

Therapeutic gastroscopy explained: Oesophago-gastro duodenoscopy (OGD) with treatment of varices 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 a procedure known as a gastroscopy (OGD). and treatment of varices.
- 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 procedure.
- 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 procedure, 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 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?

- The procedure you will be having is called an oesophago-gastroduodenoscopy (OGD), sometimes known more simply as a gastroscopy or endoscopy.
- The instrument used in this procedure 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 straightforward inspection. The endoscopist is also using the procedure to give you treatment for your condition. This is known as a therapeutic gastroscopy.
- During the procedure, 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 and a video recording may be kept for your records and for documentation purposes.
- The procedure will be performed by or under the supervision of a trained doctor and we will make the procedure as comfortable as possible for you. Most patients have sedation injected into a vein for this procedure, although others prefer to remain awake and have local anaesthetic throat spray.

Why do I need to have an OGD?

You have been found to have swollen veins (oesophageal varices) in your oesophagus – the tube which carries food from your mouth to your stomach. These swollen veins are formed when blood flow through the liver is compromised. These veins could bleed, causing you to vomit blood, (possibly in large quantity), so it is important to try to reduce or shrink and obliterate them if at all possible.

Treatment of oesophageal varices (enlarged veins in the oesophagus)

Treatment of your varices during your endoscopy can be done either by injecting them or by compressing them, by banding, but the method chosen will be decided by the doctor.

Injection of varices

This procedure is carried out by using an injection needle which can be passed down the channel in the gastroscope once it is in position in the oesophagus (gullet). Through the needle a chemical can be injected into the swollen part of the veins which create clotting, blocking them off and leading to their shrinkage. In order to completely shrink the veins several injections, on more than one occasion, may be necessary.

Compression by banding

This alternative to the injection treatment method uses rubber bands which are loaded onto a hollow tube attached to the end of the gastroscope. The gastroscope is placed in the gullet (oesophagus), the vein is identified and suction is applied drawing the vein up into the tube. The elastic bands are then put in place. After a day or two a clot forms in the veins which causes them to shrink. Several treatments, on more than one occasion, may be required to achieve complete shrinkage.

How long does this take?

Both these procedures take approximately 20 minutes to half an hour.

What happens afterwards?

Following the procedure you will be returned on a trolley to recover in the Endoscopy Unit where the nurses will look after you.

When you have suitably recovered, you will be discharged home and will be given any additional instructions specific to your condition.

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 at the back 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 whether you have sedation and also how busy the unit is. You should expect to be in the unit for approximately 2-4 hours. The unit also looks after emergencies and these can take priority over outpatient lists.

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 procedure. The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.
- You will be offered the choice of sedation or local anaesthetic throat spray (this is dealt with in more detail in the next section of this booklet).
- If you have sedation you will not be permitted to drive home or use public transport alone, so you must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that she/he can contact them when you are ready for discharge.

- 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 procedure.
- 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 taking Anticoagulants you will be have a blood test to check your clotting.
- 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.

Sedation or throat spray?

Intravenous sedation or topical local anaesthetic throat spray can improve your comfort during the procedure so that the endoscopist can perform the procedure successfully. The benefits and drawbacks of each are given below.

Intravenous sedation

Sedation is usually recommended for this procedure. The sedation will be administered into a vein in your hand or arm and 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 procedure. Sedation also makes it unlikely that you will remember much about the procedure. You will be able to breathe normally throughout.

While you are sedated we will check your breathing and heart rate so that 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.

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 you are having sedation and you do not have anyone to accompany you home, then your procedure will be cancelled.

Anaesthetic throat spray

- With this method sedation is not used, but the throat is numbed with a local anaesthetic spray.
- As the gastroscopes have become thinner 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 are permitted to drive and carry on life as normal.
- The only constraint is that you must not have anything to eat or drink for at least 2 hours after the procedure, until the sensation in your mouth and throat has returned to normal.
- It is strongly advised 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 OGD examination

- 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 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. Any remaining teeth will be protected by a small plastic mouth guard that will be inserted immediately before the examination commences.
- 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 administered into a cannula (tube) in your vein and you will become sleepy.
- If you are having sedation, the nurse will administer oxygen via two very small tubes that go into the nostrils.
- Any saliva or other secretions produced during the procedure 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 should not be painful but may cause some discomfort which is why you have had sedation.
- 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.

Risks

Upper gastrointestinal endoscopy is classified as an invasive procedure and because of that it has the possibility of associated complications. The risks 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 the test will have considered this. The risks must be compared to the benefit of having the procedure carried out.

The risks can be associated with the procedure itself and with administration of the sedation.

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 could entail you being admitted to hospital. Perforation may require surgery to repair the hole. Bleeding may occur at the site of any biopsy. This nearly always stops on its own.

2. Risks associated with endoscopic treatment

The specific risks associated with endoscopic treatment are described below.

Specific risks and complications

As with any procedure, the potential benefits must be compared with any risks. Complications are generally less with the banding technique and this procedure is first choice.

Sometimes injection therapy has to be used. In the non-emergency situation, the risks of complication in both procedures are minimal – 1 or 2 cases out of every 100.

Risks immediately following the procedure

- You might notice some chest discomfort but this should pass after a few hours.
- It is likely that the back of your throat will feel a little sore for a few hours afterwards.
- Occasionally, the procedure does cause some bleeding but this is usually not serious and settles quickly. Hospital admission would be required if bleeding persisted.

Risks over the next few days

- The action of injection or banding usually cause ulcers to form on the swollen veins. This, in turn, can cause some soreness on swallowing for a few days after the procedure.
- It is possible for a stricture (narrowing) to form of the gullet. This is more likely if the veins are very swollen and repeated procedures are required, and is generally more common with the injection technique. Narrowing of the gullet can make swallowing difficult.

Additional risks

The presence of varices indicates that there is serious liver disease present. There are rare serious complications of which you should be aware, but these still represent a relatively low risk compared to the prospect of life threatening bleeding of varices, or operative complications of surgery.

- Perforation of the gullet.
- Extension of the clot formed in the gullet veins into the more major veins close to the liver itself.
- Infection.
- Damage to the spinal cord.

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

After the procedure

- You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded. If 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) you will be offered a drink and moved into a comfortable chair.
- Before you leave the department, the nurse or doctor will explain the findings and any medication or further procedures 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 a friend with you when you are given the results, although you will also be given a short written report.
- If you have had sedation you may feel fully alert following the procedure, 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 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. 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 for discharge.

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 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 and treatment for varices.
- 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 procedure 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 this booklet carefully.
- 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 as soon as possible.
- Q Note appointment date in your diary.
- Q Wear loose fitting clothing.
- Q Nothing to eat for at least 8 hours before your procedure.
- Q Small sips of water are safe up to 2 hours before your procedure.
- 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 your medications with you.
- 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 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 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.

P2P3712OGDV

Endoscopy Unit, Royal Berkshire NHS Foundation Trust, May 2019,

Review due May 2020

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.

Consent form

Patient agreement to endoscopic
procedure or treatment

Patient details

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

Oesophago-gastro-duodenoscopy (OGD) with treatment of varices.

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography) and with treatment of varices.

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 would like to have: sedation

Anaesthetic throat spray

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
procedure 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 varices where it is set out on pages 5, 6 & 7 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)