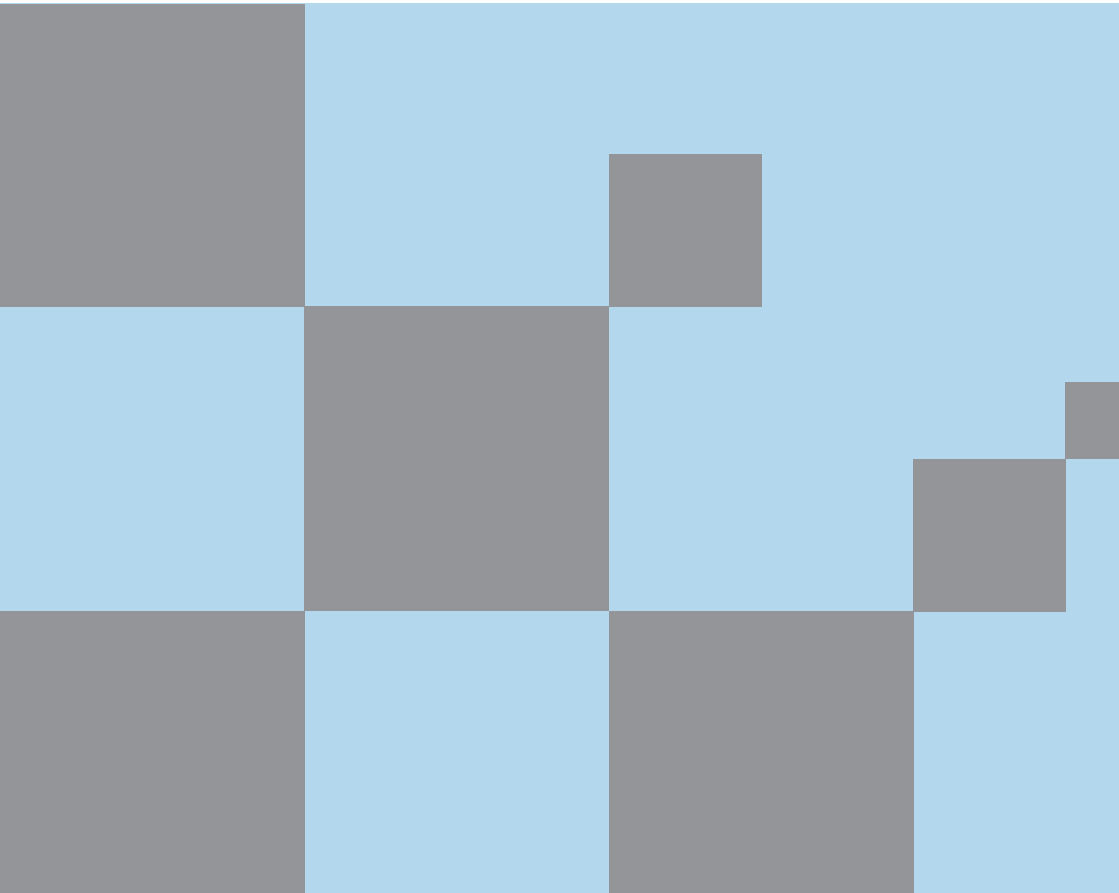


# Gastroscopy

Oesophago-gastro duodenoscopy (OGD)

*Your appointment details, information about the  
examination, and consent form*

**Please bring this booklet with you  
to your appointment**





## Your appointment

An appointment for your Gastroscopy has been arranged at:

John Radcliffe Hospital, Endoscopy Unit  
Telephone Oxford (01865) 221466

Horton Hospital, Endoscopy Unit  
Telephone Banbury (01295) 229668

Day and date: .....

Time: .....

Please telephone the Endoscopy Unit on the relevant telephone number above if this appointment time is not convenient for you or if you are unable to keep your appointment. This will enable staff to arrange another date and time for you and to give your appointment to someone else.

Please leave all valuables at home. The hospital cannot accept responsibility for these items.

If you need travel information please refer to the website at [www.oxfordradcliffe.nhs.uk](http://www.oxfordradcliffe.nhs.uk) or telephone the numbers above and we will send you an information leaflet.

## Introduction

You have been advised by your GP or hospital doctor to have a gastroscopy examination. Your formal consent is required before we can carry out this examination. This booklet has been written to explain how the examination is carried out and what the risks are. This will help you to make an informed decision in agreeing to the examination and whether you wish to have a sedative. The consent form is at the front of the booklet.

