Gastroscopy

(Oesophago-Gastro Duodenoscopy, or OGD)

This booklet contains advice for patients and carers about having a Gastroscopy or OGD

Endoscopy Department
Website: www.rbch.nhs.uk  Tel: 01202 704668

This booklet is designed to be practical and informative. Please read all of the information or you may miss important instructions.

If you have any questions regarding the information or instructions in this booklet, please call the Endoscopy Department on the number below, and a member of staff will be pleased to help you.

Endoscopy Department: 01202 704668 (Monday - Friday 8am - 6.30pm)

If you cannot attend your appointment it is important that you telephone as soon as possible so that we may offer it to another patient. The number to call is:

Booking Office: 01202 704667 (Monday - Friday 9.30am - 12 noon, 2pm - 4pm)

If you would like to look around the Endoscopy Department before you come for your procedure, you can do so by appointment. Please contact the Endoscopy Department as above to arrange this.

If you have internet access, there are several videos about the Department and the procedures that we carry out which you can view. This may help to answer many of your questions and make you feel more familiar and at ease when you visit us.

The website address below will take you to the homepage for Royal Bournemouth Hospital. Please search for “endoscopy”. This will take you to a link for Bournemouth Digestive Diseases Centre, where you can view the videos.

Website: www.rbch.nhs.uk

What is a Gastroscopy?

A gastroscopy, (or oesophago-gastro-duodenoscopy - OGD) is an investigation in which the oesophagus (or gullet), stomach and the first part of your small bowel (duodenum) are examined with a gastroscope. A gastroscope is a long, thin, endoscope; a smooth flexible tube with a light source and camera built into the tip.

The gastroscope is passed through the mouth into the oesophagus and beyond with the help of local anaesthetic. Many patients tolerate this very well with local anaesthetic throat spray alone, while others prefer to have light sedation.
Why am I having a Gastroscopy?
Your doctor has referred you for this procedure in order to investigate your symptoms. These may include indigestion, reflux, difficulty swallowing, anaemia, vomiting, weight loss, or blood loss either through vomiting, or as black, tarry stools.

Gastroscopy allows the endoscopist to directly view the lining of the oesophagus, stomach and duodenum to look for the cause of the symptoms you have been experiencing. During this test the endoscopist can take a biopsy (a small sample of tissue) for testing if necessary. The tissue is removed painlessly through the gastroscope using tiny forceps and sent off for examination.

Are there any alternatives to this test?
It is possible to have x-ray tests, depending on the nature of your symptoms. A barium swallow can look for any blockages in the oesophagus. A barium meal can detect large ulcers. However, a gastroscopy is the only test where the endoscopist can directly look at the lining of the oesophagus, stomach and duodenum and take samples.

Are there any risks with a Gastroscopy?
As with many medical investigations, there are some possible complications associated with gastroscopy. These happen very rarely, but it is important that you are made aware of them so that you are able to give your consent. The doctor who has referred you will have considered this, and whether the benefits of having the procedure outweigh the risks to you. The potential risks as they appear on the consent form include:

Perforation:
There is a very small risk that the investigation may result in a small tear or hole (perforation) in the stomach, oesophagus or small bowel. If this happens you would need to stay in hospital, and might require an operation to repair it.

Bleeding:
There is a small risk that bleeding may result when a sample is taken. Bleeding can also arise if perforation occurs, or from damage to the soft lining from the endoscope. This usually stops by itself, but it may be necessary for you to stay in hospital for treatment and observation if it persists or is excessive.

Aspiration:
While the throat is numb from the local anaesthetic spray there is a risk that you may inhale secretions that you would usually swallow. This could lead to a chest infection. Sedation makes you drowsy and adds to this risk. We will protect your airway during the procedure by suctioning secretions away. Fasting before your gastroscopy helps to ensure your stomach is empty and reduces the risk of you aspirating any stomach contents.

Infection:
The risk of infection is very low but cannot be eliminated entirely; the gastroscope is disinfected according to strict guidelines. Everything else is single-use (disposable).

Miss rates:
We cannot guarantee that we will spot everything there is to be seen. The lining of the digestive tract contains lots of folds, and views may be obscured. We will of course be as thorough as possible and it is unlikely that we would miss anything significant.

