NHS
Royal Berkshire
NHS Foundation Trust

Gastroscopy explained: Oesophago-gastro duodenoscopy (OGD)

This leaflet tells you about having a gastroscopy – the short name for an oesophago-gastro duodenoscopy (OGD). It explains what is involved and what the possible risks are. If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you in the Endoscopy Unit. Please bring this leaflet with you.

Introduction

- Your GP or hospital doctor has advised you to have a gastroscopy. This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum.
- This leaflet aims to give you enough information to enable you to make an informed decision in relation to agreeing to the investigation.
- If you are unable to keep your appointment please inform us 0118 322 7459 as this will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you. **Any patients failing to attend for their appointment will not routinely be offered another appointment.**
- There is limited free drop off / collection parking and 2 disabled spaces outside the unit.
- If you are parking in the multi-storey, North Block or Endoscopy car parks, you will not need to take a ticket or display a ticket when you enter as your car will be registered with the Automatic Number Plate Recognition (ANPR). You will need to pay on exit. The barriers at the multi-storey car park will automatically rise whether you have made payment or not.
- Pay machines can be found on levels 0, 1, 2, and 3 and accept coins or card (no change given). Payment can also be made using the APOCA Connect App or on their website using the ‘Late Pay Option’ within 24 hours of exiting the car park.
- There is a Park and Ride service run by Reading Buses at Mereoak RG7 1PB. This service runs Monday to Friday 6.25am to 7.15pm. There is a very small charge to park the car and a bus fare will need to be paid. Use the 300 bus service to get to the hospital. Buses run every 20 minutes.
- Please note that there is no access to the Endoscopy Unit through the main hospital, the entrance is in Craven Road. The Unit is situated at the top of Craven Road, past the main entrance and maternity block.
- At West Berkshire Community Hospital (WBCH): Pay and Display car parking is available at the hospital, as well as designated spaces for disabled parking, motor cycles and bicycles. There is also a drop-off point and a taxi rank near the main entrance.
- Please arrive at the time stated in our letter so you can be assessed by the nurse and if necessary have a blood test taken pre-procedure.

- Please note your appointment time is your arrival time on the Unit, not the time of your test. Your test will happen sometime later and although there may be other patients in the Unit who will arrive after you but are taken in for their test before you, this is for medical reasons or because they are seeing a different endoscopist (doctor).

For our information: collection details

Please write your relative's or friend's name and telephone number below:

Name: _____

Telephone number: _____

What is a gastroscopy (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 bowel 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. Each gastroscope has an illumination channel which enables light to be directed onto the lining of your upper digestive tract and another which relays pictures back to the endoscopist (a specialist trained to perform examinations or provide treatments using a scope) onto a television screen.
- During the investigation, the doctor 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 may be taken for your records. The test usually takes five minutes.

Why do I need to have an OGD?

You have been advised to have this investigation to try to find the cause of your symptoms, help with treatment and if necessary, to decide on further investigation.

There are many reasons for this investigation including: indigestion; anaemia; weight loss; vomiting; passing black motions (poo), vomiting blood or difficulty swallowing.

Is there an alternative test to an OGD?

A barium meal X-ray examination is an alternative investigation. It is not as informative as a gastroscopy and has the added disadvantage that tissue samples cannot be taken.

Preparing for the gastroscopy

- It is necessary to have clear views and for this the stomach must be empty. Therefore, **do not have anything to eat or drink for at least 6 hours before the procedure**. Small amounts of water are safe up to two hours before the test.
- **If you have a morning appointment, do not eat after midnight.**
- **If you have an afternoon appointment, you may have a light breakfast no later than 8am but nothing after that.**

What about my medication?

If you have diabetes, please read the section called ‘Advice for people with diabetes undergoing a gastroscopy at the end of this leaflet.

IMPORTANT: If you are taking **GLP-1** medication e.g. Mounjaro, Wegovy, Ozempic, you will need to **STOP EATING** solid foods for **24 HOURS** before your appointment, and drink clear fluids only. **STOP DRINKING CLEAR FLUIDS 2 HOURS** before your appointment.

