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اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ने उगाठुं उरुनमे दी लेउ वै उं विरुथ वरुवे इस नंवर उे बेन वरुवे: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: **01784 884488**

St. Peter's Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: **01932 872000**

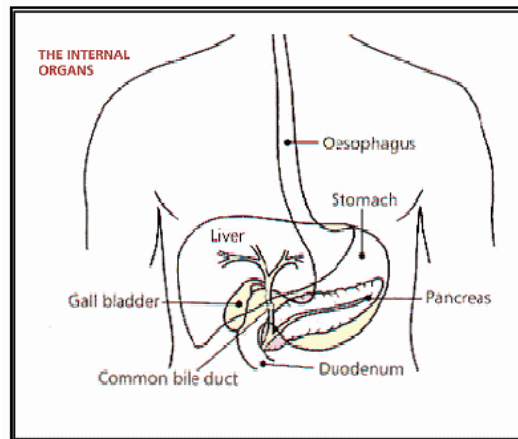
Website: www.ashfordstpeters.nhs.uk

Having a Gastroscopy (OGD) Endoscopy Department

Having a Gastroscopy (OGD)

You have been advised to have a gastroscopy to help find the cause of your symptoms. The test is sometimes called an OGD because of the three areas that are examined. These are:

- Oesophagus (food pipe)
- Gastric (stomach)
- Duodenum (the first part of the bowel)



Why do I need an OGD?

Indigestion is one of the major reasons for carrying out an OGD.

We may diagnose ulcers, inflammation of the oesophagus, stomach and/or duodenum.

The test may also be helpful in finding the cause of difficulty in swallowing, especially if there is some blockage to the flow of food and drink.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk

Author: Anna Burrows

Department: Endoscopy

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Additional information may also be obtained by logging on to the following websites:

British Society of Gastroenterology - www.bsg.org.uk

The National Association for Colitis and Crohn's Disease (NACC) 01727 844 296 www.nacc.org.uk

Patient Care Society for Gastroenterology
01865 226 757 - www.pcsq.org.uk

Digestive Disorders Foundation
PO Box 251, Edgware, Middlesex, HA8 6HG (send SAE)
www.digestivedisorders.org.uk

Royal College of Radiologists - www.rcr.ac.uk

The University of Edinburgh
www.glenlivet.mph.ed.ac.uk/endo/general/gastroscopy

Sometimes bleeding occurs in the oesophagus due to bulging veins.

This condition can also be diagnosed and treated through the endoscopy equipment.

Finally, bleeding from the stomach and other neighbouring areas can cause anaemia.

The OGD will allow an accurate diagnosis and help the doctors to provide treatment that will be suitable for you.

Can these conditions be diagnosed any other way?

X-rays can diagnose some things, but OGD is the most accurate way of diagnosing conditions in the oesophagus, stomach and duodenum.

WHO WILL CARRY OUT THE OGD?

An experienced endoscopist (person carrying out the procedure) will carry out most OGDs. Sometimes, however, the test may be carried out by an endoscopist who is learning, under the close supervision of the experienced endoscopist.

The name of the doctor who will have overall responsibility for your test is:

Dr / Mr

Consultant Gastroenterologist / Surgeon

How will the OGD be carried out?

The test is carried out in private, in our special endoscopy room. There will be an experienced nurse with you at all times.

You will lie on your left-hand side and a small probe will be placed on your finger that will display your pulse rate and body oxygen levels on a screen throughout the test.

A small plastic mouth guard will be placed gently between your teeth to help you keep your mouth slightly open and make it easier for the endoscopist to pass the endoscope (camera), which is no bigger than the tip of your finger.

The endoscopist will start the test by placing the lubricated endoscope into your mouth. He/she will ask you to swallow and the endoscope will pass down the back of your throat into your oesophagus. You will feel some gentle pushing as the endoscopist moves the endoscope from the oesophagus into your stomach and duodenum. You will feel some air being put inside you, this is necessary for the endoscopist to have a good view. This air will be removed at the end of the test.