Adverse reaction to medication:
We will watch you closely for signs of allergic reaction to the throat spray and any sedation that is given. Sedation, if given, could compromise your breathing; reversal agents are available and we will support you as necessary.

Failure to complete the procedure:
Your comfort and safety are our priority; we will stop at any time if we cannot ensure this, or if there is a problem with equipment, which is rare.
Risk of damage to teeth:
There is a slight risk to crowned teeth or dental bridgework. A protective mouth guard is used which the nurse will support in place for the procedure.

Why have you sent the consent form to me?
The consent form gives the hospital and the endoscopist a formal indication that you are agreeing to have a gastroscopy. Please read the consent form to familiarise yourself with it, and bring it with you to the Endoscopy Department on the day of your test. You do not need to fill it in; a nurse or doctor will complete the form with you and witness your signature as part of your admission process. Please do not sign the form before then. Before you sign the form you should understand what you are consenting to. The information about your test is included in this booklet. The Endoscopy staff will also be happy to answer any questions you may have.

Can I change my mind?
You are quite within your rights to change your mind at any stage. You may find it helpful to discuss the test with your family, friends and / or GP. If you decide not to go ahead with your gastroscopy, please let us know in good time.

Can I seek a second opinion?
Yes, at any stage. This can be arranged through your GP.

What do I need to do before the procedure?
It is important that you do not have anything to eat or drink for six hours before your appointment. Having an empty stomach reduces the risk of contents coming up during the procedure, and ensures the lining is visible for inspection.

If you are suffering from a heavy cold, sore throat or chest infection, it may be advisable to postpone your gastroscopy until you are feeling better. Please contact your GP or the Endoscopy Department to seek advice.

If you would prefer to have sedation, please make sure that a responsible adult is available to collect you after your gastroscopy and stay with you for at least 12 hours. Make sure you bring their contact details with you when you come.

Should I take my medicines as normal?
If you take medicines prescribed by your GP (for example, for epilepsy, or a heart condition) you may take these with small sips of water. It is safe to take your essential medications with small sips of water (no more than 50mls) during the six hour period where you are otherwise taking nothing by mouth, provided that you let us know when you come for your gastroscopy.

If you are diabetic, you should find that an advice sheet is enclosed with this booklet and your appointment letter. Please telephone the number below for further advice if needed:

Diabetes Nurse Specialist: 01202 704888

If you are taking warfarin, or similar medication such as clopidogrel, dipyridamole or dabigatran to prevent clotting (except aspirin, which you may continue), we advise that you telephone the number below to inform us. A trained nurse will be able to advise you about taking your medication.

Anticoagulant Nurse Advisor: 01202 704665

Do I need to bring anything with me?
Please ask your GP’s receptionist to print out a list of your medication and allergies and bring this list with you on the day of your appointment. You do not need to see your GP for this. We will also ask you for details of your medical history.

It is always sensible to bring your medication with you, particularly if you are diabetic.
The Endoscopy Department is very busy and sometimes appointments are delayed due to emergencies or unforeseen problems. Every effort will be made to see you punctually, but it may not always be possible for you to be seen at precisely the time stated on your appointment letter. It is advisable to bring a book or something to read to help you pass the time.

**Your appointment time is not the time you will have your test. It takes time to safely admit you and prepare you for your procedure. You may be in the Endoscopy Department for up to three hours.**

Do not bring valuables or large quantities of money into the hospital as we cannot accept responsibility for them.

You will not need to get undressed for your test, but it is advisable to wear loose, comfortable clothing.

If you choose to have sedation, the effects can take up to 24 hours to wear off. Therefore it is essential that you have somebody to collect you and be at home with you for the first 12 hours. You will be unable to drive, work or use public transport unsupervised for 24 hours after your gastroscopy if you have had sedation. Please ensure that you bring the details of the person who will be collecting and staying with you after discharge when you come to the Endoscopy Department for your procedure.

**What will happen on the day?**

Please report to the Endoscopy Department at the time indicated on your appointment letter. The receptionist will check your details and ask you to complete a form, if you have not already done so, giving details of your medical history, regular medications, allergies, and contact details of the person collecting you / next of kin.

You will then be taken to a seating area from where a nurse will collect you to complete your admission. We ask your family and friends not to accompany you beyond this point. The department is very busy and space can be limited at times. We will tell them the approximate time that you will be ready to leave and ask them to return at that time. Alternatively you or the nurses can contact the person taking you home by phone after the procedure.

