

Oesophago-gastro duodenoscopy (OGD)

Information for patients

This document contains important information about your upcoming investigation and **should be read immediately**, giving you time to think of any questions.

If you have any questions regarding your appointment time call 0131 536 4162.

PLEASE READ NOW

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Introduction

You have been advised by your GP or hospital doctor to have a procedure known as an oesophago-gastro-duodenoscopy (OGD), also known simply as a “gastroscopy”.

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 booklet contains all the information you will need to give informed consent. The consent form is a legal document. You should have received a consent form along with this booklet. 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 are free to ask for more information at any time so if you have further questions please bring the information booklet along with the form unsigned and you will be able to speak to a health care professional.

If an interpreter is required please contact 0131 536 4162 and we arrange one for you. As this is an invasive procedure it is not appropriate for family members to interpret.

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 accompany you home, and if you live alone, to stay with you overnight.

FAILURE TO DO THIS MAY RESULT IN YOUR TEST BEING CANCELLED ON THE DAY.

General information about the procedure

What is an OGD?

The procedure you will be having is called an oesophago-gastro-duodenoscopy (OGD), sometimes known more simply as a gastroscopy, or endoscopy.

This 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 a little finger. The gastroscope relays images back 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 will 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. Many patients have the procedure carried out with local anaesthetic throat spray, some patients have it performed under “conscious sedation” in which a drug is given by injection into a vein to make you relaxed and lightly drowsy, without being unconscious.

Why do I need to have an 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.

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 3-4 hours. Your appointment time is the start time for the process and will not usually be the time you are taken to have your procedure. Some of your time in the department will be before the procedure so 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, but you may have small amounts of water up to 6am.
- If your appointment is in the **afternoon**, you may have a light breakfast (tea & toast) no later than 8am, and small amounts of water until 3 hours before your appointment time.

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 medications number.

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

If you are taking aspirin, you do not need to stop this before your procedure. If you are taking any of the following medicines, you **MUST** contact the endoscopy unit phone number on your appointment letter for advice on whether you need to stop these before your procedure:

- Warfarin
- Heparin
- Clopidogrel
- New anticoagulants (rivaroxaban, apixaban or dabigatran)

The decision to stop or continue these is patient-specific and it's important that you seek appropriate advice as soon as possible.

You may be asked to attend your GP for an INR blood test the day before your procedure.

If you have any other queries regarding your medications please call the medications number on the appointment letter.

Allergies

Please telephone the **endoscopy unit phone number in your appointment letter** 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 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 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.

If you have any 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 starts.

If you are having local anaesthetic throat spray, this will be sprayed on to the back of your throat whilst you are sitting up and swallowing: the effect is rapid and you will notice loss of sensation of your tongue and throat. The nurse looking after you will ask you to lie on your left side.

If you are having sedation, the medication will be administered into the cannula in your vein, which will make you 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 during the investigation. Some patients experience amnesia with the sedation so that 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 by means of 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 introduce the gastroscope into your mouth, and by asking you to swallow can pass it down your oesophagus, into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing will be unhindered.

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 the throat is numbed with a 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 restriction 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.

Conscious sedation

A short acting sedative drug is injected through a cannula in your vein. This is mainly to relax you, but can also make you drowsy. Some patients experience amnesia, do not remember the procedure afterwards and interpret this as having been unconscious for the procedure, though this is not the case. The time to recovery from sedation varies, but can take a few hours.

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

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. There are two sets of procedural 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 are normally transient. Careful monitoring by a fully trained 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 having the procedure. In these situations it may be advised that less or no sedation is used, as the risks of complications from sedation may be higher.

Risks associated with the endoscopic examination

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

Damage to teeth. For this reason dentures are removed and you will be asked about loose teeth, crowns or bridgework

Chest infection can occur 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 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 (risk approximately 1 in 2000 cases)

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 will depend on whether you have had throat spray or sedation.

Throat spray – You will 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.

Sedation – Once you are awake and have recovered from the initial effects of the sedation (which normally take 30 - 60 minutes) you will be offered a drink and toast/sandwiches.

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

Because the sedative remains in your system for about 24 hours, you may feel drowsy later on, with intermittent lapses of memory.

Points to remember

- **If you are having sedation, you must have someone to accompany you**
- 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

Treatment by medication or insulin

You should inform the appointments department on 0131 536 4162 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.

Consent form

Patient agreement to endoscopic investigation or treatment

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

Oesophago-gastro-duodenoscopy/endoscopy/gastroscopy

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography).

Biopsy specimens will be retained and anonymised images may be used for teaching purposes

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 this booklet and on the 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.
Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner

I would like to have: **sedation** ☐ **or no sedation, local anaesthetic throat spray** ☐
(please tick box)

Signed

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 talked to the healthcare professional

Confirmation of consent *(to be completed by a health professional when the patient is admitted for the procedure).*

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

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

Signed

Date

Name (print in capitals)

Job title

If your patient requires further information please complete page 2

Consent form

Patient agreement to endoscopic investigation or treatment

Statement of health professional *(to be filled in by a health 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. To diagnose and treat a possible cause of your symptoms
2. To review the findings of any previous endoscopy

Serious or frequently occurring risks

Endoscopy risks: Perforation, bleeding, damage to teeth.

Sedation or throat spray risks: Adverse reaction to any of these agents

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

Signed

Date

Name (print in capitals)

Job title

Statement of interpreter *(where appropriate)*

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

Signed

Date

Name (print in capitals)