

Therapeutic gastroscopy explained: Oesopho-gastro duodenoscopy (OGD) with oesophageal dilatation performed at the Royal Berkshire Hospital

Information and consent form

Please bring this booklet with you

Introduction

- You have been advised by your GP or hospital doctor to have an investigation known as a gastroscopy (OGD) with oesophageal dilatation (stretching of the gullet). This is an examination of your oesophagus, stomach and your small bowel called the duodenum. Additionally the oesophagus will also be stretched.
- This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigations.
- The consent form in the back of this booklet is a legal document; therefore, please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigations, please sign and date the consent form.
- However, if there is anything you do not understand or wish to discuss further but still wish to attend, do not sign the form, but bring it with you and you can sign it after you have spoken to a health care professional about your concerns.
- 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 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 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.
- Please arrive at the time stated on your appointment letter so you can be assessed by the nurse.

- 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

For our information: collection details

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

Name: _____

Telephone number: _____

What is an OGD?

This test is a very accurate way of looking at the lining of your upper digestive tract, and to establish whether there is any disease present.

The instrument used in this investigation is called a gastroscope. It is flexible and has a diameter less than that of a little finger.

Within each gastroscope is 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 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 medical records.

Your OGD is more involved than having a straightforward inspection. The endoscopist is also using the procedure to give you treatment for your condition. This is known as a therapeutic gastroscopy.

The procedure will be performed by or under the supervision of a trained doctor and we will make the investigation as comfortable as possible for you.

In routine examinations some patients have sedation injected into a vein for this procedure. In your particular circumstances, if the endoscopist has decided that you require endoscopic treatment, you will receive intravenous sedation, often in combination with a painkiller.

Why do I need to have a therapeutic OGD?

You have been advised to undergo this investigation to try and treat your symptoms, and, if necessary, to decide on further investigation. This is procedure which is performed if you have a problem with swallowing food and/liquids. The oesophagus is the tube leading from the back of your throat to your stomach. Food and / liquids may be prevented from passing along this by a narrowed area anywhere along its length. The narrowing may be due to a number of reasons, which will be discussed with you when the reason for your difficulty in swallowing has been diagnosed. The oesophagus is approximately 10 inches or 25cm long.

Oesophageal dilatation

You are experiencing difficulty swallowing due to a narrowing (stricture) in your oesophagus (gullet). The commonest conditions that require this treatment are achalasia (a condition where the lower gullet muscle becomes very tight) and scarring (peptic) strictures associated with stomach acid damage or following oesophageal surgery.

Your condition and the treatment available will have been discussed with you by the doctor. The doctor thinks that it is possible and appropriate to try and improve your symptoms by stretching the narrow and diseased part of your oesophagus using endoscopy rather than a surgical operation.

This procedure is performed using the gastroscop to identify and guide the doctor to apply the treatment correctly.

Sometimes this procedure requires the use of X-ray pictures and therefore may be performed by using a small X-ray machine in the Endoscopy Unit.

You will be given intravenous sedation and sometimes a painkiller for this procedure.

Explanation of the procedures available

There are two main methods used to stretch the oesophagus

- Firstly, the gastroscop is used to inspect your oesophagus.
- A guide wire is passed through the gastroscop through a small internal channel.
- The gastroscop may be removed leaving the guide wire in place.
- A balloon dilator, using the wire as a guide is inserted through the stricture.
- In the second method of treatment. A guide wire is unnecessary as the stretching equipment can be positioned using the gastroscop alone. In this circumstance, it is possible to pass the stretching equipment through a small internal channel within the gastroscop itself
- The balloon will then be expanded to stretch the narrowing, this may be repeated a number of times.
- The stretching equipment is the inflatable balloon which expands the oesophagus, stretching it to reach the diameter of the balloon. Different sizes of balloons can be used in order to safely stretch the oesophagus to the diameter required to improve your symptoms.
- The method that is used to treat you is chosen by the doctor and largely depends upon the type of oesophageal problem that you have, and will be discussed with you.
- Advice regarding eating and drinking will be given to you on discharge.

Risks of therapeutic OGD with sedation

The doctor who has requested the procedure will have considered and discussed this with you. The risks must be compared to the benefit of having the procedure carried out.

There are three sets of procedural risks you should be aware of:

1. The risks of endoscopic inspection

The main risks are of mechanical damage; to teeth or bridgework, perforation or tear of the linings of the stomach or oesophagus and bleeding which may entail you being admitted to hospital. Certain cases may be treated with antibiotics and intravenous fluids. Perforation may require surgery to repair the hole.

Bleeding may occur at the site of biopsy. Typically minor in degree, such bleeding almost always stops on its own.

2. Risks associated with the endoscopic treatment of your condition

Endoscopic treatment has revolutionised the way in which some diseases of the oesophagus and stomach are treated. It is often the case that conditions previously only treated by surgery can now be dealt with using endoscopy. The specific risks associated with endoscopic treatment are described below.

Oesophageal dilatation

Occasionally stretching does cause some bleeding but this is usually not serious and settles quickly. Hospital admission would be required if it persisted.

