

If you have any further enquires or if any problems arise after you have gone home please telephone:

The Endoscopy Unit on 01276 604858 (8 to 6, weekdays)

Or Surgical Helpline on 01276 526960 (24 hours)

### Any Questions?

The staff involved in your care have written this information sheet to make your admission and care as smooth as possible. If you think of any issues you wish to discuss at your next visit please record them in the space below.

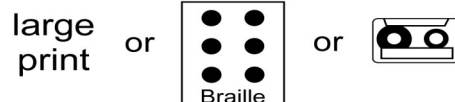
## ENDOSCOPY DEPARTMENT

**GASTROSCOPY  
(OGD)**


## INFORMATION FOR PATIENTS

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interpreter or a version in



please contact the  
Patient Advice & Liaison Office on

 01276 526706

You have been advised to have an investigation called a gastroscopy to help establish a cause for your symptoms. The technical term for the procedure is: Oesophagogastroduodenoscopy (OGD).

This examination will be carried out in the Endoscopy Unit at Frimley Park Hospital, which is located on the first floor. If you enter the hospital via the main entrance, the way to the Endoscopy Unit is clearly signposted.

Gastroscopy takes approximately 10 minutes to complete, but this time varies depending on the individual findings and whether or not you choose to have sedation

Please note that the time you are asked to attend is not an appointment time for your actual procedure. Nursing staff have first to take some admission details from you and do other health checks or may need to take blood if you are on anticoagulants (blood thinners). Every effort will be made to ensure that you are treated promptly, but it is difficult to give precise timings as several different procedures are done on each list and timings can vary considerably. We have 5 procedure rooms so will usually have 5 separate sessions running at any one time.

Patients with AM appointments should be ready for discharge between 1100 hours and 1300 hours depending on when the procedure is done. Patients with PM appointments should be ready for discharge between 1600 hours and 1800 hours.

If you have had sedation you will be given time to sleep and rest quietly until the immediate effects of the sedation have worn off. This usually takes about half an hour. You will then have to wait for your friend/relative to collect you and take you home. This person must come to the unit to collect you.

**You will not be able to drive for 12 hours after the sedation is used, and must not** have anything to eat and drink for an hour after the procedure until the effect of the throat spray has worn off.

**If painkillers are used (required for some procedures) you will not be able to drive for 24 hours.**

It is not advised that you go home by taxi alone. You can travel by taxi if someone else is with you other than the taxi driver.

It is also recommended that if you have had sedation that you do not operate machinery or make important decisions for 24 hours, as these drugs can impair your reflexes and your judgement.

**After the examination** If you have had throat spray you will be able to go home shortly after the procedure.

**Remember you cannot have anything to eat or drink for an hour.**

If you have had sedation you will need to stay in the recovery area for half to one hour, during which time we will continue to monitor your pulse, blood pressure and oxygen levels. You will then need to wait for your relative/friend to collect you from the department and drive you home. In either case, a nurse will go through the endoscopy report with you, and will give you the aftercare leaflet before you go home. You will be given a copy of the endoscopy report, further copies of which will be filed in your hospital notes and sent to your GP. If specimens have been taken for examination in the laboratory, the results will take approximately 2-4 weeks. Details of any further investigations or appointments will be included in the endoscopy report, which will be discussed with you before you leave.

### **Sedation and throat spray—or just throat spray?**

Most people do not need a sedative for this procedure. It is the practice of this unit to offer a choice of throat spray and a light sedation or just throat spray.

**Throat spray only**—local anaesthetic throat spray will be sprayed into the back of your throat to make it numb so that the scope can pass with minimal discomfort to you. A plastic mouthpiece will be placed in your mouth to protect the endoscope and your teeth. The endoscope will be passed through the mouthpiece, down to your gullet, into your stomach and then into your duodenum. The endoscope will not interfere with your breathing. Any saliva produced during the investigation will be removed using a small suction tube, rather like the one used at the dentist.

You will be aware of the procedure, and the doctor/nurse will be able to explain things to you during the test. You will be able to go home shortly after the procedure and you can drive if you wish to. The only constraint is that you **must not** have anything to eat and drink for an hour after the procedure until the effect of the throat spray has worn off.