Anticoagulants and Antiplatelet (drugs that affect the blood):

- If you take Aspirin or Dipyridamole, please continue.
- If you take Clopidogrel, Prasugel or Ticagrelor, please continue.
- If you take Warfarin, please continue. We will check your INR on admission.
- If you take Dabigatran, Rivaroxaban, Apixaban or Edoxaban, please **DO NOT** take these medications on the morning of your procedure.
- If you are unsure about any of this, please contact the Endoscopy Unit Nursing Team on 0118 322 7459/5249.

When telephoning the unit, please have to hand, the procedure you are having, the name of blood thinning medication you take, why you take it and the best contact number to reach you. Please be aware that calls from the hospital will be withheld, so please ensure that the number you give to us, will receive our calls.

All other routine medication can be taken as normal.

How long will I be in the Endoscopy Unit?

This largely depends upon whether you have sedation and also how busy the unit is. You should expect to be in the unit for **up to 4 hours**. The unit also looks after emergencies and these can take priority over routine procedures.

What happens when I arrive?

- On arrival, please report to the main desk where the receptionist will check your personal details.
- You will be greeted by a nurse and escorted to the assessment area. The nurse will ask you a few questions, one of which concerns 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.
- **Please note your appointment time is your arrival time on the unit, not the time of your test. Your test will happen sometime later. There may be other patients in the Unit who may arrive after you, but are taken in for their test before you. This is for medical reasons or they are seeing a different endoscopist.**
- You will be offered a choice of sedation or local anaesthetic throat spray (see next page).

- **If you decide to have sedation, you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours. Following the procedure you must have someone to accompany you home and stay with you for up to 8 hours. You are not allowed home alone in a taxi. If you are having sedation and you do not have anyone to accompany you home, then your procedure will be cancelled.**
- The nurse will need to be given their telephone number so that she can contact them when you are ready to go home.
- You will have a brief medical assessment with an endoscopy nurse who will ask you some questions regarding your medical condition and any past surgery or illness you have had to confirm that you are sufficiently fit to undergo the investigation.
- 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. This may be done electronically.

Sedation or throat spray?

Intravenous sedation or local anaesthetic throat spray can improve your comfort during the procedure so that the endoscopist can perform the procedure successfully.

- **Intravenous sedation (this is not a general anaesthetic):** The sedation will be given into a vein in your hand or arm and will make you slightly drowsy and relaxed but not unconscious. You will be in a state called co-operative sedation – this means that, although drowsy, you will still hear what is said to you and, therefore, you will be able to follow simple instructions during the investigation. Sedation also makes it unlikely that you will remember a lot about the procedure. You will be able to breathe normally throughout.
  While you are sedated, we will check your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded.
- **Anaesthetic throat spray:** With this method, sedation is not used, but the throat is numbed with a local anaesthetic spray. Modern gastroscopes are slim and many patients are happy for the procedure to be carried out without sedation and to have throat spray instead. The throat spray has an effect very much like a dental injection.
  The benefit of choosing throat spray is that you are fully conscious and aware and can go home unaccompanied almost immediately after the procedure. You can drive and carry on life as normal. The only constraint of throat spray is that you must not have anything to eat or drink for about an hour after the procedure, until the sensation in your mouth and throat has returned to normal. We strongly advise that when having your first drink after the procedure, it should be a cold drink and should be sipped to ensure you do not choke.

The procedure

- You will be escorted into the treatment room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions.
- 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 commences.

- If you are having local anaesthetic throat spray, this will be sprayed onto the back of your throat. The effect is rapid and you will notice loss of sensation to your tongue and throat.
- The nurse looking after you will ask you to lie on your left side and will then place the oxygen monitoring probe on your finger. If you have decided to have sedation, the drug will be given into a cannula (tube) in your vein and you will quickly become drowsy.
- 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, down your oesophagus into your stomach and then into your duodenum. Your windpipe is deliberately avoided and you can breathe normally.

What is a biopsy?

During the procedure, samples may be taken from the lining of your digestive tract for analysis in our laboratories. These will be retained. This procedure is painless and you will probably not be aware of it being done. The results of the biopsies will have to be sent away so their results won't be available straight away. Any photographs will be recorded in your notes.

What are the risks of the procedure?

