopsy, photography)

Biopsy samples will be retained

Statement of patient

You have the right to change your mind at any time, including after you have signed this form

I have read and understood the information in the attached booklet including the benefits and any risks.

I agree to the procedure described in the booklet and on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. If a trainee performs this examination it will be performed under supervision by a fully qualified practitioner.

I would like to have: local anaesthetic throat spray  [ ] sedation  [ ] Please tick box

Signed (patient) ____________________________ Date ____________________________

Name (print in capitals) ______________________________________________________

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have spoken to the healthcare professional.

Confirmation of consent
(To be completed by a healthcare professional when patient is admitted for procedure)

I have confirmed that the patient/guardian understands what the procedure involves, including the benefits and any risks

I have confirmed that the patient/guardian has no further questions and wishes for the procedure to go ahead

Signed ____________________________ Date ____________________________

Name (print in capitals) ____________________________ Designation ____________________________

(If your patient requires further information please complete page 3 of this consent form)
Patient Details

Consent Form - COPY
Patient agreement to endoscopic investigation or treatment

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**Transnasal Oesophago-Gastro Duodenoscopy (OGD)**

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I would like to have:  **local anaesthetic throat spray** [ ]  **sedation** [ ]  **Please tick box**

Signed (patient)  
____________________________  Date  

Name (print in capitals)  
_________________________________________________________________

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I have confirmed that the patient/guardian has no further questions and wishes for the procedure to go ahead

Signed  
____________________________  Date  

Name (print in capitals)  
____________________________  Designation  

*(If your patient requires further information please complete page 3 of this consent form)*
Patient Details

Consent Form

Patient agreement to endoscopic investigation or treatment

Statement of healthcare professional (to be completed by a healthcare professional with appropriate knowledge of proposed procedure, as specified in the consent policy)

In response to a request for further information I have explained the procedure to the patient. In particular I have explained:

The intended benefits

1. Investigation of symptoms

Potential Risks

1. Procedure risks:

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative investigations/treatments (including no treatment), any extra procedures, which may become necessary and any particular concerns of those involved.

Signed  
Name (print in capitals)  Designation

Statement of interpreter where appropriate

I have interpreted the information above to the patient/guardian to the best of my ability and in a way in which I believe she/he/they can understand.

Signed  
Name (print in capitals)