

Patient information for Oesophago-gastro-duodenoscopy

Full name of procedure:
Oesophago-gastro-duodenoscopy

Short name:
OGD, gastroscopy or endoscopy

Reason for procedure:

The gastroscope is a narrow telescope which can be used to examine the inside of the oesophagus (gullet), the stomach and the beginning of the small bowel (duodenum) and to take tissue samples (biopsies) from the lining of these organs. It helps in the diagnosis of the following conditions:

- Acid reflux
- Gastritis (stomach inflammation)
- Stomach ulcer
- Duodenal ulcer
- Helicobacter infection
- Cancer of the stomach
- Cancer of the gullet

Description of procedure:

The procedure is performed under local anaesthetic. The back of your throat will be sprayed with the anaesthetic.

If you wish, light sedation can be administered. This will not put you fully to sleep but you will not be aware of the procedure.

You will be asked to hold a mouthguard between your teeth or gums. The nurse will administer some oxygen and will suck out any saliva (spit) which collects in your mouth.

A telescope, the width of your finger is passed through the mouth into the gullet. This is usually the most uncomfortable time as the back of the mouth is quite sensitive. Try to gently

swallow the telescope. Once it is passed the mouth the discomfort eases.

Air is introduced down the scope to open it up. This can give you a bloated feeling. It is best if you can hold this air inside as it helps the operator to get a better view.

As the scope is passed down towards the stomach, photos may be taken. Any unusual sites will have biopsies (small tissue samples) taken from them.

When the procedure has been completed, you will be brought to the recovery ward where your blood pressure, heart rate and oxygen levels will be monitored till you are fully awake.

Benefits of the procedure:

- diagnosis of conditions of the gullet, stomach or duodenum
- treatment bleeding or obstruction

Risks of the procedure:

Side-effects

It is common to have a **sore throat** and a **bloated feeling** after the procedure. There may be some colicky pain due to the air which is used in the procedure. Some **nausea** is common. Those who have had sedation will be **drowsy** and will forget a lot of what they are told in the hours after the procedure. You may **vomit** small amounts of **blood** from any biopsy sites.

Complications of the procedure:

Any procedure performed by a doctor or a nurse has risks of injury, complication or death. Complications are rare in gastroscopy under sedation and local anaesthetic. Some complications can be due to the sedation. Most complications occur in advanced procedures such as dilatation (stretching of the gullet) or placement of a stent (a tube to improve swallowing in the presence of a growth).

Complications of sedation: As with all procedures performed under sedation or anaesthesia, reactions to the drugs can occur. While these are uncommon, the more severe reactions can affect the heart (heart attack or abnormal heart beat), the lungs (asthmatic attack or pneumonia) or the brain (stroke or fit).

Aspiration: because the throat has been ‘frozen’ with local anaesthetic it is easier for food or stomach acid to be aspirated into the lungs (to go down the wrong way.) The nurse will suck out any food or liquid which comes back into your mouth. Aspiration can occur even after the procedure has finished. This is why you are asked to fast before the test and not to eat for 4 hours after when the anaesthetic will have worn off.

Bleeding: It is normal for there to be a small amount of bleeding where tissue biopsies have been taken.

Advanced gastroscopic procedures (laser treatment, injection, dilatation, PEG or stent insertion)

There are a number of treatments which can be performed with the gastroscope without the need for any cuts in the skin.

- Stretching of a fibrotic stricture (narrowing due to scar tissue). This procedure is called a **dilatation** of the oesophagus.
- **Injection** of blood vessels. When there are blood vessels which bleed easily or where an ulcer has eroded a blood vessel, it is possible to inject chemicals around them to stop bleeding.
- **PEG** (per-cutaneous gastrostomy) tube insertion: This is the placement of a feeding tube into the stomach through the skin.
- **Stent** insertion: a stent is a wire tube which is used to open up the gullet when it is blocked by a tumour. After the telescope is passed into the gullet, the folded up stent is passed through the tumour. It gradually expands over two to three days, opening the gullet.

- A **laser** can be used core out a tumour to help swallowing or stop bleeding from abnormal blood vessels in the gullet or stomach.

Complications of advanced procedures

Complications are more frequent and may be more severe after advanced procedures:

Aspiration is more common. Severe aspiration can cause pneumonia (a chest infection). **Severe pneumonia can result in death.** While it is rare it is more common in older people and when a stretch or stent procedure has been performed.

Bleeding: Severe bleeding can occur in people who bleed easily, take drugs which thin the blood (Aspirin or Warfarin) or have liver disease. **Severe bleeding can result in death.** While it is rare it is more common in older people and when a stretch or stent procedure has been performed.

Pain: There is usually not much pain after an endoscopy procedure. You may have a mild sore throat. When a stent (wire tube) has been inserted there may be more intense pain which may last a few days. You will be given painkilling medication for this pain. Severe pain can be a sign of a perforation of the oesophagus.

Perforation (rupture) of the oesophagus: While small tears of the lining of the oesophagus frequently occur when a dilatation (stretch) is performed, rupture through the full thickness of the wall of the gullet can occur. This is a very serious complication. If a rupture occurs you may require major surgery. You will be in hospital for a number of weeks. **A severe perforation can result in death.**

Notification of results.

The doctor or nurse who performed the gastroscopy will talk to you after you have recovered from any sedation. You may have difficulty remembering details at that stage. The doctor will make arrangements for your GP to have details of the

procedure and you may be given an appointment for an outpatient clinic to discuss the results further.

The results of the biopsies will not be available for approximately a week after the procedure.

Contact numbers:

- Royal Victoria Hospital Day Procedure Unit: 028 90634212
- Royal Victoria Hospital Thoracic Secretaries: 028 9063 3730/2027

Warning:

If you are taking any drug which thins the blood, this may increase the risk of bleeding. An alternative may need to be prescribed up to two weeks before the procedure and you may need to be admitted earlier than planned. Please advise your surgeon (or contact his secretary) if you are taking any of the following drugs:

- Warfarin
- Aspirin
- Plavix (Clopidogrel)
- Drugs for treating arthritis such as :
 - Voltarol (diclofenac),
 - Indocid (indomethacin),
 - Brufen (ibuprofen),
 - Ketoralac,
 - Mobic (meloxicam),
 - Celebrex (celecoxib),
 - Vioxx (rofecoxib),
 - Advil,
 - Neurofen,
 - Feldene.

Keywords to search the internet

Gastroscopy

Upper gastro-intestinal endoscopy

Biopsy

Stent

Dilatation

Relevant Websites

- <http://www.patient.co.uk/showdoc/27000331/>
- http://www.netdoctor.co.uk/health_advice/examinations/gastroscopy.htm
- http://www.bbc.co.uk/health/talking/tests/fibreoptic_gastroscopy.shtml
- http://hcd2.bupa.co.uk/fact_sheets/html/Gastrointestinal.html
- <http://www.gosh.nhs.uk/factsheets/families/F030163/index.html>