Royal Berkshire NHS Foundation Trust

Therapeutic gastroscopy explained: Oesophago-gastro duodenoscopy (OGD) with stent insertion performed at the Royal Berkshire Hospital

Information and consent form

Please bring this booklet with you

Introduction

- You have been advised by your doctor to have an investigation known as a gastroscopy (OGD) with insertion of a stent into your gullet. This is the appropriate treatment to help improve your swallowing difficulties.
- A stent is a tube made of flexible metal mesh which once placed across the narrowed area of your gullet expands to allow fluid and food to pass through to the stomach more easily.
- This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum.
- This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation.
- 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 investigation, 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 on 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 at main hospital, the entrance of Endoscopy 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?

- The procedure you will be having is called an oesophagogastro-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 (specialist trained to perform examinations or provide treatments using a scope) onto a television screen.
- Your OGD is more involved than having a straight forward inspection. The endoscopist is also using the procedure to give you your treatment for your condition. This is known as a therapeutic gastroscopy.
- 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. 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 your particular circumstance the endoscopist has recommended that you require a stent insertion, and you will receive intravenous sedation combined with pain relief.

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.

Oesophageal stent insertion

How the stent is inserted and positioned?

- All patients who are having a stent inserted are given intravenous sedation often in combination with a painkiller.
- A gastroscopy (an explanation of which you will find further on in this booklet) will be performed to examine the problem area - your stomach and duodenum. It is likely that this procedure will be carried out using X-ray equipment to assist with positioning the stent. The abnormal area of the gullet will be identified and its position marked.
- Sometimes, if the abnormal area of the gullet is very narrow it will need to be stretched using an additional procedure, which is also described in this book in the oesophageal dilatation section.
- Having assessed and prepared the abnormal part of the gullet in this way, the endoscope is finally used to position a fine wire into your stomach. The endoscope is then removed leaving the wire behind. The stent is designed so that in its unopened form can be passed over the wire and carefully positioned.
- Once the endoscopist is happy with the positioning, the stent will be released and the wire withdrawn. The stent will then begin to gently expand and restore the diameter (opening) of the gullet.
- The stent may not fully expand for three days and during this time you may experience some chest or back discomfort. This usually settles after a day or two. Chest X-rays and sometimes special scans are required after the procedure.
- It is important that you let the doctor or nurse know if you are uncomfortable so that you can be offered appropriate assessment and medication.

Oesophageal dilatation

In some patients, it is impossible to insert a stent without first stretching (dilating) the abnormal area of the gullet.

There are two main methods used to stretch the oesophagus.

- Firstly, the gastroscope is used to inspect the oesophagus
- A guide wire is passed through a small internal channel.
- The gastroscope 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 gastroscope alone. In this circumstance, it is possible to pass the stretching equipment through a small internal channel within the gastroscope 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 pressure balloon which is positioned, inflated and then deflated to certain pressures within the narrowed area, and as the balloon expands the oesophagus also is stretched 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. This will be discussed with you.

Advice regarding returning to eating and drinking will be given to you. On discharge you will be given a contact number for the Upper Gastrointestinal Nurse Specialist should you need advice and instructions on looking after your stent and your diet.

Risks of therapeutic OGD with sedation

The doctor who has requested the procedure will have considered and discussed the risks 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. Inspection and biopsy only

Upper gastrointestinal endoscopy 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 main risks are of mechanical damage:

- To teeth or bridgework.
- Perforation or tear of the linings of the stomach or oesophagus and bleeding which could entail you being admitted to hospital. Certain cases may be treated with antibiotics 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.

The occurrence of any of these may delay your discharge from hospital. It is important to appreciate that a serious complication could prove fatal.

Risks of oesophageal dilatation

- Occasionally, stretching does cause some bleeding but this is usually not serious and settles quickly. Hospital admission would be required if bleeding persisted.
- The most serious risk is perforation (making a hole or tear) of the oesophagus or stomach. This can occur in up to approximately 10% 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. If a stent is subsequently inserted, this may seal the hole and prevent problems developing.
- These complications can normally be detected during or soon after the procedure and action taken.

Risks of stent insertion

- The nature of your condition and the technology which is being used to treat you are associated with complications in approximately 10% of patients. These range from the less serious, including incorrect positioning of the stent (requiring stent repositioning), subsequent movement of the stent from its correct position (requiring stent repositioning) and minor bleeding.
- The more serious complications include perforation of the gullet or stomach, tearing of the lining of the gullet and bleeding. 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 require admission to hospital.
- Sometimes, cancerous growths of the gullet can cause blockage of the stent at any stage following its insertion. This can normally be treated with further endoscopic procedures.

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 respiratory disease 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.

Patients with diabetes

If you have diabetes please follow the advice at the back of this 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, Ticagrelor and Dipyridamole.

How long will I be in the Endoscopy Unit?

This largely depends upon how busy the unit is. You should expect to be in the unit for up to 6 hours at least. The unit also looks after emergencies and these can take priority over outpatient lists.

Please be aware, on occasion, it may be necessary to admit you to a hospital ward overnight.

What happens when I arrive?

- When you arrive in the unit 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. You will not be permitted go home alone. Please see notes below.
- You will have a brief medical assessment with an endoscopy nurse who will ask you some questions regarding your medical conditions and any past surgery or illness. This is 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. Should you suffer from breathing problems a recording of your oxygen levels will be taken.

- If you are on Anticoagulants you will be given a blood test to check your clotting.
- 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 a 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 has an amnesic effect - this means you may not remember the procedure.
- You will be able to breathe normally throughout. Whilst you are sedated, we will monitor 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 will also be recorded.
- Please note that as you will have sedation you are not permitted to drive or use public transport alone, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours. Following the procedure you will need someone to accompany you home and stay with you for 8 hours. You will not be allowed to go home alone in a taxi.

The therapeutic OGD procedure

- 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 will be inserted immediately before the examination commences.
- The nurse will administer oxygen via two very small tubes inserted into 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 sedative drug 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. This is not painful but can cause discomfort which is why you have had sedation.

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 are diabetic, your blood glucose will be monitored. 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.
- 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.
- Since sedation can make you forgetful we recommend you have a member of your family or friend with you when you are given this information although there will be a short written report given to you.
- As you have had sedation you may feel fully alert following the investigation. However, the drugs remain in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory. If you live alone, you will need to 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 to go home.
- Upon discharge you will be given a dietary advice information sheet.

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 with 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 and stent insertion.
- 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

- ❑ 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.
- ❑ Wear loose fitting clothing.
- ❑ Nothing to eat for at least 6 hours before your procedure.
- ❑ Nothing to drink for 2 hours before your procedure.
- ❑ 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.
- ❑ Bring your medications or current list of medication with you.
- ❑ 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.
- ❑ 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 clear fluids (e.g. 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 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.

P2P3711OGDSI
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

NHS
Royal Berkshire
NHS Foundation Trust

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 stent insertion.

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 and insertion of a metal or plastic tube to maintain the diameter of the gullet 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.

I understand that I will be given intravenous sedation with a painkiller.

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

NHS
Royal Berkshire
NHS Foundation Trust

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 and stent insertion where it is set out on pages 4 & 5 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)