The most serious risk is perforation (making a hole or tear) of the oesophagus or stomach. This can occur in approximately 1% of cases and may require surgery. Sometimes the perforation is small, for example where the guiding wire has caused a small puncture, and this can be managed without surgery but will always require admission to hospital.

There is a higher risk of perforation (up to 5%) when there is a complex disease or a tumour of the gullet present.

These complications can normally be detected during or soon after the procedure and action taken.

3. The 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 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 health problems for example, people with significant breathing difficulties due to a bad chest may be assessed by a doctor before having the procedure.

Preparation for the procedure

Eating and drinking

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

What about my medication?

Your routine medication should be taken.

Diabetics

If you have diabetes please follow the advice given at the end of the booklet.

Anticoagulants and Antiplatelet (drugs that affect the blood)

Please telephone the Endoscopy Unit on 0118 322 7458/5249 if you are taking anticoagulants such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel and Ticagrelor, Dipyridamole.

How long will I be in the Endoscopy Unit?

This largely depends upon how busy the department is. You should expect to be in the unit for up to 4 hours approximately. The department also looks after emergencies and these can take priority over outpatient lists.

What happens when I arrive?

- When you arrive in the department you will be met by a nurse who 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. You will be receiving intravenous sedation and a painkiller.
- Please note that as you will 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/he 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.
- Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose level will also be recorded.
- If you are on Anticoagulants a blood test will be done to check your clotting level.
- Should you suffer from breathing problems a recording of your oxygen levels will be taken.
- 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.

Intravenous sedation and pain relief

The sedation and pain relief will be administered into a vein in your hand or arm which will make you lightly drowsy and relaxed but not unconscious, this means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation also makes it unlikely that you will remember anything 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 can be noted and dealt with accordingly. For this reason you will be connected to a pulse oximeter, via a finger probe, which measures your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded.

Please note that you are not permitted to drive, take alcohol, operate heavy machinery or sign any legal binding documents for 24 hours following the procedure and you **MUST** arrange for someone to accompany you home and stay with you up to 8 hours or your procedure will be cancelled. You will **NOT** be allowed to go home in a taxi alone

The therapeutic OGD examination

- In turn you will be escorted into the procedure 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 - a small plastic mouth guard, which will be inserted immediately before the examination starts, will protect any remaining teeth.
- Oxygen will be given via very small plastic tubes inserted in the nostrils.
- 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.
- The sedation and painkiller will be administered into a cannula (tube) in your vein and you will quickly become sleepy.

- 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 your breathing will be unhindered.
- During the procedure samples may be taken from the lining of your digestive tract for analysis in our laboratories. These will be retained. Any photographs will be recorded in your notes.

After the procedure

- Unless specifically instructed otherwise, you will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded. Should you have underlying difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can administer additional oxygen.
- Once you have recovered from the initial effects of any sedation (which normally takes 30 minutes) it will be necessary to check that there are no immediate complications.
- Depending upon your individual case you may be admitted to hospital, or you may be allowed home.
- Since sedation can make you forgetful, we recommend you have a member of your family or friend with you when you are given the results, although there will be a short written report given to you.
- Having 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. If you live alone, you must arrange for someone to stay with you, or if possible, arrange to stay with your family or a friend for at least 8 hours.
- If the person collecting you leaves the department, the nursing staff will telephone them when you are ready for discharge.
- Before you leave the department, 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.

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 gas we use in the test has been left behind. Both of these things will pass and need no 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 and dilatation

- 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 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.

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 are unable to keep your appointment, please notify the Endoscopy Unit on 0118 322 7459 as soon as possible.

Checklist

Things to remember before your procedure

- Q Read the booklet carefully.
- Q Note appointment date in your diary.
- Q 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.
- Q Nothing to eat or drink for at least 6 hours before your procedure. You can have sips of water up to 2 hours before the procedure.
- Q Check for specific medication instructions.
- Q Bring your medications.
- Q Please telephone the Endoscopy Unit, at least 7 days before your procedure, on 0118 322 7458/5249 if you are taking Anticoagulants and Antiplatelet (Drugs that affect the blood) such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel, Ticagrelor and Dipyridamole.
- Q If you are having sedation, you MUST have someone to take you home and have made arrangements to be supervised for 8 hours once home, or your procedure will be cancelled.
- Q Bring this booklet and consent form with you to the Endoscopy Unit.

Advice for people with diabetes undergoing an upper endoscopy (gastrointestinal procedures)

Before your upper endoscopy

You will be asked to have nothing to eat for at least six hours before the test. However, you are allowed small sips of water up to two hours before the test.

Do not take your diabetes tablets on the day of the test. Take your next dose of tablets when you are allowed to eat again.

If your diabetes is treated with a combination of insulin and tablets such as Metformin follow advice for tablets as before and insulin in following paragraph on insulin.

If your diabetes is treated with tablets:

Do not take your diabetes tablets on the day of the test. Take your next dose of tablets when you are allowed to eat again.

If your diabetes is treated with a combination of insulin and tablets such as Metformin follow advice for tablets as before and insulin in following paragraph on insulin.

