

Gastroscopy

(Oesophago-gastro-duodenoscopy or OGD)

Endoscopy Department Patient information

Important:

Please read all of this leaflet or you may miss important information about your test. Failure to follow instructions may lead to cancellation.

Please confirm you can attend. If you cannot attend, please let us know as soon as possible so we can offer the appointment to someone else who is waiting.

What is a gastroscopy?

A gastroscopy is an examination of your oesophagus (gullet), stomach, and the first part of the small intestines (duodenum) using a long, flexible telescope (gastroscope) with a light source and camera built into the tip. This investigation will be carried out by a trained endoscopist. The gastroscope is passed through the mouth, into the oesophagus, and beyond, with the help of local anaesthetic. Many patients tolerate this very well with local anaesthetic throat spray alone, while others prefer to have light sedation.

Why do I need to have a gastroscopy?

You need to have a gastroscopy to help your doctor find the cause for your symptoms by directly viewing the lining of the oesophagus, stomach, and duodenum. These symptoms may include indigestion, reflux, difficulty swallowing, anaemia, vomiting, weight loss, or blood loss either through vomiting, or as black, tarry stools (poo). Finding the cause for your symptoms helps us treat you and, if necessary, decide on further tests that may be needed. You may also be required to have a gastroscopy as part of ongoing surveillance for Barrett's oesophagus or ulcers. During this test the endoscopist may take a biopsy (a small sample of tissue) for testing if necessary. The tissue is removed painlessly through the gastroscopy using tiny forceps and sent off for examination.

What are the benefits of this procedure?

The intended benefit of this procedure is to help diagnose and/or treat your condition. It will also help your doctor decide if any other tests are required.

What if I do not have the gastroscopy or change my mind?

By not having the examination, it may prove difficult to diagnose your condition or offer further suitable treatment. You are quite within your rights to change your mind at any stage. You may find it helpful to discuss the test with your family, friends and/or GP. If you decide to not go ahead with your gastroscopy, please let us know in good time.

Can I seek a second opinion?

Yes, at any stage. This can be arranged through your GP.

Is there an alternative to having a gastroscopy?

X-rays and CT scans are useful in diagnosing your problem, however they do not allow the endoscopist to directly examine the lining of your oesophagus, stomach, and duodenum, take biopsies and in some instances, provide treatment. A barium swallow can look for any blockages in the oesophagus.

What are the risks?

Bleeding (1 in 1,455 - local figures) - there is a small risk of bleeding due to perforation or when biopsies are taken, which will usually settle. In some instances this may require an overnight stay in hospital for monitoring - there is a very small likelihood of the need for a blood transfusion.

Aspiration - there is a small risk you may inhale secretions into your lungs. To reduce this risk, it is essential you follow the instructions provided about fasting to ensure your stomach is empty. Staff looking after you will help protect your airway by suctioning secretions.

Reaction to medication - there is a small risk of sensitivity or allergic reaction to throat spray or sedation. You will be monitored throughout the procedure and appropriate action will be taken if required. Sedation, if given, could affect your breathing. Medication to reverse the sedation is available and we will support you as necessary.

Perforation (1 in 3,618 local figures) - there is a very small risk of perforation (tear) to the lining of the oesophagus, stomach, or small bowel, which would require staying in hospital and may result in an emergency operation.

Missed diagnosis - there is a very small risk that the endoscopist may miss any abnormalities due to small folds in the lining of the digestive tract where views may be less clear, however it is very unlikely the endoscopist will miss anything significant.

Failure to complete the gastroscopy - your comfort and safety are our priority, we will stop at any time if we cannot ensure this, or if there is a problem with equipment, which is rare.

Damage to teeth - very rarely, crowns or dental bridges may be damaged. To reduce this risk, a protective mouth guard is used, which a nurse will support in place for the procedure.

Infection - risk associated with infection is very low but cannot be removed entirely. The gastroscope is disinfected according to strict guidelines. Everything else is single use (disposable).

As with every medical procedure, the risk must be compared to the benefit of having the procedure. The doctor who has requested this test will have considered this very carefully.

What preparation is required for my gastroscopy?

Your stomach needs to be empty for this examination to be safely carried out.

On the day of your test, you must have no food for six hours before your appointment time. You may continue to drink clear fluids until four hours before your appointment time.

It is advisable to wear loose, comfortable clothing, as you may feel slightly bloated with air following your investigation.

If you are suffering from a heavy cold, sore throat, or chest infection, it may be advisable to postpone your gastroscopy until you are feeling better. Please contact your GP or the endoscopy department to seek advice.

If you would prefer to have sedation for your procedure, please make sure a responsible adult is available to collect you from the department after your gastroscopy and can stay with you for at least 12 hours. Make sure you bring their contact details with you to your appointment.

What about my medication?

You should take all your normal medication at the normal times with small sips of water. However, some medicines may need to be stopped or adjusted one to two weeks before your gastroscopy. **Please notify** the endoscopy department when making/confirming your appointment as you will require additional information if you are:

- **diabetic**
- **on medication to thin your blood/prevent clotting eg: Warfarin/Rivaroxaban/Apixaban/Dabigatran** as this may need adjusting a week before your appointment.

