Calderdale and Huddersfield
NHS Foundation Trust

Endoscopy Unit

Oesophago-gastroduodenoscopy (OGD)

Please read, contains important information about your procedure and fasting

Your doctor has advised you to have a special camera test to help find the cause of your symptoms. The test is called a gastroscopy this leaflet has been designed to tell you how to prepare for the examination and also to answer some commonly asked questions. If you have further questions, you can contact the Endoscopy Unit on the numbers below.

Huddersfield Royal Infirmary 01484 342000
Endoscopy Unit Direct Line 01484 355868

Calderdale Royal Hospital 01422 357171
Endoscopy Unit Direct Line 01422 223920

Please inform the unit if you are unable to keep your appointment

The Endoscopy Unit deals with out-patients and in-patients including emergencies from wards and other departments.

The appointment time you are given for the day of your procedure is the time we would like you to arrive at the Endoscopy Unit and not the time you should expect to have your procedure performed. If your procedure is before midday, you may be in the Unit all morning. If your appointment is after midday, you may be in the Unit all afternoon.

If a relative or friend is collecting you after the procedure, it is advisable that you provide the nurse with their contact telephone number so that we can call them when you are nearly ready to leave the Unit; this will prevent them waiting for a long period of time. The Endoscopy waiting rooms, particularly at Calderdale, have limited seating room; if your relative or friend wishes to remain in the hospital until you are ready to go home, please ask them to wait in another area such as the cafeteria so that patients have access to the seats.

The hospital has a training commitment and the Endoscopy Units are training units. Your procedure may be performed by a trainee endoscopist who will be supervised by an experienced endoscopist. If you do not wish to have your procedure performed by a trainee, please let the nurse who is checking you in know this on the day you come for your procedure.

compassionate care

What is a oesophago-gastroduodenoscopy (OGD)?

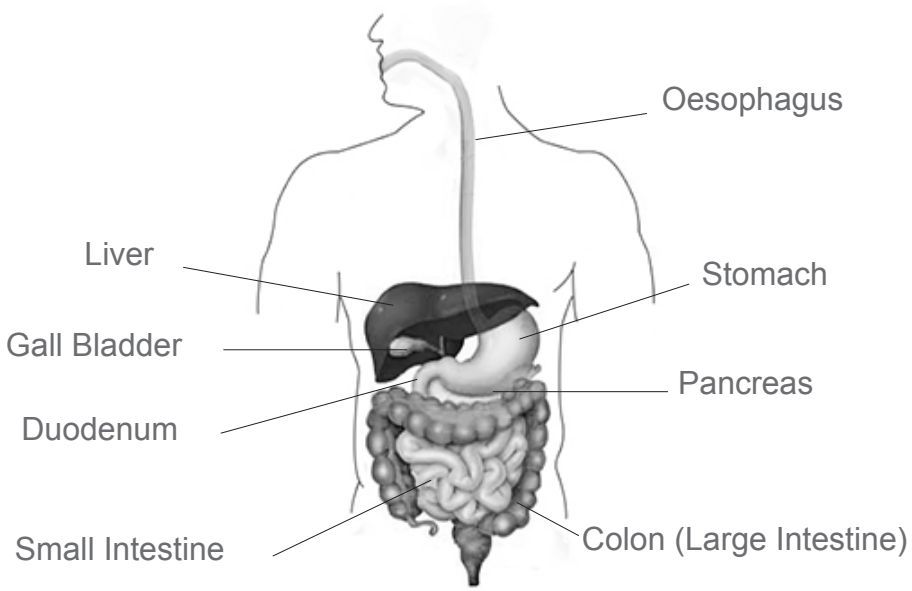
The examination is performed using a long flexible instrument called a gastroscope which is about the width of your little finger. It is passed through your mouth and into your stomach and duodenum (the first part of your small bowel). It allows the Endoscopist (doctor or nurse specialist who performs these procedures) to look directly at the lining of the oesophagus (gullet), stomach and duodenum. It also allows tissue samples to be removed painlessly which can then be sent to the laboratory for analysis. The test usually takes approximately 5 minutes but you should expect to be in the department much longer as indicated above due to waiting time, check in and recovery processes.