If there is anything you do not understand, or anything you wish to discuss further - but still wish to attend for the appointment, do not sign the consent form. Instead, bring it with you and you can sign it after you have spoken to one of our doctors.

**The consent form is a legal document – please read it carefully.** Once you have read and understood all the information, including the risk of complications, and you agree to undergo the examination, please sign and date the consent form. You will notice that the consent form is carbonised, allowing you to keep a copy for your records. Please complete the form while it is still attached to this booklet. **Please bring this booklet, including the consent form, with you.**

## What is a gastroscopy?

The examination you will be having is called an oesophago-gastro-duodenoscopy (OGD), sometimes known more simply as a gastroscopy or endoscopy.

This is an examination of your stomach, oesophagus (the tube that carries food from your mouth to your stomach), and duodenum (the first part of your small bowel). The instrument used is called a gastroscope, a flexible tube with a diameter less than that of a little finger. The gastroscope has a light and a camera on the end. The camera sends pictures of the lining of your oesophagus, stomach and duodenum to a screen – where the endoscopist is able to look at them.

During the examination the endoscopist may need to take some small tissue samples, called biopsies, for analysis under a microscope in our laboratories. Any samples we take will be kept. Photographs may be taken and will be kept in your health record.

The examination is carried out by a trained doctor or nurse called an endoscopist. You may choose to have either a sedative to help you relax during the examination or local anaesthetic throat spray to numb your throat.

## How long will I be in the endoscopy department?

This depends upon whether you have sedation and also how busy the department is. You should expect to be in the department for, approximately, most of the morning or afternoon. The Unit also deals with emergencies and these can take priority over people with outpatient appointments.

## Why do I need a gastroscopy?

You have been advised to have a gastroscopy to try and find the cause of your symptoms. The results will help us to decide on the best treatment for your problem or whether we need to carry out any further examinations.

A gastroscopy may be advised for a number of reasons including: **indigestion, anaemia, losing weight without trying to, vomiting, blood in your stools, passing black stools, vomiting blood, difficulty swallowing or a lump in your upper abdomen.**

## What are the alternatives?

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

## Sedation or throat spray?

A sedative injection can help you to relax during the gastroscopy if you are anxious. Local anaesthetic throat spray can improve your comfort during the examination. You will be offered the choice of sedation or local anaesthetic throat spray. If you are unduly anxious about the procedure, it is usually best to have sedation.

### **Sedation**

The sedative is injected into a vein in your hand or arm and will make you drowsy and relaxed but is not the same as a general anaesthetic. The purpose is to make sure that the procedure is well tolerated and to avoid discomfort. It is unlikely that you will remember anything about the examination afterwards. We will monitor your breathing and heart rate during the examination and you will be able to breathe quite normally throughout.

**If you have sedation you will not be permitted to drive home or use public transport. 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.**

### **Anaesthetic throat spray**

With this method the throat is numbed with a local anaesthetic spray – this has an effect very much like a dental injection. As gastroscopes have become thinner, some patients are happy for the examination to be carried out without sedation and to have throat spray instead.

The benefit of choosing throat spray is that you are fully

conscious and aware and can go home unaccompanied soon after the examination. 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 examination, until the sensation in your mouth and throat has returned to normal. It is strongly advised that when having your first drink after the examination, it should be a cold drink and should be sipped to ensure you do not choke.

## Preparation

### **Eating and Drinking**

You must not eat anything for at least 6 hours before your gastroscopy because food can stop the endoscopist getting a clear view of the inside of your stomach. It also increases the risk of inhaling (breathing in) the contents of your stomach into your lungs, which can cause severe pneumonia. You'll be able to have a few sips of water up to 2 hours before your test. If you do eat something, your test will need to be cancelled.

### **What about my medicines?**

**You should continue to take any routine medicines.**

### **Patients with diabetes**

If you have diabetes controlled by insulin or tablets, please telephone the Endoscopy Unit for advice at least 1 week before your endoscopy appointment.

### **Anticoagulants**

Please telephone the Endoscopy Unit at least 2 weeks before your endoscopy appointment if you are taking anticoagulants, e.g. warfarin or Clopidogrel.

## What happens when I arrive at the Endoscopy Unit?

When you arrive you will be met by a nurse who will ask you a few questions about your medical condition and any past surgery or illness. This is to confirm that you are fit enough to undergo the gastroscopy examination. The nurse may record your heart rate and blood pressure, and if you are diabetic, also your blood glucose.

