

OGD (gastroscopy)



Information for patients

This information 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 more questions, please do not hesitate to contact a member of staff.

Endoscopy Unit

King's College Hospital Nurses' Station	020 3299 4079
King's College Hospital Pre-assessment clinic	020 3299 2775
King's College Hospital Reception	020 3299 3599
Princess Royal University Hospital (PRUH) Nurses' Station	01689 864028
PRUH Reception (male)	01689 864120
PRUH Reception (female)	01689 864723

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.

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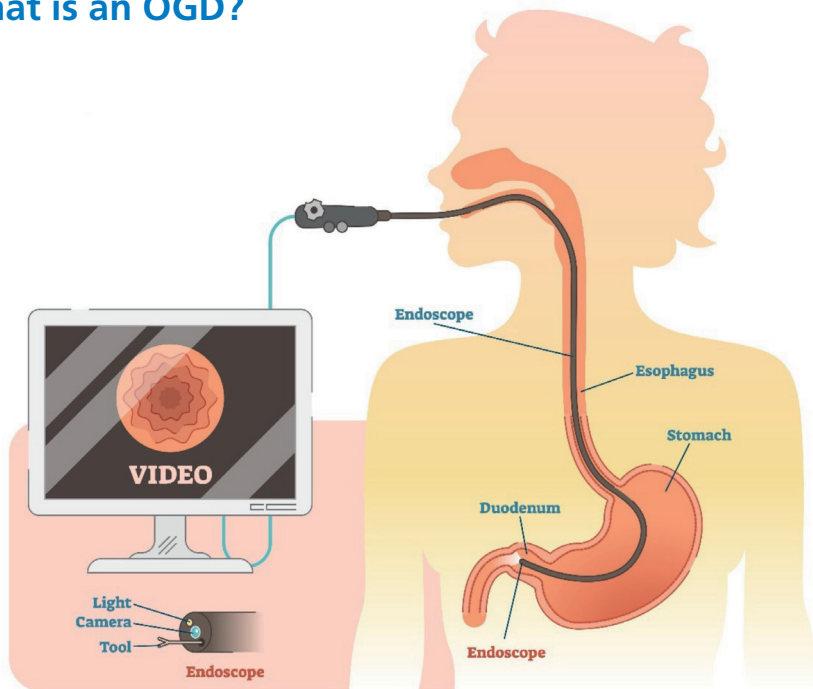
Important information

Please make sure you read and follow the instructions in the following sections on pages 7 to 9:

- Do I need to prepare for the test?
- Do I need to stop taking my medication?
- What will I need on the day of the test?
- Things to remember?

Failure to follow this advice will result in your appointment being cancelled.

What is an OGD?



An oesophago-gastro-duodenoscopy (OGD) 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 or an upper GI endoscopy.



We put a long, thin flexible tube called a gastroscope (or endoscope) into your mouth and pass it down into your stomach. The gastroscope is thinner than your little finger and has a camera in its tip which sends video images of the inside of your stomach and intestine to a monitor 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 tissue that we can look at in a laboratory.

It is important that you understand why you are having the procedure. 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.

We can remove polyps, if present, to reduce the risk of cancer developing (known as a polypectomy).

We can also carry out other treatments such as stretching open narrowings (dilatation), treating abnormal blood vessels to prevent bleeding or anaemia or treating internal varicose veins. If you need any of these procedures, they should have already been explained to you.

A gastroscopy can help us review the findings of any previous gastroscopy.



What are the risks?

An OGD is an extremely safe procedure and complications are very rare. Complications can include the following.

- **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 and rarely requires blood transfusion. We will let you know what to expect after your test.
- **Perforation** (a hole in the gut wall) which may require admission to hospital and possible surgery. Perforation happens in less than one case in 3,000. Perforation after dilatation is performed for a benign (non-cancerous) stricture occurs in less than 1 case in 100. Perforation after dilatation is performed for a malignant (cancerous) stricture occurs in less than 1 case in 20. Perforation after dilatation is performed for achalasia (a condition where the ring of muscle (sphincter) at the bottom of your food pipe is overactive) occurs in less than 1 case in 20. Perforation after dilatation is performed for gastric outlet obstruction (a condition where the stomach contents is unable to exit your stomach) occurs in less than 1 case in 20.
- **Aspiration** (inhalation of stomach contents) which may lead to pneumonia occurs rarely.
- **Drug reactions** occur very rarely. If you do have a reaction, we will give you medication to reverse the effects.
- **Missed lesions.** If the stomach is not clear of food or you are unable to hold the air we place in your stomach to inflate it, there is a small risk of abnormalities not being seen. If the endoscopist feels the views were unclear, they may request that you have a repeat gastroscopy at a later date. Abnormalities are rarely missed.
- **Failure to complete examination.** If you need to have



alternative examinations, our endoscopist will explain the reason why and how this will be managed.

- **Discomfort.** Sore throat, gagging, bloating, burping and the sensation of pressure within the gut is common. Please see the section 'Will it hurt?' on page 7.

If any of the above complications happen, you may be admitted to the hospital for observation or further treatment.

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 or a capsule endoscopy. 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 any other test, you will then need to have an OGD to examine or treat it.

The other alternative is to not have the test at all. This would result in no biopsies being taken, no diagnosis being made, and no endoscopic treatment being performed.

Do I need to have a sedative?

Most people do not need a sedative for an OGD.

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 (used to stretch open narrowings), you may need a sedative or painkilling injection.



Will it hurt?

