

ENDOSCOPY UNIT

Patient information leaflet – information for patients having an upper gastrointestinal endoscopy (OGD)

Welcome to the Wye Valley NHS Trust endoscopy unit. Your doctor has advised you to have a test called an upper gastro-intestinal endoscopy (OGD) to help find the cause of your problems. In this leaflet we hope to answer some of the queries you may have about your visit to the endoscopy unit.

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What is an OGD?

This is an examination that allows the endoscopist to look closely at the lining of your oesophagus (food pipe), your stomach and your duodenum (the first part of your small bowel). The instrument used is called an endoscope, which is a long flexible tube (about as thin as your little finger).



The endoscope is connected to a television system and has a mini camera built into the end. Pictures are then seen on a colour monitor. By examining your oesophagus, stomach and duodenum the cause of your problem may be found. The test takes about five minutes - a little longer if we need to take biopsies, which are very small fragments of tissue that need to be sent for analysis. Tiny forceps are used to remove the sample through the scope. You should not feel any discomfort when these samples are taken.

Why do I need an OGD?

Your doctor is concerned about the problems you have been having in the upper part of your digestive system (this includes the oesophagus, stomach and duodenum). An OGD is a good way of finding out if there is a problem or not and it also helps your doctor to decide on any further treatment, if necessary.

An OGD is used to investigate a variety of symptoms, for example:

- indigestion
- acid reflux
- abdominal or chest pain
- difficulty in swallowing food or drink
- vomiting of blood or passing black stools
- iron deficiency anaemia.

Are there any alternatives to an OGD?

An OGD is the best way of looking at the lining of the upper digestive tract. However, a barium swallow examination is one possible alternative test. Barium is an X-ray based test which does not provide such detailed pictures of the lining of your oesophagus, stomach and duodenum and does not allow us to take samples or perform treatment. If you wish to discuss this further, please contact your GP.

Preparing for the test

If you are diabetic you may need to contact your own GP or specialist diabetes nurse for advice. It is advised that you wear loose fitting clothing, as this is more comfortable during and after the test. **You must not have anything to eat or drink for at least six hours before the test to ensure that the stomach is empty,**



however you may take sips of water during these six hours to moisten your mouth. If you have any queries about your medication, please telephone the endoscopy unit for advice.

On admission to the endoscopy unit

After admission by the reception staff, a member of the nursing team will prepare you for the test. Your blood pressure will be checked and you will be asked some questions about your medical history. Please bring with you a list of any medication you are taking, including any inhalers or angina sprays. The nurse is very aware that you may be worried or anxious, so do not be afraid to ask questions. We try very hard to keep to appointment times but please be patient if you are kept waiting, as on occasions we do have emergency patients to deal with. You will be given an estimated time for collection - it is important your escort attends with you so they know what time to return to collect you.

Please note that your appointment time is your arrival time at the unit and not the time of the actual examination.

During the test

Before you go into the procedure room the procedure will be explained to you and you will be asked to sign a consent form. If you have any questions at this stage, please ask the doctor or nurse.

When you go into the procedure room you will be asked to remove any dentures, which will be placed in a container with your name on for safe-keeping. You will not be asked to remove any clothing, apart from your outdoor jacket/coat and tie.

You will be given the choice of either having the procedure carried out with local anaesthetic throat spray alone, or that combined with a sedative injection. Both methods are effective and your choice may depend on your personal wishes and circumstances. The back of the throat will be sprayed with a local anaesthetic which tastes like "bitter bananas". If you have the spray alone, the test will begin once your throat feels numb. When the test is complete, you will be able to leave the department when we are happy that you can swallow properly and you can resume



your usual daily activities. We ask you not to have anything to eat or drink for one hour, as it would be easy to inhale food or drink into your lungs whilst your throat is numb.

However, if you choose to have a sedative injection as well (please note this is not a general anaesthetic), you will need to have a small plastic tube inserted into a vein usually on the back of your hand, through which the drugs will be given. Most people become sleepy and relaxed throughout the test although you will be aware of what is happening, but afterwards it is likely that you will be unable to recall much about it. **If you opt for sedation**, you must remain in the department for at least an hour after the procedure. **You will need someone to accompany you to and from the unit and stay with you for at least twelve hours afterwards and possibly overnight.** If you decide to have sedation and do not have anyone to look after you, it may prevent us from doing the procedure.

