

OGD (Gastroscopy)



Information for patients

This leaflet answers some of the questions you may have about having an OGD. It explains the risks and the benefits of the test and what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

What is an OGD?

It is a procedure we use to examine the inside of your gullet (food pipe), stomach and upper part of your small intestine. It is also known as a gastroscopy, an upper GI endoscopy or simply an endoscopy. We put a long, thin flexible tube called an endoscope into your mouth and pass it down into your stomach. The endoscope is thinner than your little finger and has a camera in its tip which sends pictures of the inside your stomach and intestine to a video screen.

Why do I need this test?

Your GP (home doctor) or hospital specialist has recommended you have this test to investigate the cause of your symptoms. Sometimes biopsies are taken at the same time to help with diagnosis. These are tiny pieces (samples) of your tissue that we can look at in a laboratory. It is important that you understand why you are having it. If you are not clear about the reasons, please check with your doctor (hospital specialist) beforehand, or the endoscopist who sees you on the day of your test.

What are the benefits?

A normal test result can reassure you that all is well. An OGD can also help us to make a diagnosis (sometimes by taking biopsies) and to make sure you are on the best treatment.

In some cases – for example, if you have polyps (growths on your bowel lining) – you may not need surgery because we will try to remove them during this procedure.

We can also carry out other treatments such as stretching open narrowings or treating internal varicose veins. If you need any of these procedures, they should have already been explained to you.



What are the risks?

An OGD is an extremely safe procedure and complications are very rare. But they can include:

- **Sore throat.** Your throat may be sore for a day or two after the procedure. This is not serious and will get better. You can take throat lozenges to ease the pain.
- **Dislodged teeth, crowns or bridgework.** There is a small chance that loose teeth, crowns or bridgework can be dislodged during the procedure. If you have any of these, let the endoscopist know beforehand.
- **Bleeding.** It is common to have bleeding after a biopsy. This lasts no more than a few seconds. We will let you know what to expect after your test.
- **Perforation.** There is a less than 1 in 9,000 risk of making a perforation (hole) during this test. The risk is greater (1 in 500) if we find a narrowing or a growth. If we do a balloon stretch to expand the narrowing, the risk rises to 1 in 50. We take every care to avoid perforation, but if it happens you will need to stay in hospital and have more tests such as a CT scan. You may need surgery to repair the hole.
- **Pneumonia.** If you are very frail or have very severe breathing problems such as COPD bronchitis or emphysema, you may develop pneumonia after the test. If you think you have pneumonia go to your local A&E department.
- **Reactions to the sedative.** We give you the smallest possible dose of sedative to prevent you from having any side effects. If you do have a reaction, we will give you medication to reverse the effects of the sedative.



What are the risks of having a sedative?

If you have a sedative straight afterwards you may feel tired, dizzy or weak. You must have someone to collect you and stay with you for at least the first 12 hours. During the first 24 hours you should not:

- drive a car
- operate machinery (including kitchen appliances)
- drink alcohol
- take sleeping tablets
- sign legal documents
- look after young children and/or dependants alone.

Are there any alternatives?

You can have a barium swallow test which allows us to get x-ray images of the same areas inside your body. But we get better pictures from an OGD and can also take biopsies at the same time, both of which help with your diagnosis. If we find an abnormality during the barium swallow, you would then need to have an OGD to examine or treat it.

Consent

We must by law obtain your written consent to any procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

Do I need to prepare for an OGD?

We need to get a clear view, so your stomach must be empty. Do not eat or drink anything for six hours before the test. Please wear comfortable, loose clothing when you come for the test.



Do I need to stop taking my medication?

If you take warfarin, aspirin or clopidogrel, please ring the booking office at least one week before your test. You may need to stop taking them for a short time.

If you are diabetic, please read our advice sheet, 'Preparing for your OGD: information for patients with diabetes'. If you have not received this, please ring the booking office and we will send you a copy.

King's College Hospital

Tel: **020 3299 3599**

Princess Royal University Hospital

Tel: **01689 864032**

If you are taking any other medications, including for diabetes, in general you can take these as usual, unless your doctor has advised you otherwise.

Things to remember

- Please bring your reading glasses as you need to read and sign your consent form. You may also want to bring something to read while you wait.
- Please do not bring children with you unless there is someone to look after them. We do not have any childcare facilities in the unit.
- We cannot take responsibility for any valuables, but your things will be kept with you (on a shelf on the examination trolley) at all times.