- We usually give you a local anaesthetic spray to numb the back of your throat. This reduces gagging and the sensation of pressure in the back of the throat. You may feel like you want to be sick, but this feeling should stop once the tube reaches your stomach.
- Air is put in to inflate your stomach. You may feel bloated and might burp.
- You may also feel mild pressure as the tube is passed from your stomach to your small intestine.
- If the endoscopist takes biopsies, you may notice a mild pulling sensation or some discomfort.

Do I need to prepare for the test?

- If you are expecting to have sedation for your procedure you must arrange someone to collect you from the department and stay with you for at least 12 hours. We cannot give you a sedative unless you arrange this.
 - See 'Do I need to have a sedative' on page 6 for more advice.
 - See 'Advice after having a sedative' on page 11 for advice about things you should not do during the first 24 hours after having sedation.
- Your stomach must be empty to allow us clear views and reduce the risk of aspiration (please see page 5).
 - **You must not have anything to eat for 6 hours before your procedure time.**
 - **You may continue to drink clear fluids up to two hours before your procedure time.**



Do I need to stop taking my medication?

If you are taking any medication which you have been told may thin your blood, please contact the Endoscopy Pre-assessment Clinic on the telephone number on the front of this leaflet and speak with a nurse. You may need to stop taking them for a short time.

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.

What will I need on the day of the test?

- Please wear comfortable, loose clothing.
- Please bring a list of any medications that you are currently taking.
- Please bring your reading glasses as you will need to read and sign your consent form.
- You may want to bring something to read while you wait or headphones to listen to music or a podcast.
- Please bring your appointment letter.
- You may need to change into a hospital gown for your test, so you may want to bring a dressing gown and slippers to wear for walking to the toilet.
- Please bring a re-usable bag to put your belongings in while you are having your test or procedure.
- Please consider walking or using public transport on your way to the hospital, if you can, to reduce the carbon footprint of your appointment.
- If you use a NIPPY ventilator at home for sleep apnoea, please remember to bring it with you.
- There is no general public car parking at King's College Hospital, Denmark Hill site. Please see the following website for further information:

<https://www.kch.nhs.uk/patientsvisitors/getting-to-kings/parking>



Things to remember

- **Your appointment time is the time you are expected to arrive in the department.** However, you should plan to be in the Endoscopy Unit for the whole morning or afternoon. The department has 5 rooms running at the same time and also accommodates emergencies. Someone with a later appointment than you may be seen before you. If you have any concerns, please ask a member of staff.
- 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 at all times (on a shelf on the examination trolley).
- The waiting room has limited seating, please be aware that only one escort can remain in the waiting room throughout your stay. Escorts will not be allowed into clinical areas.

What happens when I arrive for my test?

When you arrive, a nurse will complete the health assessment with you, if you have not already done so. A member of the clinical team will come and explain the procedure to you.

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 ask to speak with a senior member of staff.



What happens before the test?

If you are having a sedative, 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 any medication required. We will then make you comfortable while you wait for your procedure.

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'.

You will be given the anaesthetic throat spray when you are seated on the examination trolley. 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 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 gastroscope 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 gastroscope down your throat, there will be plenty of room for you to breathe. You may be asked to concentrate on your breathing during the procedure.

Photographs and videos will be taken during the procedure for the purpose of adding clinical information to your medical notes. Additional consent is required for these images to be used for any other purpose.



Trainees often attend the department to gain skilled supervised training. You have the right to refuse being treated by a trainee. Your treatment will not be affected by your decision.

How long does the test take?

It usually takes no longer than five minutes. Other treatments (for example, dilatation) may take longer.

What happens after the test?

Your recovery time will depend on whether you have had a sedative. 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 the effects have reduced. This usually takes at least 30 to 45 minutes. If you have not had a sedative, you can leave as soon as you are ready.

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.

Advice after having a sedative

If you have a sedative you may feel tired, dizzy or weak straight afterwards. You must have someone to collect you from the Endoscopy Unit and stay with you for at least 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.



What happens when I go home?

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

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

- severe or continuous pain in your neck, chest or abdomen (tummy)
- persistent nausea or vomiting
- pooing black (tarry) stools
- temperature of 37.4°C and higher
- chills.

When will I get my results?

Before you leave, we may give you a copy of your test report. We will also give you any instructions you need. We will also send a copy of the test report to your GP (home doctor).

Who can I contact with queries and concerns?

If you have any questions, such as what to do about medication, before or after your procedure, contact the relevant Endoscopy Unit, 9am to 5pm, Monday to Sunday.

- King's College Hospital Endoscopy Pre-assessment Clinic, tel: **020 3299 2775**
- PRUH Nurses' Station, tel: **01689 864028**

If you want to change your appointment or need another information leaflet, contact the relevant Endoscopy Unit Reception, 9am to 5pm, Monday to Sunday.



- King's College Hospital Reception, tel: **020 3299 3599**
- PRUH Reception, tel: **01689 864120** (male)
- PRUH Reception, tel: **01689 864723** (female)

Out of the hours above, for urgent worries or queries, you may contact NHS Direct on telephone number 111 or go to your nearest Emergency (A&E) Department and take a copy of the report with you.

The Endoscopy Department is working hard to reduce the impact of its service on the environment, to find out more please see

www.kch.nhs.uk/services/services-a-to-z/endoscopy/

Sharing your Information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

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. They can also pass on praise or thanks to our teams.

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

Tel: **020 3299 3601**

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

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

Tel: **01689 863252**

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

If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net.