The endoscopist may decide to take one or more samples of the lining of your oesophagus/stomach/duodenum for laboratory testing or for testing for helicobacter pylori, a bacteria that lives in the stomach and can cause inflammation in the lining of the stomach or even ulcers in the stomach or duodenum. The samples will be no bigger than the size of a pinhead and will not cause you any pain. Photographs may be taken of your oesophagus, stomach and duodenum; these will be filed with the OGD report in your clinical notes.

your appointment, so that we can make the necessary arrangements.

- Your dental details, as there is a small risk of any loose/crowned teeth being damaged. If you wear dentures we will ask you to remove them.

Unless otherwise stated, the required information will be taken from you on the day of your appointment.

When can I return to work?

If you do not have sedation, you can return to work straight away. If you have sedation, you should be well enough to return to work after 24 hours.

Further Information

St. Peter's Hospital

Patients can ring the Endoscopy Unit on **01932 722 037**, Monday to Friday between the hours of 08.00 and 18.00.

Ashford Hospital

Patients can ring the Endoscopy secretary on **01932 723 851** or Day Surgery on **01784 884127**. Monday to Friday between the hours of 08.00 and 18.00.

to the Endoscopy Unit in 6-8 weeks after treatment to have a breath test to detect if the antibiotics have cleared the bacteria.

Can I seek a second opinion?

Yes. If you are not happy with the result, treatment or advice, you have the right to seek a second opinion.

To allow us to prevent foreseeable complications we will need to know:

- How long you have been fasting, as it is very dangerous to carry out an OGD if you should eat or drink within the 6 hours before your test, other than sips of water. You would be at risk of suffering from aspiration pneumonia (inhaled vomit) if you eat or drink within this time. Take your regular medications with a small amount of water.
- Your medical history, as some conditions may make the doctor advise you to have the OGD without sedation (i.e. severe heart disease or chest conditions). If you are a **diabetic** you **MUST** ring the Diabetic Nurse Specialist at least one week before your appointment date for advice to prevent complications occurring from fasting. Her telephone number is **01932 872000 extension 3315**.
- What medications you are currently taking, as some of these may affect the action of the sedation. The level of sedation may also be affected if you are a heavy alcohol drinker.
- You should tell us about allergies that you may have to medicines/plasters/**latex**. We will avoid using anything to which we know you are allergic. If you know you have an allergy to **latex** you should inform us at least a week before the date of

The OGD will take between 5-7 minutes from start to finish but longer if treatment for bleeding or blockage is carried out.

What happens after the OGD?

- If you have the test without sedation, you will be able to go home almost straight away.

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- If you have the test with sedation, you will need to stay on the Endoscopy Unit for about 1 hour afterwards to allow for a good recovery. You will be discharged home when the nurses looking after you feel that you are well enough to go.
- If you have treatment for bleeding or blockage, you will need to stay on the Unit a little longer so that the nurses can make sure that you are well enough before letting you go home.

For in-patients only - you will go back to the ward to rest. If you have had sedation you must ask the nurses on the ward to help you to and from the bathroom/toilet until you are fully recovered.

Do I have to be asleep to have the OGD?

No. Some people, however, prefer not to know much about the test and choose to have sedation.

What is sedation?

Sedation is a medication given through a needle placed in a vein in your arm or hand to make you feel sleepy and relaxed. It will make you less aware of your surroundings.

Under what circumstances should I choose to have sedation?

If you are very nervous or if your doctor has advised that treatment for bleeding or blockage is to be carried out.

Under what circumstances should I choose not to have sedation?

- If you intend to drive or go to work within 24 hours after the test
- If you are elderly or disabled
- If you live alone and cannot arrange an overnight companion
- If you would prefer not to have sedation

If I choose not to have sedation will I feel any pain?

The back of your throat will be sprayed with a local anaesthetic that will make the OGD easier for you. The OGD may be uncomfortable rather than painful.

What preparation do I have to make?

You will need to stop eating 6 hours before your appointment time.

He/she will discuss this with you and you will receive additional information.

What would happen if I did not have this treatment?

The difficulty in swallowing would become worse and you would lose a lot of weight.

Is there an alternative treatment?

No, this is the only treatment.

When will I know the result?

We will be able to tell you what the doctor has seen before you leave the Unit.

If, however, samples have been sent to the laboratory, these results will not be available straight away but will be made available to your referring doctor to give to you. A copy of the OGD report will be sent to your GP on the day of your test to allow for any recommended treatment to start early.