Why have I been asked if I have a pacemaker/internal cardiac defibrillator?

Implanted permanent pacemakers or internal cardiac defibrillators can be affected by electrical interference which may be present during gastroscopy. By telling staff before the procedure, we can make sure precautions are in place for your safety. If you have your device details, please bring them with you.

Do I need to bring anything with me?

Please bring a list of your medication and allergies. It is always sensible to bring your medication with you, particularly if you are diabetic.

As part of the greener NHS campaign, we kindly ask you to provide your own bag for clothing and belongings. Please also bring your glasses case and denture pot if applicable, and a dressing gown if you have one.

Please do not bring large quantities of money or valuables into the hospital as we cannot accept responsibility for them.

You do not need to get undressed for your test, but it is advisable to wear loose, comfortable clothing.

What happens when I arrive?

The time of your appointment is not the time you will have your test. The endoscopy department is very busy, and you may observe others being called before you who may have arrived after you, this is because we have several lists running at the same time and not everyone will be having the same procedure. While every effort will be made to treat you on time, we often have to accommodate emergencies. **You should expect to be in the hospital for at least 3 - 4 hours** and may wish to bring something to read while you are waiting.

On arrival, report to the endoscopy reception or use the self-service check-in using the bar code on the top left-hand corner of your appointment letter. The receptionist will check your details and ask you to complete a form, if you have not already done so, giving details of your medical history, regular medications, allergies, and contact details of the person collecting you/next of kin. We ask your family and friends not to accompany you beyond this point. The department is very busy, and space can be limited at times. We will tell them the approximate time that you will be ready, and they will receive a phone call with a time to collect you from the department.

You will then be taken to a seating area where a nurse will collect you to complete your admission. The nurse will check your details and documentation and admit you for your gastroscopy. Your blood pressure, pulse and oxygen levels will be measured to ensure you are well enough to have the procedure. If you are diabetic the nurse may also test your blood glucose level at this time. If you decide to have sedation, a cannula (flexible needle) will be inserted into your hand or arm so that a sedative can be given. The nurse will discuss the risks and benefits of having a gastroscopy and make sure you understand what the procedure involves. You will then be asked to sign the consent form to indicate you understand the information given and give permission for the procedure to go ahead. You will have the opportunity to ask any questions at this point.

Consent

By law, we must get your written consent to this procedure beforehand. You will be sent the consent form to read and familiarise yourself with it. Please bring the consent form with you on the day of your appointment - you do not need to fill it in. Staff will explain all the risks, benefits and alternatives before asking you to sign it. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff. You have the right to withdraw your consent at any time.

Will I have sedation?

Gastroscopy can be slightly uncomfortable but not painful. Most patients do not require sedation as a local anaesthetic is sprayed onto the back of your throat which makes it easier to swallow the gastroscope. This means you will be able to leave shortly after the examination and carry on with normal activity.

If you choose to have sedation, a cannula will be inserted in a vein in the back of your hand/arm. Sedation will make you drowsy but not unconscious. This means you will still hear what is being said to you. You can discuss this option when you are admitted for your procedure.

You will need to arrange for someone to collect you if you are having sedation - it is advisable if they can stay with you for at least 12 hours/overnight following your examination.

If you have had sedation for this examination, you will not be able to drive, operate heavy machinery or sign any legal documents for 24 hours following the procedure, at which time the effect of the sedation will have worn off completely.

If you have had throat spray alone, you will be able to resume normal activities without any restriction.

Gastroscopy with throat spray:

If you have the procedure with throat spray alone, you may leave the department immediately afterwards if you wish. There are no restrictions in terms of driving, working, or childcare. Once the throat spray has worn off (at least 20 minutes) you can test your swallow with sips of cool water. When you are satisfied your swallowing sensation has safely returned you can resume eating and drinking. You will be awake during the procedure. It is a short procedure, and without sedation, you will be in the department for a much shorter period. You will be given discharge advice and contact numbers to take home.

Gastroscopy with throat spray and sedation:

The sedation we use is a form of conscious sedation. If you choose to have sedation you will feel drowsy and relaxed, but it is unlikely to send you to sleep. The sedation will reduce your awareness of time and may make you forget the procedure itself. Afterwards, you will need to be monitored before you can get up and have refreshments. It takes about 24 hours for the sedation to leave your system. Until then your reaction times will be slower, and your judgement will be impaired, therefore:

You must be supervised by an adult for the next 12 hours.

For 24 hours you must not drive any motor vehicle, work, operate heavy machinery, sign anything legally binding, drink alcohol or take sedative medication, or look after babies or young children.

Can my relative/friend stay with me?

Due to limited space your relative/friend will be unable to wait in the department. We will advise them of an appropriate time for you to be collected.

Will I be in a mixed ward?

No, there are separate male/female areas throughout the department and the facilities are designed to protect everyone's privacy as far as possible.

Who will be in the procedure room with me?

You will be accompanied into the procedure room by a nurse who will monitor and support you throughout your gastroscopy. Also present will be the endoscopist performing the procedure and another nurse who will assist with equipment and the collection of samples.