What happens when I arrive for my test?

Your appointment time is approximate. You should plan to be in the Endoscopy Unit for the whole morning or afternoon. When you arrive, a nurse will fill out an assessment form with you if you have not already done so. The endoscopist who is going to do your test will come and explain the procedure to you.

Do I need to have a sedative?

Most people do not need a sedative for an OGD. We usually give you a local anaesthetic spray to numb the back of your throat, so you cannot feel the endoscope being passed down your throat and do not gag.

If you are anxious about having the test, then a sedative may help. It relaxes you but does not make you unconscious or 'knock you out'. You will still be aware of the endoscope being passed down your throat.

If you are having other procedures during the OGD, such as a balloon stretch, you may need a sedative or painkilling injection.

If you have a sedative, someone must come to collect you and take you home afterwards – not a taxi. We cannot give you a sedative unless you arrange this. You will feel drowsy for a while, so you should not drink alcohol, drive or operate machinery for 24 hours after the test

What happens before the test?

If you are having a sedative, we will make you comfortable on an examination trolley.

A nurse or doctor will put a cannula into your arm or hand. This is a very thin plastic tube through which they can give you the sedative injection.



You will then be taken into the endoscopy room lying on the trolley, where you will be given the anaesthetic throat spray. The nurse will attach a monitor to your finger to measure your oxygen levels during the test and you will be given oxygen through nose 'prongs'.

If you are not having a sedative, you can walk in to the endoscopy room. You will be given the anaesthetic throat spray when you are seated on the examination couch. You will then be asked to lie down.

A nurse will put a mouthguard in your mouth and ask you to bite gently on it. This makes it easier for the endoscope to be passed down your throat. If you are having a sedative, you will be given it now, just before the start of the test.

What happens during the test?

A nurse will be with you at all times during your procedure to reassure you, talk you through what is happening and clear saliva (spit) from your mouth.

The endoscopist will gently put the endoscope into your mouth and pass it down into your stomach. They will view images of your oesophagus, stomach and the upper part of your small intestine on a screen.

Even with the endoscope down your throat, there will still be more than enough room for you to breathe. You may be asked to concentrate on this during the procedure and breathe in through your nose.

If the endoscopist takes biopsies, you will not feel this at all. They will tell you if they take any.



How long does the test take?

It usually takes no longer than five minutes.

What happens after the test?

How long it takes you to recover depends on whether you have had a sedative. But you should plan to spend the whole morning or afternoon of the test in the Endoscopy Unit.

If you have had a sedative, you will need to stay until this has worn off. This usually takes at least 30 – 45 minutes.

If you have not had a sedative, you can leave as soon as you are ready. In either case, we will make sure you have all the documentation and instructions you need. We will also send a copy of the report to your GP.

What happens when I go home?

If you had an anaesthetic spray to numb your throat before the procedure, this will take about 45 – 60 minutes to wear off. So please do not eat or drink anything for one hour after your procedure.

When this time comes, start by taking sips of cool water. If you swallow these easily, you can eat and drink normally and continue to take your regular medication.

Please contact your GP if you have any of the following symptoms:

- Severe or continuous pain in your neck, chest or abdomen
- Persistent nausea or vomiting
- Passing black (tarry) stools
- Temperature of 37.4°C and higher, chills.



Who can I contact with queries and concerns?

If you have any questions, such as what to do about medication, before or after your test, please contact the Endoscopy Unit Nurses' Station:

King's College Hospital

Tel: **020 3299 4079**, 9am – 5pm, Monday to Friday

If you want to change your appointment or need another information leaflet, please contact Endoscopy Unit Reception:

Tel: **020 3299 3075**, 9am – 5pm, Monday to Friday

Princess Royal University Hospital (PRUH)

Tel: **01689 864028**, 9am – 5pm, Monday to Friday

If you want to change your appointment or need another information leaflet, please contact Endoscopy Unit Reception:

Tel: **01689 864120** (Male) **01689 864723** (Female)

At all other times, if you have concerns after your procedure, please call your GP or local Emergency Department (ED).

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.



PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.pals@nhs.net**

You can also contact us by using our online form at

www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palskent@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.



