

Introduction

Your doctor has recommended that you have an OGD. It is your decision, however, whether or not to go ahead with the procedure. This leaflet gives you information about the OGD, its benefits and risks. It is to help you make an informed decision. If you have any questions after reading this leaflet, you will be able to ask them at your appointment.

What is an OGD?

OGD stands for oesophago-gastro-duodenoscopy.

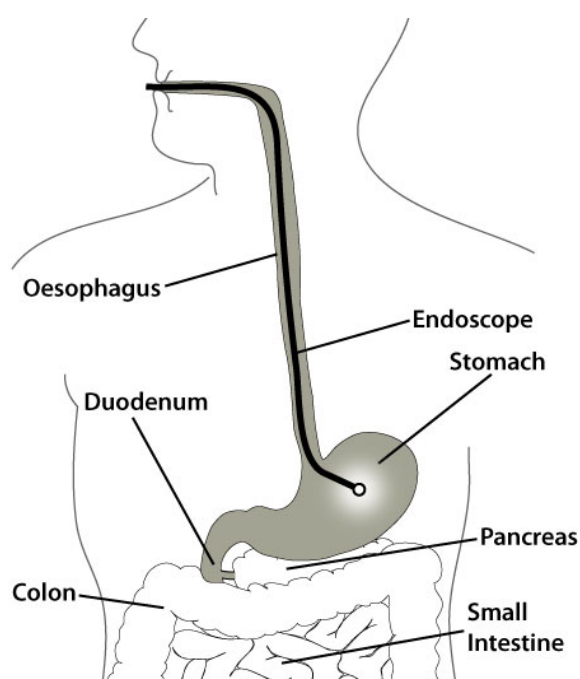
It is also known as an endoscopy or gastroscopy. It is a test where an endoscopist looks into the upper part of your gut (the upper gastrointestinal tract). The upper gut consists of the oesophagus (gullet), stomach and duodenum.

We use an endoscope to do this. It is a long flexible tube about the thickness of your index finger with a camera and light at the end.

We pass it through your mouth into your throat and down towards your stomach and duodenum.

During your OGD, we may need to take some tissue samples (called biopsies) to give us more information about your gut.

Figure 1. OGD or Gastroscopy



Why do I need an OGD?

You have been advised to have an OGD as you have symptoms which we think are coming from the upper part of your gut.

An OGD is a good way of finding out if there is a problem or not. It can help with treatment and with deciding whether your symptoms need further investigation.

What happens during an OGD?

We may numb the back of your throat by spraying some local anaesthetic. This can taste unpleasant. We may also offer you a sedative to help you to relax.

We will ask you to put a plastic mouth guard between your teeth. This aims to protect your teeth and any bridge work you have had done.

You may be given oxygen through the mouth guard. We monitor your breathing, pulse and blood pressure throughout.

We will then gently pass the endoscope down your throat and into your stomach and duodenum.

We pass air down the endoscope to make it easier for us to see. This may cause you to feel bloated, want to belch and may cause some mild stomach pains.

If we take tissue samples (biopsies) it is painless.

At the end of the OGD, we gently remove the endoscope.

The OGD can be a little uncomfortable, particularly when you first swallow the endoscope.

The OGD usually takes 5-10 minutes. You should however allow at least two hours for the whole appointment - to prepare, for the OGD itself, and to recover.

Before you leave, we will explain your results and what happens next. We send similar information to your GP/consultant.

Are there any side-effects or possible complications (risks)?

An OGD is a simple and safe examination for most people. The benefit from this procedure needs to be weighed up against the small risk of complications.

Some people have a mild sore throat for a day or so afterwards.

Occasionally, the endoscope may damage the gut. You would need to be admitted to hospital for treatment if this happens. Heavy bleeding is very rare. If you are taking medication to thin your blood, you should tell us (see next page). Perforation (making a hole in the stomach) happens in around one in 3,300 patients.

In extremely rare cases, OGD can cause death. This is thought to be one in 25,000 patients.