An OGD is classified as an invasive investigation and because of this, it has the possibility of associated complications. These are very rare but it is important that we tell you about them so you can consider this information to make your decision about consenting to treatment.

The doctor who has requested these tests will have considered this carefully. The risks must be compared to the benefits of having the procedure carried out. The risks can be associated with the procedure itself and with the administration of the sedation.

Risks of the endoscopic examination:

- The main risks are of mechanical damage to teeth or bridgework; perforation or tear of the lining of the stomach or oesophagus (risk approximately 1 in 2000 cases) and bleeding which could entail you being admitted to hospital. Certain cases may be treated with antibiotics and intravenous fluids. Perforation may require surgery to repair the tear. A tear in your oesophagus or another part of your upper digestive tract may require hospital treatment, and sometimes surgery to repair it. The risk is very low – it occurs in an estimated 1 of every 2,000.
- Bleeding may occur at the site of biopsy, and nearly always stops on its own. Your risk of bleeding complications after an endoscopy is increased if the procedure involves biopsy or treating a digestive system problem. In rare cases, bleeding may require a blood transfusion. Bleeding may occur due to endoscopic manipulations or can arise during procedures from existing lesions e.g. ulcer with visible vessel, or occasionally due to retching (Mallory Weiss tear). The risk of bleeding can be affected by having an existing lesion or ulcer, or by your clotting abilities, e.g. people on anticoagulants such as Warfarin, Clopidogrel, Apixaban, Endoxaban, Rivoraxaban, etc. may be more at risk of bleeding.

Risks of sedation:

- Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly. Very occasionally, some patients become restless and agitated; in these instances we may need to stop the procedure.
- Older patients and those who have significant pre-existing health problems, for example, people with significant breathing difficulties due to a breathing condition, may be assessed by a doctor before being treated.
- You can reduce your risk of complications by carefully following your doctor's advice and informed consent instructions for preparing for an endoscopy, such as fasting and stopping certain medications, e.g. Rivoraxaban, Apixaban and Clopidogrel etc.

After the procedure

- You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you have diabetes, your blood glucose will be monitored. If you have underlying difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can give you additional oxygen. Once you have recovered from the initial effects of any sedation (which normally takes 30 minutes) you will be offered a snack and moved into a comfortable chair.
- Before you leave the unit, the nurse or doctor will explain the findings and any medication or further investigations required. She or he will also inform you if you require further appointments. You will also receive a short written report and aftercare advice.
- If you have had sedation you may feel fully alert following the investigation; however, the drug remains in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory.
- **Please note that if you decide to have sedation you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours. Following the procedure, you must have someone to accompany you home and stay with you for up to 8 hours. You are not allowed home alone in a taxi.**
- If the person collecting you leaves the department, the nursing staff will telephone them when you are ready to go home.

Side effects

- Serious side effects from this procedure are rare but for the rest of the day you may have a sore throat. You may also feel a little bloated if some air we use in the test has been left behind. Both of these things will pass and there is no need for medication.
- If you have any problems with a persistent sore throat, worsening chest or abdominal pain, please contact your GP immediately informing them that you have had a gastroscopy.
- If you are unable to contact or speak to your own doctor, contact the Endoscopy Unit during office hours (9.00am to 6.00pm) on telephone number 0118 322 7459.
- You can also ring your GP's out of hour's number or ring NHS 111. They can advise if you need to seek immediate medical care or not.

- Alternatively, for out of office hours and weekends, ring Sidmouth Ward on 0118 322 7469, as per the advice leaflet you will be given upon discharge.

Training

Royal Berkshire Foundation NHS Trust Endoscopy unit has doctors who are trainee endoscopists. You may be asked if you would be willing to be examined by a trainee doctor endoscopist. All trainees are under the direct supervision of an expert consultant trainer until they are fully competent; the consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Summary of important information

- A gastroscopy is a safe procedure and a very good way to investigate your symptoms. Risks and complications are rare and the benefits outweigh the risks. However, it is your decision whether you wish to go ahead with the procedure or not and you are free to change your mind at any time.
- It is everyone's aim for you to be seen as soon as possible. However, the unit can be busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you need an interpreter on the day of the test please ring the Endoscopy Unit before your procedure.
- If you are unable to keep your appointment, please notify the Endoscopy Unit on 0118 322 7459 as soon as possible.

