

Gastrosocopy explained: Oesophago-gastro duodenosocopy (OGD) performed at the Royal Berkshire Hospital and West Berkshire Community Hospital

Information and consent form

Please bring this booklet with you

Introduction

- You have been advised by your GP or hospital doctor to have gastroscopy.
- 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 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.
- At West Berkshire Community Hospital (WBCH): Pay and Display car parking is available at the hospital, as well as designated spaces for disabled parking, motor cycles and bicycles. There is also a drop-off point and a taxi rank near the main entrance.
- Please arrive at the time stated in our letter so you can be assessed by the nurse and if necessary have a blood test taken pre-procedure.

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

For our information: collection details

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

Name: _____

Telephone number: _____

What is a gastroscopy (OGD)?

- The procedure you will be having is called an oesophago-gastroduodenoscopy (OGD), sometimes known more simply as a gastroscopy or endoscopy.
- This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum. The instrument used in this investigation is called a gastroscope. It is flexible and has a diameter less than that of a little finger. Each gastroscope has an illumination channel which enables light to be directed onto the lining of your upper digestive tract and another which relays pictures back to the endoscopist (a specialist trained to perform examinations or provide treatments using a scope) onto a television screen.
- During the investigation, the doctor may need to take some tissue samples (biopsies) from the lining of your upper digestive tract for analysis, this is painless. The samples will be retained. Photographs may be taken for your records. The test usually takes 5 minutes.

Why do I need to have an OGD?

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

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

Is there an alternative test to OGD?

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

Preparing for the investigations

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 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, Ticagrelor and 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 up to 3 hours. The unit also looks after emergencies and these can take priority over outpatient lists.

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.
- 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).
- 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.

- The nurse will need to be given their telephone number so that she can contact them when you are ready to go home.
- You will have a brief medical assessment with an endoscopy nurse who will ask you some questions regarding your medical condition and any past surgery or illness you have had to confirm that you are sufficiently fit to undergo the investigation.
- If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point.

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.

Intravenous sedation (this is not a general anaesthetic)

- The sedation will be administered into a vein in your hand or arm and will make you lightly drowsy and relaxed but not unconscious. You will be in a state called co-operative sedation: this means that, although drowsy, you will still hear what is said to you and therefore, 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.
- Whilst you are sedated we will check your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded.
- 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 and you will need someone to accompany you home.

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 about an hour 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, any remaining teeth will be protected by a small plastic mouth guard which will be inserted immediately before the examination commences.
- If you are having local anaesthetic throat spray this will be sprayed onto the back of your throat. The effect is rapid and you will notice loss of sensation to your tongue and throat.
- The nurse looking after you will ask you to lie on your left side and will then place the oxygen monitoring probe on your finger. If you have decided to have sedation, the drug will be administered into a cannula (tube) in your vein and you will quickly become drowsy.
- Any saliva or other secretions produced during the investigation will be removed using a small suction tube, like the one used at the dentist.
- The endoscopist will introduce the gastroscope into your mouth, down your oesophagus into your stomach and then into your duodenum. Your windpipe is deliberately avoided and you can breathe normally.

What is a biopsy?

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

Risks

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

Risks of the endoscopic examination

The main risks are of mechanical damage to teeth or bridgework; perforation or tear of the lining of the stomach or oesophagus (risk approximately 1 in 2000 cases) and bleeding which could entail you being admitted to hospital. Certain cases may be treated with antibiotics and intravenous fluids. Perforation may require surgery to repair the hole. A tear in your oesophagus or another part of your upper digestive tract may require hospital

treatment, and sometimes surgery to repair it. The risk is very low – it occurs in an estimated 1 of every 2,000.

Bleeding may occur at the site of biopsy, and nearly always stops on its own. Your risk of bleeding complications after an endoscopy is increased if the procedure involves biopsy or treating a digestive system problem. In rare cases, bleeding may require a blood transfusion. Bleeding may occur due to endoscopic manipulations or can arise during procedures from existing lesions e.g. ulcer with visible vessel, or occasionally due to retching (Mallory Weiss tear). The risk of bleeding can be affected by having an existing lesion/ulcer, or by your clotting abilities, eg. those on anticoagulants such as Warfarin, Clopidogrel, Apixaban, 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 health problems, for example, people with significant breathing difficulties due to a breathing condition may be assessed by a doctor before being treated.

You can reduce your risk of complications by carefully following your doctor's advice and informed consent instructions for preparing for an endoscopy, such as fasting and stopping certain medications, eg Warfarin, Rivoraxaban, Apixaban, 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 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. 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.
- 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 there will be a short written report given to you.
- If you have had sedation you may feel fully alert following the investigation; however, the drug remains in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory.
- Please note that if you decide to have sedation you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours.

Following the procedure you **must** have someone to accompany you home and stay with you for up to 8 hours. You are not allowed home alone in a taxi.

- If the person collecting you leaves the department, the nursing staff will telephone them when you are ready to go home.

Side effects

- Serious side effects from this procedure are rare but for the rest of the day you may have a sore throat. You may also feel a little bloated if some air we use in the test has been left behind. Both of these things will pass and there is no need for medication.
- If you have any problems with a persistent sore throat, worsening chest or abdominal pain, please contact your GP immediately informing them that you have had a gastroscopy.
- If you are unable to contact or speak to your own doctor, contact the Endoscopy Unit during office hours (9.00am to 6.00pm) on telephone number 0118 322 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 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.

Checklist

Things to remember before your procedure

- Q Read the 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.
- Q Note appointment date in your diary.
- Q Wear loose fitting clothing.
- Q Nothing to eat 6 hours before your procedure.
- Q Nothing to drink for 2 hours before your test.
- 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. You will not be allowed home alone in a taxi.
- 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.

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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 / gastroscopy.

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

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**

no sedation, local anaesthetic throat spray

Please tick box

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.

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)