A nurse will check your details and documentation and admit you for your gastroscopy. Your blood pressure, pulse and oxygen levels will be measured to ensure that you are well enough to have the procedure. If you are diabetic the nurse may also measure your blood glucose level at this time.

If you decide to have sedation, a cannula (flexible needle) will be inserted into your hand or arm in order that a sedative can be given. The pros and cons of having sedation are discussed later in this booklet.

The nurse will discuss the risks and benefits of having a gastroscopy and make sure that you understand what the procedure involves. You will then be asked to sign the consent form to indicate that you understand the information given and that you give permission for the procedure to go ahead. You will have the opportunity to ask any questions at this point.

If you have any communication difficulties, or require a translation service, please let the nursing staff know on the day and they will ensure that you have the support you require.

**Who will be in the procedure room with me?**

You will be accompanied into the procedure room by a nurse who will monitor and support you throughout your gastroscopy. Also present will be the endoscopist performing the procedure and another nurse who will assist with equipment and the collection of samples.

The procedure will be performed by an appropriately qualified and experienced endoscopist. In some cases a trainee may be present, who may be learning to perform gastroscopies under direct, expert supervision. If you would prefer not to have your gastroscopy performed by someone who is training you will have the opportunity to make this known before entering the procedure room.
What will happen to me during the procedure?

When you enter the procedure room you will be asked to sit upright on a trolley. A probe will be placed on your finger so that your pulse and oxygen levels can be monitored throughout the procedure. If you have any dentures or plates we will ask you to remove them at this point and keep them safe with the rest of your belongings.

To help you swallow the gastroscope, the back of your throat will be sprayed with local anaesthetic. This can taste a little unpleasant and will numb your throat. We will then ask you to lie on your left side. If you find this difficult please let the nurse know and the staff will assist you. A plastic mouth guard will be put in place to protect you and keep your mouth slightly open.

If you have chosen to have sedation, it will be given at this point. A small sponge will be placed just inside your nostril so that oxygen can be given to support you. The sedative is then injected via the cannula in your hand or arm. This will make you feel drowsy, relaxed and will reduce your awareness of time. The endoscopist will then insert the gastroscope.

When the endoscopist passes the tube over the back of your tongue it is important to stay calm. It may cause you to gag, but this will subside. It should not cause you any pain or stop you being able to breathe. Listen to the nurse and focus on your breathing. You can breathe through your mouth and nose as you wish. The nurse will keep you safe by suctioning or wiping any secretions away to keep your airway clear.

As the gastroscope is passed down through the oesophagus and into the stomach, the endoscopist will need to blow some air in so that he or she can get a clear view of the lining. This may make you feel bloated but it will pass. You may feel a bit of pressure as the endoscopist passes the gastroscope through the sphincter (opening) at the bottom of your stomach. This should not be painful. The endoscopist will check the duodenum and then start to withdraw the gastroscope, taking photographs and biopsies as necessary on the way back.

Sometimes the endoscopist may take a biopsy or a CLO test. This involves taking a piece of tissue from the lining of your stomach to test for a bacterium called Helicobacter Pylori. The sample of tissue is tiny and is removed painlessly through the gastroscope using tiny forceps. You will be informed if this test has been performed and offered information by the nursing staff before you go home. Photos may also be recorded.

The gastroscopy usually lasts between 5 to 10 minutes. When the procedure is finished the endoscopist will gently remove the gastroscope, sucking out as much air as possible to relieve any bloating sensation.

If you have had sedation you will be taken to our recovery area for monitoring until you are fully awake. If you have had throat spray alone, you may choose to go home straight after the procedure, or come to our recovery area for refreshments.