Royal Berks Charity Gastroenterology Support Fund U200

The Gastroenterology Support Fund was set up with the purpose of providing gastrointestinal services that may not otherwise be available through NHS resources. The Gastroenterology Department carries out many hundreds of complex diagnostic test procedures each year and is one of the most technically advanced departments in the UK. Nevertheless, much of the equipment and some of the staffing are funded through non-NHS money raised by donations and charitable resources. In Endoscopy, this funding supports specialist nurse training. In order to expand these facilities and to remain up to date with the technological advances that are continually occurring, further donations are greatly needed and appreciated.

Donate today to the Royal Berks Charity Gastroenterology Support Fund and help make a difference.

Contacting us

If you have any questions or need any advice, please do not hesitate to contact the Endoscopy Unit on: 0118 322 7459.

Checklist

Things to remember before your procedure

- ❑ Read the leaflet carefully.
- ❑ If you would like any of this information translated into another language or in large print format, or you need an interpreter at your appointment, please let us know.
- ❑ Note appointment date in your diary.
- ❑ Wear loose fitting clothing.
- ❑ Nothing to eat or drink 6 hours before your procedure.
- ❑ Small amounts of water are safe up to 2 hours before your procedure.
- ❑ If you are having sedation, you **MUST** have someone to take you home and have arranged to be supervised for 8 hours once home or your procedure will be cancelled. You will not be allowed home alone in a taxi.
- ❑ Bring your medications or repeat prescription with you.
- ❑ Please follow the advice in the leaflet if you are taking Anticoagulants and Antiplatelet (Drugs that affect the blood) such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel, Ticagrelor and Dipyridamole.
- ❑ Bring this leaflet with you to the Endoscopy Unit.

Patient and visitor Park & Ride 300 bus service

If you are coming to the Royal Berkshire Hospital and wish to avoid long waits for parking in the multi storey, please consider using the park & ride bus service. Running Monday to Friday between 6am and 7pm, the hospital park & ride 300 service links the Royal Berkshire Hospital with the Mereoak and Thames Valley park & ride sites. For timetables and more information, visit https://www.reading-buses.co.uk/services/RBUS/300 or call 0118 959 4000.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

P2P3596GOGD
RBFT Endoscopy, August 2026
Next review due: August 2028

Advice for people with diabetes undergoing a gastroscopy

The day before the procedure:

- **<u>If not on insulin:</u>**
  - Take your medications as normal
- **<u>If on insulin:</u>**
  - Reduce the dose of long / intermediate acting insulin by 20% *(Lantus, Levemir*, Degludec, *Humulin I, Insulatard*)
  - No change to Rapid acting *(Humalog, Novorapid, Apidra, Humulin S, Actrapid)*
  - No change to pre-mixed insulin (*Novomix 30, Humalog 25, Humulin M3)*

On the day of the procedure:

- **<u>If not on insulin:</u>**
  - Omit (leave out) morning dose of all tablets
- **<u>If on insulin:</u>**
  - Reduce dose of morning long acting/ intermediate dose by 20% *(Lantus, Levemir, Degludec, Humulin I, Insulatard)*
  - Reduce the dose of your morning pre-mixed dose by half *(Novomix 30, Humalog 25, Hunulin M3)*
  - Omit (leave out) your rapid acting insulin until you're able to eat. *(Humalog, Novorapid, Apidra, Humulin S, Actrapid)*

Remember, you are allowed clear sugary drinks if your blood glucose levels are low i.e. below 5 mmol/L.

For people with Type 1 diabetes on Insulin Pump therapy (Continuous Subcutaneous Insulin):

Please discuss what to do before your procedure with a member of the Diabetes Specialist Team. As a general rule, use a temporary basal rate reduction of 10% (divide by 10) from 6.00am on the morning of the test.

Remember to monitor your blood glucose levels every four hours if you are on insulin. If your blood glucose level falls below 4mmol/L, take 4-5 glucose tablets or 150mls of a glucose drink. Remember to inform a member of staff in the Endoscopy Unit if your blood glucose level is low.