**Sedation and throat spray**—the throat spray is given as above, and in addition a light sedative is given via a small needle into a vein in your hand or arm. The sedative should make you feel slightly drowsy and relaxed but will not 'knock you out' or make you unconscious. If you have sedation we will need to monitor your heart rate, blood pressure and oxygen levels in your blood, so you will have a cuff attached to your arm and a small probe on your finger. You will be given oxygen through a small sponge passed into one of your nostrils. The examination is performed exactly as described under the 'Throat Spray only' heading above.

### **What is a Gastroscopy?**

Gastroscopy is a procedure which allows the endoscopist to look into your upper digestive tract. This is done by passing a flexible tube (gastroscope) through your mouth and gently passing it over your tongue to the back of your throat and down into your gullet (oesophagus), stomach and the first part of your small intestine (duodenum). The gastroscope is a flexible tube is thinner than your little finger, and has a bright light at the end which is connected to a television system. This enables the endoscopist to have a clear view and to see whether or not disease or inflammation is present.

During the examination the endoscopist may need to take some samples for analysis, this is done through the gastroscope and is painless. Some treatments can also be done through the gastroscope and if this is necessary it will be discussed with you on the day.

### **What to bring with you to hospital**

If you are having sedation, please bring the name and telephone number of the person who will be collecting you and taking you home. Due to limited space on the unit it is not possible for relatives or friends to stay on the department whilst you are there.

Please also bring details of any medicines you are taking, particularly if you are allergic to any medicines.

If you take blood thinning medicines such as Warfarin, Dabigatran, Aspirin or Clopidogrel, and the person who booked the test for you has not given you advice about stopping these drugs before your test, please ring the Endoscopy Unit for advice at least one week before your appointment. The number is at the end of this leaflet.

**If you are diabetic, please read our advice sheet for diabetic patients. If you have not received this, please telephone the Endoscopy Unit.**

Please **do not** bring any valuables with you, as the hospital cannot accept responsibility for the loss or damage to personal property during your time there.

### **Preparation**

To ensure a good view and a safe procedure your stomach must be empty so please **do not** eat solid food for 6 hours prior to the examination, and **do not** drink fluids for at least 3 hours prior to the procedure. If you need to take prescribed medicines, please swallow with small sips of water only. If you are also having a colonoscopy procedure, please stop eating solids according to the instructions on the colonoscopy leaflet, but stop drinking fluids 3 hours before your procedure.

### **Before the examination**

The doctor or nurse will explain the procedure to you and will be happy to answer any questions you may have. You will have your pulse and blood pressure taken and will be asked some questions regarding your previous medical history.

Diabetic patients will have their blood glucose levels checked.

You will be asked to sign a consent form, giving your permission for the examination to be done. You will be asked to remove any glasses, contact lenses, dentures, and jewelry. Rings may be taped rather than removed if preferred.

### **Risks**

Gastroscopy is classified as an invasive procedure and therefore carries risks/complications:

Perforation or tear to the lining of the gullet or stomach (risk is less than 1: 1,000 cases). The risk of perforation or bleeding is increased if it is necessary to perform certain procedures, such as when a narrowing or growth is found, or when a dilatation is required.

Bleeding at the site of a tissue sample (biopsy), which nearly always stops on its own.

There is a small risk that loose teeth, crowns or bridgework can be dislodged during the procedure. If you have these please let the endoscopist know so that risk can be minimized.

Allergic reaction to the drugs used.

Development of a chest infection if you inhale any fluid during the procedure.

Sore throat or slight abdominal tenderness.

Serious side effects from the procedure are rare, but for the rest of the day you may have a sore throat. You may also feel bloated from the air that was inserted at the time of the procedure. Both of these symptoms will pass and will need no medication.

Having read this booklet, you may have some questions or concerns regarding your procedure/treatment. Please write them down in the space provided on the next page and bring this booklet to your next appointment where a member of staff will be happy to go through the questions with you.

Once inside the treatment room you will be asked to remove any glasses and/or dentures and lie on your left hand side on the couch. A nurse will be present throughout the procedure to care for and support you.