Will I be followed up after the test?

The doctor who carries out the OGD may suggest an outpatient appointment for you to be seen by himself, a member of his team, or your referring consultant.

Alternatively, if you have been found to have the bacteria *Helicobacter Pylori*, you may be asked you to see your GP, will be prescribed a course of antibiotics and may then be asked to return

What will the treatment for bleeding involve?

- Bleeding ulcers will be injected with a drug that may stop the bleeding.
- Bulging veins in the oesophagus can also be injected but the endoscopist may choose to place small rubber bands around them, which will reduce the size of the veins.

What would happen if I did not have this treatment?

Ulcers and bulging veins can bleed quite heavily and put your life at risk.

Is there an alternative treatment?

- For **ulcers** yes, but this procedure would be the first choice of treatment. If this were not successful you would need to have an operation to stop the bleeding.
- For **bulging veins** that are bleeding there is no other treatment. If you already know that you have these bulging veins, a reduction in alcohol intake will reduce the likelihood of bleeding slightly.

What will the treatment for blockage involve?

- The blockage may be due to a narrowing that the endoscopist may be able to stretch by using a special balloon or stretching tube. If the stretching is successful, the doctor may advise that you need a stent (a fine tube) placed through the narrowing.

Please stop drinking anything other than water at this time too, but you may take sips of water up until 4 hours before your appointment time.

If you chose to have the OGD with sedation you **MUST** make arrangements to have a reliable adult collect you from the Endoscopy Unit and accompany you home safely.

You **MUST** make arrangements to have someone stay with you overnight. This is because sedation makes you very forgetful and it stays in your blood stream for 24 hours.

If you are taking any medication for your stomach complaint such as

- Zantac/Ranitidine
- Tagamet/Cimetidine
- Losec/Omeprazole
- Zoton/Lansoprazole
- Nexium/Esomeprazole
- Pariet/Rabeprazole
- Protium/Pantoprazole
- Denolab,
- Antepsin/Sucraflate

you should stop them at least 2 weeks before your endoscopy unless otherwise notified by your doctor.

If you are already an in-patient at the hospital, the ward nurses looking after you will make sure you are prepared for the test beforehand, and afterwards you will recover in your hospital bed.

Are there any other restrictions?

Following your procedure you will be able to drink as soon as the throat spray wears off after the test, normally 30 minutes. If you have sedation, the following restrictions apply for 24 hours after the test:

- You **MUST NOT** drive

It is recommended that you advise your Motor Insurance Company that you have had this procedure. Some companies do have specified tables as to length of time you should refrain from driving and if you contravene their requirements and are involved in an accident it may well be that you would not be covered.

- You **SHOULD NOT** handle heavy machinery or hot appliances, sign legal documents, drink alcohol or look after children or others who are dependant upon you.

After having sedation, you are advised to go home and take things easy as the sedation may stay in your blood stream and continue to make you feel light headed.

Are there any alternatives to having an OGD?

There are other ways to visualise the oesophagus, stomach and duodenum, such as an x-ray or a scan, but you cannot have biopsies taken or be treated by these methods.

What are the benefits of having an OGD?

You can see the oesophagus, stomach and duodenum take biopsies and treat, if necessary.

Are there any risks / complications?

Very rarely the sedation can affect your breathing. Should this happen, we will give you a medicine to reverse the effect.

After an OGD, you may have a sore throat for a day or so. Drink plenty of fluids to help ease this. Due to the air that is put inside you during the test, you may feel some discomfort but that will eventually ease off.

OGD also carries a rare risk of a small tear/bleed occurring in your oesophagus/stomach/duodenum.

What would happen if a tear occurred?

If you experience any severe abdominal or chest pain and/or shortness of breath after your OGD, it may mean that a tear has occurred.

The nurses would ask a doctor to see you, who would prescribe a painkiller, and arrange for blood tests and x-rays to be carried out. If these tests and x-rays show that a tear has occurred we would arrange for you to stay in hospital to have the right treatment, which may mean an operation.

The chances of this happening to you are 1 in 10,000 with an increase to 1 in 1,000 if you have treatment for blockage in the oesophagus.