

Gastroscopy



The Procedure Explained

This booklet contains information about your Procedure and the Consent Form.

Please bring this booklet with you when you attend your Appointment.

Summary of Important Points

Please note that the time given to you is your arrival time and not the time of your procedure. The time taken to perform endoscopy procedures vary and emergency patients sometimes need to be accommodated. Due to this, there can sometimes be a wait before you are taken into the procedure room. The approximate length of time that you will be within the department is around 2 to 3 hours, but can be longer.

- If you are unable to keep your appointment, please notify the endoscopy administrative team **as soon as possible**.
- **Have you read this booklet?** You will need to do this before speaking to a member of the endoscopy administrative team for pre-assessment and arranging an appointment date and time. **You should also tell us if you require an interpreter.**
- Have you **signed the coloured Consent Form** at the back of this booklet?
- Have you followed the **'Nil by Mouth'** instructions below?
- We advise that you wear loose fitting clothes.
- **Do not** bring valuables with you. The hospital **cannot accept any responsibility** for the loss or damage to personal property during your time on these premises.
- If you are having sedation, you will **not be permitted to drive home or use public transport on your own**, so you must arrange for a responsible adult to collect you. The nurse will need to be given their telephone number so that they can contact them when you are ready for discharge. **Someone will also need to stay with you for at least 4 hours after leaving the department.**

Please note that if you decide to have sedation **you are not permitted to drive, operate heavy machinery or sign any legally binding documents.** You should also refrain from **drinking alcohol or working for 24 hours following the procedure.**

This booklet has been written to help you to make an informed decision in relation to agreeing to the investigation and whether you wish sedation to be used.

The Consent Form 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 (this can be done at home) and bring it with you to your appointment**. You will notice that a Welsh and English language copy of the Consent Form is included - please fill it in while it is still attached to this booklet. A copy will be available for you to keep for your records.

If however 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 healthcare professional. Even if you have signed the Consent Form you can still change your mind about having the procedure at any time.

What is an OGD?

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

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 that relays pictures back to a television screen.

The procedure will be performed by, or under the supervision of, a trained doctor or nurse endoscopist. Most patients prefer to remain awake and have a local anaesthetic throat spray, although others have a mild sedative injected into a vein for this procedure.

Why do I need to have an OGD?

You have been referred for 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.

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. However, if you do not want to have an endoscopy test please inform the endoscopy administration team as soon as possible so your appointment can be offered to another patient.

Preparing for the investigation

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 test. Small sips of water are safe up to two hours before the test.**

If your appointment is in the morning have nothing to eat after midnight but you may have small sips of water until 2 hours before your appointment.

If your appointment is in the afternoon you may have a **light breakfast** no later than 8am and small sips of water until 2 hours before your appointment.

What about my medication?

You will be asked about any medications you take during your pre-assessment so please make sure you have a list available. **Your routine medication should be taken unless advised otherwise (with sips of water).**

Diabetics

If you are a diabetic controlled on insulin or medication please telephone the Diabetic Nurse Specialist on 029 20748969 (University Hospital of Wales) or 029 20715651 (Llandough) for advice prior to your appointment.

What happens when I arrive?

When you arrive in the endoscopy department you should report to the reception area.

Following this, a qualified nurse will call you into a side room to ask you a few 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. They will also confirm your

arrangements for getting home. 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 a local anaesthetic throat spray or sedation (this is dealt with in more detail in the next section of this booklet).

Your blood pressure, heart rate and oxygen levels will be recorded and if you are diabetic, your blood glucose level will also be checked.

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 local anaesthetic throat spray can improve your comfort during the procedure so that the endoscopist can perform the procedure successfully. Depending upon the reason for the test, the endoscopist may be happy to give a combination of both the throat spray and sedation.

Intravenous sedation

If you have sedation, a nurse or doctor will need to insert a cannula (small plastic tube) into a vein in your hand or arm, through which the sedation will be administered later, in the procedure room.