Throat Spray

The test can usually be performed using a spray to numb the throat, many hospitals carry out all their tests in this way, however we do offer a sedative for those who feel they require it. This is not a general anaesthetic, you will not be asleep. If you have the procedure undertaken with the throat spray you will usually be able to leave the Unit straight away on your own and continue your day without restrictions, you just need to wait for the spray to wear off before you eat and drink, this usually takes about 30 minutes.

Sedation

If you choose to have sedation this is given via a cannula, a little plastic tube that is inserted with a needle. Sedation helps to relax you but it does not put you to sleep so you will be aware of the procedure taking place and you will feel sensations. After the procedure you will be taken to the recovery area to rest and you may go to sleep at this point. Following recovery, some patients don't remember having the test, but many patients remember part or all of the procedure.
If you have sedation, you must have a responsible adult to collect you from the Endoscopy Unit and to stay with you for 24 hours after the procedure. You will not be able to drive for 24 hours following sedation.



What are the risks?

Oesophago-gastroduodenoscopy is an established and safe procedure but very rarely it can result in complications:-

Perforation

A tear or hole in the oesophagus, stomach or duodenum and bleeding (1: 2000 risk).

Breathing difficulties or heart irregularities

This can happen as a result of reacting to the sedation. To help prevent this from happening, your oxygen levels and heart rate will be monitored. Rarely, a heart attack or stroke can happen if you have serious medical problems. We may advise some patients against sedation and in some cases it may be necessary for us to refuse to do the test under sedation. This would be to maintain your safety.

Damage to teeth or bridgework

A plastic mouthpiece will be placed in your mouth to protect the camera from your teeth. Do not bite down hard onto this mouthpiece. Inform the nursing staff if you have any loose teeth, prior to the commencement of your test.

Incomplete procedure

The gastroscopy may be incomplete due to technical difficuly, food or blockage in the upper digestive system, complications during the procedure or discomfort. Your Doctor may recommend another gastroscopy or a different test such as a barium meal.

Complications

Complications may require treatment and rarely even an operation. Complications are more likely to occur as a result of more complicated procedures, for example if the oesophagus is narrow and requires a dilatation or if treatment is required for Varices (enlarged veins).

Alternatives to this test

Your doctor has recommended a gastroscopy as it is the best way of diagnosing most problems with the upper digestive system. A barium meal is an x-ray test of the upper digestive system, this test is not as accurate as a gastroscopy and if your doctor finds a problem you may still need a gastroscopy to perform biopsies.

Preparation for the test

Interpreters

Please inform the Endoscopy Unit if you require an interpreter prior to your appointment date. Failure to do this can result in delays or cancellations on the day. **Family members and friends cannot be used to interpret.**

Pacemaker

If you have a pacemaker, this may need to be checked before your procedure. Please inform the Endoscopy Unit prior to your appointment date so the necessary arrangements can be made. Failure to do this can result in delays or cancellations on the day. Please bring your pacemaker identification card with you.

Implanted Defibrillators

If you have one of these devices, you must contact the Endoscopy Unit as soon as possible so that any necessary checks can be arranged.

Allergies
If you are allergic to latex, you must let us know as soon as possible as your appointment time may need to be changed.

Medication – Please ensure you complete the medication form sent with your appointment as your medical notes do not always contain an up to date list of your tablets. If you have any problems completing this form, contact your GP surgery who will have this information.

Blood Thinning Medication
If you are taking medication to thin your blood e.g. Warfarin, Sinthrome, Phenindione, Rivaroxaban, Dabigatran, Apixaban, Clopidogrel or other antiplatelet or anticoagulant, you may need to stop these before your procedure. Please contact the Endoscopy Unit for advice.

Ant-acid / indigestion tablets
If you are taking medication to reduce acid in your stomach, e.g. Lansoprazole, Omeprazole, Esomeprazole, Pantoprazole, Rabeprazole Sodium; you need to stop taking them 2 weeks before your test*. If you do not receive your appointment in time to do this, just stop your tablets as soon as you receive your appointment and tell the nurse on the day of your procedure.