If your diabetes is treated with injections of either Exenatide (Byetta), Liraglutide (Victoza), Lixisenatide (Lyxumia) or Bydureon: **do not take the injection 24 hours prior to the examination**. Resume once you are eating normally again.

If your diabetes is treated with insulin:

For once daily insulin only e.g. Lantus (Glargine), Levermir (Determir), Tresiba (Degludec), Toujeo (New insulin glargine), Insuman Basal, or Insulatard and Humulin I: if your insulin is due on the morning of the test **take two-thirds of your insulin dose**. Take the normal dose the following morning after your test and once you are eating.

For twice daily long acting or intermediate acting insulin such as Lantus (Glargine), Levermir, Insulatard, Humulin I or Insuman Basal: **take two-thirds of your normal dose in the morning**. Take the normal dose after the test when it is next due once you resume your normal diet.

For twice daily mixture insulin e.g. Humulin M3, Humalog mix 25, Humalog Mix 50, Novomix 30, Insuman Comb 15, Insuman Comb 25, Insuman Comb 50: **take one-third of the normal dose in the morning**. Resume your regular dose in the evening once you are eating normally.

For four or more injections a day: **omit the quick acting insulin** (Novorapid, Humalog, Apidra, Humalog 200(new), Humulin S, Actrapid or Hypurine neutral, Insuman Rapid) **while you are on clear fluids only. Take two-thirds of the long acting insulin**

in the morning if it is due and resume the normal evening dose as soon you are able to have a meal after your procedure.

For people with Type 1 diabetes who normally take long acting insulin at night: **Take 20% less of the regular dose the night before the examination.**

For people with Type 1 diabetes on Insulin Pump therapy (Continuous Subcutaneous Insulin): This can be discussed with a member of the Diabetes Specialist Team but as a general rule **use a temporary basal rate reduction of 10% from 06.00 on the morning of the test.**

Remember to monitor blood glucose levels four hourly 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.

This booklet has been reproduced from information from the British Society of Gastroenterology.

This document can be made available in other languages and formats upon request.

P2P3710OGDOD

Endoscopy Unit

Royal Berkshire NHS Foundation Trust, May 2019

Review due: May 2021

Gastroenterology Support Fund

The Gastroenterology Support Fund has been set up with the purpose of providing equipment to carry out gastrointestinal investigation and treatment which 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.

How to donate

You can donate to the Gastroenterology Support Fund U200 in a number of ways (please ensure you quote the fund code U200 when making a donation):

- Cheques: Please make your cheques payable to the 'Royal Berks Charity Gastro Fund U200' and post to:

Royal Berks Charity
South Block Annexe
Royal Berkshire Hospital
London Road
Reading RG1 5AN

Please include your address details so we can acknowledge receipt of your donation and, if applicable, we can send you a Gift Aid form to further boost your donation if you are a UK taxpayer.

- Cash: If you wish to donate by cash, please bring your donation directly to the Charity Office or leave with Main Reception along with your contact details. The Charity Office is located upstairs in South Block Annexe.

For safety reasons, please do not send cash in the post.

- Credit and debit card: We accept donations through all major credit and debit cards. Please call us on 0118 322 8860 and quote Gastroenterology Support Fund U200.
- Online: To donate please visit www.royalberkshirecharity.co.uk and click on the 'Donate' button. In the message box please quote Gastroenterology Support Fund U200.

Patient details

Consent form

Patient agreement to endoscopic
investigation or treatment

Name of procedure(s) *(include a brief explanation if the medical term is not clear)*

Oesophago-gastro-duodenoscopy (OGD) with oesophageal dilatation.

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography) and stretching of the gullet (oesophagus) to enlarge the diameter to enable the passage of food.

Biopsy samples will be retained.

Statement of patient

You have the right to change your mind at any time, including after you have signed this form.

I have read and understood the information in the attached booklet including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

Signed

Date

Name (print in capitals)

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have talked to the healthcare professional

Confirmation of consent *(to be completed by a health professional when the patient is admitted for the procedure).*

I have confirmed that the patient/parent understands what the procedure involves including the benefits and any risks.

I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

Signed

Date

Name (print in capitals)

Job title

If your patient requires further information please complete last page

Patient details

Consent form

Patient agreement to endoscopic
investigation or treatment

Statement of health professional *(to be filled in by a health professional with appropriate knowledge of proposed procedure, as specified in the consent policy)*

In response to a request for further information I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

1. To diagnose and treat a possible cause of your symptoms.
2. To review the findings of any previous endoscopy.

Serious or frequently occurring risks

Endoscopy risks: Perforation, bleeding, damage to teeth.

Sedation or throat spray risks: Adverse reaction to any of these agents.

Risks associated with your treatment

I have discussed the serious risks associated with the treatment of your oesophageal disease where it is set out on pages 3 & 4 of the attached booklet.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any extra procedures which may become necessary and any particular concerns of those involved.

Signed

Date

Name (print in capitals)

Job title

Statement of interpreter *(where appropriate)*

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe she/he/they can understand.

Signed

Date

Name (print in capitals)