

Therapeutic gastroscopy explained: Oesophago-gastro duodenoscopy (OGD)

This booklet tells you about having a therapeutic gastroscopy – a gastroscopy is also called 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 booklet with you.

Introduction

- Your GP or hospital doctor has advised you to have therapeutic gastroscopy. This is an examination and treatment of your oesophagus (gullet), stomach and duodenum (the first part of your small bowel).
- This leaflet aims to give you enough information to make an informed decision before you agree to the investigation.
- If you are unable to keep your appointment, please inform us on 0118 322 7459, as this will enable the staff to give your appointment to someone else and they will 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 two disabled spaces outside the Endoscopy Unit. Public parking can be found in the main multi-storey car park on levels 0, 1, 2 and 3. Payment is 'on exit' with pay point machines on level 0 and 2.
- Please note that there is no access to the Endoscopy Unit from the main hospital, the entrance is from Craven Road. The entrance is situated at the top of Craven Road, past the main entrance and maternity block.
- 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 will be 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 therapeutic gastroscopy (OGD)?

- Therapeutic oesophago-gastroduodenoscopy (OGD), sometimes known more simply as therapeutic gastroscopy or upper GI endoscopy, is a procedure to treat a problem with your upper gastrointestinal tract (mouth, oesophagus, stomach and small intestine).
- This involves 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 that enables light to be directed onto the lining of your upper digestive tract and pictures back to the endoscopist (a specialist trained to perform examinations or provide treatments using a scope) onto a monitor.
- 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 and photographs may also be taken for your records. .
- Therapeutic endoscopy typically takes 15 to 30 minutes depending on your situation.

Why do I need to have a therapeutic gastroscopy?

You have been advised to undergo this investigation to treat your symptoms. .

The doctors or nurses looking after you will be happy to explain your individual need for this procedure, so please ask. The procedure may be similar to previous endoscopies you may have had. Enclosed with this booklet is the patient information leaflet relevant to your treatment, to enable you to make an informed decision.

Is there an alternative test to a therapeutic gastroscopy?

Other alternatives would have been considered, but it has been decided that therapeutic gastroscopy would be the best treatment plan.

Preparing for the therapeutic gastroscopy

- It is necessary to have clear views of the stomach. 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 booklet.

Anticoagulants and Antiplatelet (blood thinning medication):

- If you take Aspirin or Dipyridamole, you may continue.
- If you take Clopidogrel, Prasugrel or Ticagrelor and DO NOT have any stents in your heart; please stop 7 days before the procedure.
- If you have a coronary stents, or are unsure, please DO NOT stop taking these medications and call the Endoscopy Unit Nursing Team on 0118 322 7458. Monday to Friday.
- If you take Dabigatran, Rivaroxaban, Apixaban or Edoxaban, please stop at least 72 hours before the procedure. If you have any kidney problems or are unsure, please call the Endoscopy Unit Nursing Team on 0118 322 7458, Monday to Friday.
- If you take Warfarin, please call the Endoscopy Unit Nursing Team on 0118 322 7458.

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 shown as 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 three 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 will be for medical reasons or they are seeing a different endoscopist.**
- You will be offered the choice of sedation or local anaesthetic throat spray (see the next section).

- **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 want to have sedation and you do not have anyone to accompany you home, then your procedure will be cancelled.**
- The nurse will need to be given the telephone number of the person taking you home 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 this is to confirm that you are sufficiently fit to undergo the investigation.
- If you are happy to proceed, you will be asked to sign your consent form at this point. This will 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, although drowsy, you will still hear what is said to you so 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. You will be connected to a finger probe 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. 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 you can go 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 an hour after the procedure, until the sensation in your mouth and throat has returned to normal. We strongly advise 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, a safety checklist will be done 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 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 dentists use.
- The endoscopist will introduce the gastroscope into your mouth, down your oesophagus into your stomach and 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 biopsies will have to be sent away so their results will not be available straight away. Any photographs will be recorded in your notes.

What are the risks of the procedure?

A gastroscopy is classified as an invasive investigation so it has the possibility of complications. These are very rare but it is important that we tell you about them so you can consider this information before consenting to treatment.

The doctor who has requested these tests will have considered the risks and benefits. 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 any medications.

Risks of the endoscopic examination:

The main risks are:

1. Mechanical damage to teeth or bridgework.
2. Perforation or tear of the lining of the stomach or oesophagus (risk approximately 1 in 2000 cases). Perforation may require surgery to repair the tear. Certain cases may be treated with antibiotics and intravenous fluids.
3. Bleeding which may require you to be admitted to hospital. Bleeding may occur at the site of biopsy, and nearly always stops on its own. The risk of bleeding complications after an

endoscopy is increased if the procedure involves biopsy or any treatment. In rare cases, bleeding may require a blood transfusion. Bleeding may occur from existing lesions, e.g. ulcer with visible vessel, or occasionally due to retching (Mallory Weiss tear). People on anticoagulants (blood thinning medication) 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 the 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 approximately 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, or feel a little bloated. 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 7458.
- 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.
- 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.

Summary of important information

- A gastroscopy is a safe procedure and a very good way to investigate and treat 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 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 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 also 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 booklet 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 booklet 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 booklet and consent form with you to the Endoscopy Unit.

Advice for people with diabetes undergoing a gastroscopy

The day before the procedure:

- **If not on insulin:**
 - Take your medications as normal
- **If on insulin:**
 - 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:

- **If not on insulin:**
 - Omit (leave out) morning dose of all tablets
- **If on insulin:**
 - 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, Humulin 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.

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

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

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Endoscopy, June 2022

Next review due: June 2024

Compassionate

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Excellent