



Gastroscopy

The procedure explained

If you have sedation you will need to arrange for someone to take you home and stay with you overnight.

Please contact the Patient Focus Booking Office if this is not possible.

You **MUST** read this booklet carefully before you sign the consent form

Patient Focus Booking Office
01236 712993

THIS INFORMATION WILL HELP YOU DECIDE IF YOU WANT TO HAVE A GASTROSCOPY

You must read this information carefully **before** you sign the enclosed consent form. 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**. The consent form is a legal document, therefore please read it carefully.

If there is anything you do not understand, or you wish to discuss further you should not sign the form. Bring it with you and sign it after you have spoken to a health professional.

WHAT IS AN OGD?

The procedure you will be having is called an oesophago-gastroduodenoscopy (OGD) sometimes known more simply as a Gastroscopy or Endoscopy.

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 a light channel which enables light to be directed onto the lining of your upper digestive tract and another which relays pictures back to the Endoscopist onto a television screen.

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 for further analysis. A video recording and/or photographs may be taken for your records.

The procedure will be performed by or under the supervision of a trained doctor or Nurse Endoscopist, and we will make the investigation as comfortable as possible for you. Most patients prefer to remain awake and have a local anaesthetic throat spray for the test, while some prefer to have light sedation injected into a vein.

WHY DO I NEED TO HAVE AN OGD?

You have been advised to undergo 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.

WHAT ABOUT MY MEDICATIONS?

You should continue taking your routine medication.

Patients attending for the first time should stop taking medication such as **Omeprazole, Rabeprazole, Lansoprazole, Esomeprazole and Pantoprazole TWO weeks** before their test date.

Ranitidine should be stopped **14 days** before the test although Gaviscon can still be taken for heartburn. If on anti-platelet/anti-coag drugs to highlight as will require pre-assessment only if repeat procedure.

If you are having a review scope for a previously diagnosed narrowing of the gullet, Barrett's Oesophagus, Oesophagitis (inflammation of the gullet) or to check for healing of an ulcer found during the last two or three months, it is important that you **CONTINUE** to take your acid reducing medication right up to the day before your repeat Endoscopy. If unsure please telephone the Unit.

If you have had recent eye surgery within the last eight weeks to contact the endoscopy unit.

PREPARATION

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 amounts of water are safe up to **3 hours** before the test.

Morning Appointment

Nothing to eat after midnight but you may have a drink at 6am.

Afternoon Appointment

You may have a light breakfast **no later than 7 am** and small amounts of water until **3 hours** before your appointment.

If you are unable to keep your appointment please notify the Patient Focus Booking Office as soon as possible.

INTRAVENOUS SEDATION

If you choose to have sedation, you will be given it through a cannula which will be inserted into your hand or arm, this will make you lightly drowsy and relaxed but not unconscious. You will be in a state called cooperative sedation. This means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation makes it unlikely that you will remember anything about the examination.

Whilst you are sedated, we will monitor 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 may also be recorded.

Please note as you have had sedation you must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure and you will need someone responsible to accompany you home and stay with you for 24hrs.

ANAESTHETIC THROAT SPRAY

With this method sedation is not used, but the throat is numbed with a local anaesthetic spray. As the gastroscopes have become thinner many patients are happy for the procedure to be carried out without sedation and to have throat spray instead. The throat spray has an effect very much like a dental injection.

The benefit of choosing throat spray is that you are fully conscious and aware and will be able to go home unaccompanied almost immediately after the procedure. You will be able to drive and carry on life as normal.

The only constraint is that you must not have anything to eat or drink for about 20 minutes after the procedure, until the sensation in your mouth and throat has returned to normal.

It is strongly advised that when having your first drink after the procedure, it should be a cold drink and should be sipped to ensure you do not choke.

THE OGD EXAMINATION

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

If you have any dentures you will be asked to remove them at this point, any remaining teeth will be protected by a small 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 you have decided to have sedation, the drug will be administered into a cannula (*tube*) in your vein and you will quickly become sleepy.

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

The Endoscopist will introduce the gastroscope into your mouth, down your oesophagus into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing will be unhindered.

During the procedure samples may be taken from the lining of your digestive tract for analysis in our laboratories. These will be retained for analysis. Any photographs will be recorded in your notes.

RISKS OF THE PROCEDURE

Upper gastrointestinal endoscopy and lower gastrointestinal endoscopy are classified as invasive investigations and because of that it has the possibility of associated complications. These occur very rarely; however, you should consider the risks before providing your consent.

The doctor who has requested the test will have considered the risks. 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 linings of the stomach or oesophagus which could entail you being admitted to hospital. Although perforation generally requires surgery to repair the hole. Certain cases may be treated conservatively with antibiotics and intravenous fluids.
- ❖ bleeding may occur at the site of biopsy and nearly always stops on its own.
- ❖ it is possible that an abnormality might not be identified or detected.

SEDATION

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained Endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

Older patients and those who have significant health problems (*for example, people with significant breathing difficulties due to a bad chest*) may be assessed by a doctor before having the procedure.

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 difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can administer additional oxygen. Once you have recovered from the initial effects of any sedation (*which normally takes 30 minutes*) you will be offered a snack and moved into a comfortable chair.

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.

Since sedation can make you forgetful it is a good idea to have a member of your family or a friend with you when you are given this information.

If you have had sedation, the drug remains in your blood system for about 24 hours and you may feel drowsy later on, with intermittent lapses of memory. **If you live alone, please arrange for someone to stay with you overnight.**

Please note as you have had sedation you must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure and you will need someone to accompany you home.

AT HOME

- ❖ If you have any problems with persistent abdominal pain or bleeding please contact your GP immediately informing them that you have had an Endoscopy
- ❖ If you are unable to contact or speak to your doctor, you must go immediately to your nearest Accident and Emergency department
- ❖ If you are diabetic and have to routinely check your blood glucose levels; you should do this more frequently than usual to make sure they are stable.

Patient Focus Booking Office
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