The procedure will be performed by an appropriately qualified and experienced endoscopist. In some cases, an endoscopist who is undertaking further training (a qualified professional), may be present. They will be learning to perform gastroscopy under direct, expert supervision. If you would prefer not to have your gastroscopy performed by someone who is training, you will have the opportunity to make this known before entering the procedure room. Student nurses may also be present under the supervision of trained nursing staff. You will be introduced to the team.

What can be expected during the gastroscopy examination?

You will be transferred to the examination room, introduced to the endoscopist and nursing team and asked to confirm the details you provided to the nurse who admitted you. This is standard procedure to ensure your safety. You will be made comfortable on a trolley and a probe will be placed on your finger so that your pulse and oxygen levels can be monitored throughout the procedure. If you have any dentures or plates, we will ask you to remove them at this point and keep them safe with the rest of your belongings. The nurse or endoscopist will spray the back of your throat with local anaesthetic. A plastic mouthguard will then be placed in your mouth to protect your teeth and gums and a nurse will stay with you to monitor and support you throughout the procedure. We will then ask you to lie on your left side. If you find this difficult, please let the nurse know so that we can help you.

Before the procedure begins, if you are having sedation, the endoscopist will give this through a cannula in a vein in the back of your hand or arm. Once you are relaxed the procedure will begin. When the endoscopist passes the tube over the back of your tongue, it is important to stay calm. It may cause you to gag, but this will subside. It should not cause you any pain or stop you being able to breathe. Listen to the nurse and focus on your breathing. You can breathe through your mouth and nose as you wish. The nurse will keep you safe by suctioning or wiping any secretions away to keep your airway clear.

As the gastroscope is passed down through the oesophagus and into the stomach, the endoscopist will need to blow some air through the gastroscope so that he or she can get a clear view of the lining. This may make you feel bloated, but it will pass. You may feel a bit of pressure as the endoscopist passes the gastroscope through the sphincter (opening) at the bottom of your stomach. This should not be painful. The endoscopist will check the duodenum and then start to withdraw the gastroscope, taking photographs and biopsies as necessary on the way back.

During the procedure, samples (biopsies) may be taken from the lining of your oesophagus, stomach, or duodenum for analysis - this is painless. Photographs may also be taken for your medical records.

Is gastroscopy painful?

It is normal to feel some discomfort during the procedure due to air introduced into the stomach. You may experience a sore throat afterwards, but this will pass without any treatment.

How long will the gastroscopy take?

Gastroscopy usually takes between five and ten minutes, in some cases this may be longer and is not an indication that there is anything wrong.

What happens after the examination?

If you have had throat spray only, you will be discharged shortly after the procedure. You will not be able to eat or drink for **20 minutes** after the throat spray was administered, this is to allow the effects of the local anaesthetic to pass.

If you have sedation, you will be transferred to the recovery area where a nurse will monitor you while you are drowsy. You can get up when you have recovered from its initial effects and staff will contact your relative/friend to inform them when you are ready to go home. Once you are alert, you will be transferred to the discharge lounge for refreshments while you wait for the person collecting you. You will be given written discharge advice and contact numbers by a nurse before you are discharged. Your cannula will be removed.

When do I know the results?

Before you leave the department, the results of your examination will be explained to you together with any hospital or follow up arrangements that may be required. It is a good idea to have a member of your family or friend with you when you are given this information. Any biopsies that have been taken will take at least two weeks to be processed and you will either be advised to see your GP for the results, be informed by letter, or sent an appointment to attend out patient's clinic to see your consultant.

How will I feel after the gastroscopy?

Your throat may feel a bit sore for the rest of the day. It will settle without any treatment, but simple pain medication like paracetamol may help.

You may feel a little bloated. This is due to air remaining in your stomach after the procedure. It will soon settle and does not require any treatment or medication.

What should I do when I get home?

If you have not had sedation you can return to your usual way of life as soon as you feel able. If you have had sedation, you should rest quietly for the remainder of the day. You will be able to return to your normal activities after 24 hours. You will be given an advice sheet which clearly details the safe advice and restrictions discussed earlier. Please follow them as they are designed to protect you and others while you are recovering from sedation.

What if I feel unwell or have any concerns after I have been discharged?

If you develop a fever, pain in the chest, vomit blood or pass black stools, you should contact your GP or attend the Emergency Department.

A copy of your report will be posted to your GP the same day as your test; you will also be given a copy of your report to take with you and an advice sheet should you need to seek medical advice before your GP receives this.

If you have any communication or mobility difficulties, or any concerns at all about your appointment, please let the department know in advance of your appointment.

The Royal Bournemouth Hospital Endoscopy Department: 0300 019 4668

Poole Hospital Endoscopy Department: 0300 019 2772

Please don't be a DNA!

A DNA is someone who did not attend for a hospital appointment and did not advise us beforehand. Many appointments each year are wasted in this way. If you cannot attend, or need to rearrange your appointment, please telephone the number on your appointment letter.


The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW
Poole Hospital, Longfleet Road, Poole, Dorset, BH15 2JB

Author: **Natasha Daehlin** and **Andreea Brooks**

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