You will be asked to lie on your left side and a tooth guard will be placed in your mouth to protect your teeth and our scopes. The scope will be passed to the back of your throat and you may be asked to swallow. During the procedure you are likely to belch as we put air into the stomach - so you will bring it back up. Your eyes may also water and you will produce a lot of saliva, so we put a pad under your chin and over your shoulder to protect your clothes. In order to monitor your heart rate and breathing, the nurse/ODP will place a probe on your finger and sometimes an inflatable cuff on your arm. If you also have sedation, oxygen will be administered via a small tube in your nose. If you only have throat spray, you will not need any additional oxygen. The nurse looking after you will be with you at all times, giving guidance and support.

What are the risks?

The risks are very small and problems occur in less than 1% of procedures. We do our utmost to avoid complications, but we have to inform you of the risks even though they are small. They include:

- reaction to the medication we give you
- perforation of the stomach is rare but may require urgent treatment or even an operation
- excessive bleeding.



The possibility of a complication increases if the endoscope is used to apply treatment, but any treatments proposed will be explained to you. You may experience a sore throat; this will soon subside and is nothing to worry about. You may feel a little bloated if air is left in the stomach but this will soon pass.

After the test

If you have had local anaesthetic spray only, you will be able to discuss the results with the endoscopist after the procedure is complete. You will then be able to leave the department with a copy of your procedure report.

If you have had sedation, you may be a little drowsy. You will be taken from the procedure room to a recovery area on the same trolley, where you can recover from the effects of the sedation. You may be offered a drink while you wait for your escort home. This person must come to the unit to collect you. You must remain in the department for at least an hour after the procedure. You may be unsteady on your feet, so may not be able to walk far, therefore your escort should park in the hospital grounds. A nurse needs to speak to your escort before leaving the endoscopy department and we will give you a copy of your procedure report or give it to your escort, as you probably will not remember what we say. Your GP will also receive a copy of your procedure report. If we take tissue samples the results may take approximately two weeks to come back and these results will also be sent to your GP.

If you have sedation, for 24 hours after the procedure you must not:

- drive or use public transport
- go back to work
- operate any machinery
- drink alcohol
- *look after children
- *have a bath unsupervised
- *sign any legal documents.

This is because the drugs may remain in the body for up to 24 hours and if you choose not to follow this guidance, the hospital cannot be held responsible for any adverse events.



Things to remember!

- **Do not have anything to eat or drink for at least 6 hours prior to the procedure - you may have sips of water only.**
- If you are diabetic, you will receive a copy of our specific advice leaflet and if you still need clarification, please contact your GP or specialist diabetes nurse for advice.
- Do not bring any valuables to the unit.
- Please phone 01432 257811 if you cannot keep this appointment -missed appointments waste time and money and if you cannot come, someone else who is waiting can take your slot.

The following also apply if you choose to have sedation:

- you must have a responsible adult at home to care for you after the procedure for at least 12 hours if you choose to have sedation. This may involve having someone to be with you overnight. If you choose to have sedation and do not have anyone to look after you, it may prevent us from doing the procedure.
- you should not drive, operate any machinery, drink alcohol or sign any legal or important documents for 24 hours after the test.

As this is a training hospital there may be a trainee undertaking your procedure, but they will be closely supervised, with a senior colleague present in the room - please let a member of staff know if you have any concerns regarding this on the day of your procedure.

Your experience matters

We aim to provide the care that we would want for ourselves, our families and friends. If you think something could have been done differently, please speak to the department or ward staff. You can contact them by calling the hospital switchboard and asking for the relevant department. Further information about our services is available on our website:

- **Phone (hospital switchboard): 01432 355444**



- [Wye Valley NHS Trust](#)

This leaflet is available in alternative formats. If you need this please contact the Patient Experience Team using the telephone number or email below.

After using our services we may ask for your opinion about your experience. Your feedback helps us to make things better for all our patients.

You can also contact the Patient Experience Team by:

- **Phone:** 01432 372986 (please leave an answerphone message)
- **Email:** PALS@wvt.nhs.uk