Choosing whether or not to have sedation:

It is not necessary to have sedation in order to have a gastroscopy. Many people tolerate the procedure very well with throat spray alone. However, if you are feeling anxious sedation can help to make you feel more relaxed. The benefits and drawbacks of either choice are presented below:

Gastroscopy with throat spray:

If you have the procedure with throat spray alone you may leave the department immediately afterward if you wish. There are no restrictions in terms of driving or working or childcare. Once the throat spray has worn off (about 20 minutes) you can test your swallow with sips of cool water. When you are satisfied that your swallowing sensation has safely returned you can resume eating and drinking. You will be awake and aware during the procedure, as it is described above. It is a short procedure, and without sedation, you will be in the Department for a much shorter period. You will be given discharge advice and contact numbers to take home.
Gastroscopy with throat spray and sedation:
The sedation we use is a form of conscious sedation. If you choose to have sedation you will feel drowsy and relaxed, but it is unlikely to send you to sleep. The sedation will reduce your awareness of time and may make you forget the procedure itself. Afterwards, you will need to be monitored for approximately an hour before you can get up and have refreshments. It takes about 24 hours for the sedation to leave your system. Until then your reaction times will be slower and your judgement will be impaired, therefore:

You must be supervised by an adult for the next 12 hours.

For 24 hours you must not drive any motor vehicle, work, operate heavy machinery, sign anything legally binding, drink alcohol or take sedative medication, or look after babies or young children.

What happens after the procedure?
If you have had throat spray alone, you can leave the Department straight away if you are well. You are welcome to come to our discharge lounge for refreshments if you wish. You must not have anything to eat or drink for at least 20 minutes after throat spray has been given. After this time, you can test your swallow by sipping cool water. You should not have anything hot or solid until you are sure that you can swallow safely and that the sensation has returned.

If you have had sedation you will be transferred to the recovery area where a nurse will monitor you while you are drowsy. After about an hour, when you are feeling more alert, we will escort you through to our discharge lounge for refreshments. The nurse will contact the person who is collecting you.

In either case, before you go home, a nurse will give you written discharge advice and contact numbers.

When will I know the results of my gastroscopy?
If you choose not to have sedation, the endoscopist will tell you what he or she has seen after the test. You may also be given a printed report (a copy will also be sent to your GP).

If you choose to have sedation, the nursing staff will relay the information to you when you are fully awake. We prefer to do this once you have someone with you, as sedation can make it difficult for you to remember things. If you object to hearing your results with a friend or relative present please let the nursing staff know.

A copy of your report will be sent to your GP. Further details of the test, results of any samples and any necessary treatments or medications should be discussed with your GP. The nurse will tell you before you leave if you require an outpatient appointment with the consultant.

How will I feel after the gastroscopy?
Your throat may feel a bit sore for the rest of the day. It will settle without any treatment, but simple pain medication like paracetamol may help.

You may feel a little bloated. This is due to air remaining in your stomach after the procedure. It will soon settle and does not require any treatment or medication.

What should I do when I get home?
If you have not had sedation you can return to your usual way of life as soon as you feel able.

If you have had sedation you should rest quietly for the remainder of the day. You will be able to return to your normal activities after 24 hours. You will be given an advice sheet which clearly details the safe advice and restrictions discussed earlier. Please abide by them; they are designed to protect you and others while you are recovering from sedation.
What if I feel unwell after I have been discharged?
If you develop a fever, pain in the chest, vomit blood or pass black stools, you should contact your GP or attend the Emergency Department. You can also call the following numbers for advice:

Endoscopy Department: 01202 704668
Monday - Friday 8am - 7pm

A range of information booklets are available from the Endoscopy Department which you may find helpful, please ask the nursing staff who will be happy to help you.

Where is the Endoscopy Department?
The Endoscopy Department is on the Ground Floor next to Ward 1, in the West Wing of the Royal Bournemouth Hospital. A map of the hospital is included below.

Car Parking Facilities:
The Hospital’s public car parks are clearly sign-posted and shown on the map above. The car parking area nearest to Endoscopy is car park B. You can also use car parks A, C, and F.

Please note that at certain times the car parks can get very busy and spaces can be limited. The car parks operate a ticket and barrier system, and are not ‘pay-and-display’. You will be issued with a ticket when you enter the car park. Please keep this ticket with you and do not leave it in your car. Upon leaving the Hospital, you will find the Pay Stations located near the building at each exit. The payment machines accept coins, notes and cards. Charges range from £1 to £7. Disabled parking spaces are available.
For further advice or information please contact:
Endoscopy Department
01202 704668

Please don’t be a DNA!
A DNA is someone who Did Not Attend for a hospital appointment and did not advise us beforehand. Many appointments each year are wasted in this way. If you cannot attend, or need to rearrange your appointment, please telephone the number on your appointment letter.