The nurse will also make sure you understand the examination and you will be able to ask any further questions or raise any concerns you may have. The nurse will ask you for your signed consent form. If you have not already signed the consent form the doctor will be able to answer any questions you still have or talk to you about any concerns.

The nurse will also ask you about your arrangements for getting home after your gastroscopy. **If you have decided to have a sedative, you must be accompanied home.** (See page 6)

Please note that this is a specialist department and that you will be cared for by staff irrespective of gender, race or creed.

## What happens during the gastroscopy examination?

You will be escorted into the examination room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions.

You will be given a small plastic mouth guard to put between your teeth to protect them during the examination. (If you have any dentures you will be asked to remove them first.)

If you are having local anaesthetic throat spray this will be sprayed onto the back of your throat whilst you are sitting up –



the effect is rapid and you will notice loss of sensation to your tongue and throat.

The nurse looking after you will then ask you to lie on your left side and will place a probe on your finger to monitor your oxygen levels. If you have decided to have a sedative this will be injected at this point through a small tube (cannula) in your arm or hand and you will quickly become sleepy. A small suction tube, again rather like the one used at the dentist, will be placed in your mouth to remove any saliva or other secretions produced during the examination.

The endoscopist will put the gastroscope into your mouth and ask you to swallow. The endoscopist will then push it gently down your oesophagus into your stomach and then into your duodenum. You will be able to breath normally through your nose. A small amount of air is blown into your stomach to help the endoscopist to see what's going on.

The endoscopist will move the endoscope around your oesophagus, stomach and duodenum and look at the pictures on a screen. Samples may be taken for analysis under a microscope in our laboratories. These samples will be kept. Any photographs will be kept in your notes.

## What are the risks?

A gastroscopy is a simple and safe examination for most people. Serious problems are rare. However, you need to weigh up the benefits against the risks of having the procedure. The risks can be associated with the examination itself and with the sedation. The main risks are:

- A tear (perforation) in the lining of the stomach or oesophagus. Nationally this happens to approximately 1 in 2000 patients but it's less often in this hospital. Certain cases may be treated with antibiotics and intravenous fluids. Perforation may require surgery to repair the hole.

- There is a risk that small abnormalities may be missed – though this is very unlikely.
- Bleeding may occur at the site of biopsy, and nearly always stops on its own. Very rarely this could result in you being admitted to hospital.
- Problems with breathing, heart rate and blood pressure – but such problems are normally short lived. We will monitor you carefully so that if any problems do occur they can be treated quickly. Older patients and those with significant health problems, for example, people with significant breathing difficulties, may be at higher risk.
- Mechanical damage caused by the endoscope to teeth or bridgework – this is very rare.
- Heart attack or stroke. These are very rare and are more likely to affect elderly patients (heart attack) or patients already at risk of having a stroke.

## After the examination

You may rest for up to an hour. Your blood pressure, heart rate and breathing will be monitored. If you are diabetic, your blood glucose will also be monitored. Once you have recovered from the initial effects of any sedation you will be offered a drink and a biscuit. You should not have any pain.

Before you leave the department, a nurse or the endoscopist will explain the results of the examination and whether you need any medicines or need to come back for further tests. If you haven't had a sedative you will be able to go home or back to work soon after the gastroscopy. You will be given a copy of your report.

**If you have had a sedative**, it can make you forgetful and intermittently drowsy for up to 24 hours after the examination – even though you may feel fully alert. It is therefore a good idea to have a member of your family or a friend with you when you are given the findings of your examination. If you live alone,

we recommend that you arrange for someone to stay with you overnight. You must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the examination. Most patients feel perfectly back to normal after 24 hours. If you still feel at all drowsy, you should wait a further 24 hrs before driving.

If the person collecting you has left the Unit, a nurse will telephone them when you are ready to go home.

## After you go home

If you have any problems with a persistent sore throat, or worsening chest or abdominal pain, in the period up to 48 hours after your gastroscopy, please contact the department where you had your appointment between 8am and 6pm Monday to Friday. Outside these times please contact:

**John Radcliffe, Ward 5F: Tel: 01865 221185**

**Horton switchboard: Tel: 01295 275500 and ask for the on-call medical registrar.**

**If you are unable to keep your appointment please help us by notifying the Endoscopy Unit as soon as possible. Your appointment slot can then be given to someone else, and you will be offered an alternative date and time.**

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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