If you have a sedative, you may feel tired or sleepy for several hours. Risks from sedation are different for each person and they depend on the type of drug that is used. Serious complications are rare. The sedative can affect your breathing making it slower, more shallow and possibly stopping it altogether. The sedative may occasionally cause problems with blood pressure. Some people have an allergic reaction although this is very rare. We can usually identify and treat any such problems quickly if they occur.

If you are worried about possible risks, ask at your appointment.

Is there an alternative?

A barium meal x-ray is an alternative. However, it gives less information and would mean that we cannot take tissue samples.

I have decided to proceed with an OGD. How do I prepare?

It is important to read and follow these instructions carefully.

Your gut needs to be empty so that we can get a clear view. If you eat or drink something, your test will need to be cancelled.

For morning appointments, do not eat or drink from midnight the night before.

For afternoon appointments, do not eat or drink from 7:00am on the day of your appointment.

If you are having sedation, arrange for somebody to take you home and stay with you overnight.

If you normally take heart or anticonvulsant medication, take it as usual on the day of your test. If you take it with water, you must only take a very small sip.

Contact us for advice if you are **diabetic** or are taking **Aspirin**, **Warfarin** or **Plavix (clopidogrel)**.

Bring a list of your medications and dosages with you.

Leave all valuables at home.

What happens when I arrive?

You will be met by a nurse who will ask you some questions. If you are having a sedative, the nurse will ask about your arrangements for getting home.

You will be able to ask the nurse questions if you have any.

The nurse will make sure that you understand the OGD.

The nurse will take and record your heart rate and blood pressure. If you are diabetic, the nurse will take and record your blood glucose level.

You will be seen by the endoscopist for a quick update on your symptoms. If you are happy to proceed with the OGD, you will be asked to sign your consent form if you have not already done so.

This unit is a training centre for endoscopy. This means that trainees (supervised by qualified staff) may be involved in your care. If you do not want trainees to carry out your OGD or be present, please inform us when you arrive.

Please ask us if you would like information about how we use and store tissue samples and hospital records (including images).

Delays to your appointment

We also deal with emergencies. These can take priority over your appointment, meaning we have to ask you to wait, or to change your appointment to another day.

What happens after the OGD?

You will be allowed to rest for as long as you need. If you do not have a sedative, you will be able to go home or back to work straight after the test if you wish.

If you have had throat spray, you should not eat or drink for some time after the procedure because your swallow reflex will still be numb. We will advise you how long this is for you.

If you have had sedation, you will need someone to stay with you over night as you will still be drowsy with the sedative. This drowsiness can 'come and go'.

This drowsiness means you **must not**:

- Drive a car (or any motorized transport) or ride a bicycle
- Operate machinery or electrical items
- Drink alcohol or smoke
- Take sleeping tablets
- Sign any legally binding documents or make important decisions
- Work at heights (including climbing ladders or onto a chair)
- Lock the toilet door or make yourself unreachable to the person looking after you
- Look after children on your own.

Most people feel back to normal after 24 hours.

Aftercare

If any of the following happen within 48 hours after your OGD, you need to seek help from a doctor straightaway:

- chest or abdominal/tummy pain that becomes more severe, and is different or more intense than any pains that you would 'usually' have
- breathing difficulties
- fever (raised temperature)
- vomiting blood.

Tell the doctor that you have had an OGD.

If you have a persistent sore throat, contact your GP and tell them you have had an OGD.

What if I need to cancel my OGD?

Please tell us as soon as possible.

Unit contact details



About this information

This leaflet is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at the time of publication.

This information was adapted from Southern Health & Social Care Trust information by Ms Seanin Ward. It was reviewed and adapted by the Northern Ireland Nurse Endoscopists Group and subsequently approved by the regional Modernising Endoscopy Services project team.

Complication rates were accessed in 'Complications of gastrointestinal endoscopy,' British Society of Gastroenterology (<http://www.bsg.org.uk/images/stories/docs/clinical/guidelines/endoscopy/complications.pdf>) accessed 27/01/2010, where cardio-pulmonary and sedation-related complications are discussed in detail.

If you feel we should include some other information in this leaflet, please tell us so we can consider it when we next update the leaflet.

This leaflet can be made available on request in alternative formats and in other languages to meet the needs of those who are not fluent in English.