The sedation will make you feel relaxed and sometimes slightly drowsy, but **not unconscious (or 'knocked out')**. You will be in a state called conscious sedation: this means that you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation can sometimes affect your memory of the procedure but this is very variable. You will usually be aware of some discomfort but the endoscopist will try to keep this to a minimum.

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 is also recorded. You will be given additional oxygen through your nose.

Anaesthetic throat spray

The throat is numbed with a local anaesthetic spray. This has an effect very much like a dental injection and so reduces the gagging sensation, but you can still swallow and breathe as normal.

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 up to an hour after the procedure, until the sensation in your mouth and throat has returned to normal.

The OGD examination

In turn you will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves. They will initially ask some questions as part of a routine safety checklist.

If you have any dentures you will be asked to remove them at this point and place them in a plastic container. Any remaining teeth will be protected by a 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 whilst you are sitting up and swallowing: 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 receiving sedation, you will be given additional oxygen *via* a nasal cannula (tube) and the sedative drug will then be administered into the cannula in your vein to relax you.

Any saliva or other secretions produced during the investigation will be removed using a small suction tube placed into the mouth, like the one used at the dentist.

The endoscopist will introduce the gastroscope into your mouth. It is a normal part of the test to feel pressure at the back of the throat as the tube passes into your gullet (oesophagus). Your windpipe is deliberately avoided and your breathing will be unhindered. You may experience bloating and some discomfort as air is passed into your stomach and duodenum. This sometimes results in belching.

You should indicate to the endoscopist if you want the procedure to stop at any point. It is important that you **do not try to remove the camera yourself** as this can result in tearing of your gullet lining.

During the investigation, the endoscopist 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 in the laboratory in case they are required again in the future. Photographs and/or a video recording may be taken for your records.

Completion and missed lesions

In a small number of cases it may not be possible to insert the gastroscope into the oesophagus. If this is the case, the endoscopist will advise you if any alternative tests are required.

A gastroscopy is currently the most accurate test that we have available to examine the oesophagus, stomach and duodenum, however there are several points we need to draw to your attention. Due to the naturally occurring folds, it is recognised that there is a risk of approximately 6 in 100 cases that a significant abnormality could be missed, even in the most expert hands. This risk is higher if the stomach is not completely empty or you are unable to retain the air used to examine your stomach.

Risks of the procedure

Upper gastrointestinal endoscopy is classified as an invasive investigation and because of that it has the possibility of associated complications. These occur rarely; we would wish to draw your attention to them in order for you to make an informed decision about proceeding with the procedure. The clinician who has requested the test will have considered this, and the risks must be compared to the benefit of having the procedure carried out. The risks can be associated with the procedure itself and with administration of the sedation.

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 2,000 procedures) and bleeding which could entail you being admitted to hospital. Sometimes it may require antibiotics and intravenous fluids and possibly surgery to repair the hole (perforation).

Bleeding may occur at the site of biopsy, and nearly always stops on its own or can be treated at the time of the procedure. However very rarely it may require a blood transfusion or surgery.

Risk of sedation

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. These risks are higher in older patients and those who have significant health problems (e.g. people with severe breathing difficulties) and so the endoscopist may need to discuss sedation with you in more detail before having the procedure. If any of these problems do occur, they are normally short lived. Careful monitoring by a trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

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 breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing.

Once you have recovered from the initial effects of any sedation, you will be moved into a comfortable chair and offered a hot or cold drink and biscuits. Before you leave the department, the nurse or doctor will explain the findings and any medication or further investigations required. They will also inform you if you require further appointments.

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. **If you live alone, you must arrange for someone to stay with you for at least 4 hours after leaving the department.**

The nursing staff will telephone the person collecting you when you are ready for discharge.

Post endoscopy advice

Before you leave the endoscopy department, you will be provided with a discharge advice sheet and offered a copy of your endoscopy report. A copy will also be sent to your GP and referring doctor. This advice sheet will explain whom to contact should you experience any problems following your procedure.