***If your test is a repeat procedure for Barretts Oesophagus or to check for the healing of an ulcer, DO NOT stop your medication.**

Other medication
Apart from diabetic medication (see below), you may take any other medication as normal with a small amount of water. This is particularly important if you take medication for epilepsy or hypertension (high blood pressure) as your test could be cancelled if your blood pressure is too high.

Diabetes
Patients with diabetes will need to adjust or omit their diabetic medication prior to their procedure. **Please see the back of this leaflet for detailed instructions.** The instructions are different depending on the type of medication you take and the time of your appointment.
Please take great care to read the instructions that are relevant for you. If you are unsure or have any queries, please contact the the Diabetic Nurse Specialist on Huddersfield 01484 347297 or Halifax on 01422 222257.

Consent
You have been sent a copy of the consent form; please take the time to read the form so you understand fully what you are agreeing to. You will be asked to sign the consent form with the nurse on the day of your procedure.

If you are caring for someone who is unable to give consent for the procedure themselves, you will not be able to sign the consent form for them. The consent form should have been completed with your Consultant in clinic after discussion with the patient and ideally the next of kin or other family member. If this has not taken place, please contact the Endoscopy Unit as soon as possible as cancellation on the day may occur if there are problems with the consent process.

On the day of the test

Your stomach needs to be empty to allow a clear view of the lining of the stomach and to prevent vomiting during the procedure. This is important as vomiting during the procedure could allow fluid to enter your lungs.

Your procedure may be cancelled or delayed if you fail to follow these instructions.

You must stop eating and drinking 6 hours before your appointment time. You cannot take anything including water, boiled sweets and chewing gum.

Minimal amounts of make up should be worn when attending and it is also important that you do not wear nail varnish or false nails as these interfere with monitoring equipment used during the test.

Arriving at the Endoscopy Unit

Please report directly to the Reception Desk in the Endoscopy Unit, do not take a seat until you have given your name to the receptionist.

Huddersfield Endoscopy Unit can be found on Basement level. You can access through the hospitals Main Entrance or through the South Drive Entrance.

Calderdale Endoscopy Unit You should access the unit directly through the Endoscopy Unit Entrance off Godfrey Road. You can access the unit via the main entrance but please bear in mind that the signs will take you outside at the back of the hospital to enter again.

A nurse will check your details with you and complete a short health questionnaire. The nurse will explain the test to you and discuss the option of throat spray or sedation. You will be able to ask the nurse any questions you may have about the test. The nurse will then ask you to sign a consent form.

After the test

If you opt to have throat spray, you will be able to leave the Unit as soon as you feel ready after the test, usually about 5 minutes. You will need to wait until the throat spray has worn off before you can eat and drink again, approximately 30 minutes.

If you opt to have the sedative injection you will be taken to the recovery area to rest for a while, usually 20-30 minutes. You will then be offered a drink and allowed to go home shortly afterwards. You will not be able to drive, drink alcohol, sign legal documents, operate machinery or look after small children for 24 hours. A responsible adult must **collect you from the endoscopy unit**, take you home and stay with you for 24 hours after the procedure.

Results

Before you leave the hospital a doctor or nurse will explain the results of your test to you and give you a short written report. Reports of all tests and any specimens taken will be sent to the doctor who has requested them. If you already have an out patient appointment you should keep this, if you do not have an appointment your doctor should contact you by letter or send an appointment through the post.
If your GP has arranged the test for you, you should arrange to see your GP in approximately a week.

If you have any further questions please do not hesitate to contact the Endoscopy Unit.

Frequently Asked Questions

Q. Will the test hurt?

A. The test can be uncomfortable and unpleasant but not usually painful. Most people tolerate it well with the throat spray.

Q. Will I be asleep if I choose to have the sedative?

A. No, you will not be asleep. The sedative helps to relax you, but does not put you to sleep.

Q. What if I don't have a responsible adult to look after me following my procedure and I want to have the sedative?

A. You will need to be admitted to hospital after your test and stay overnight. You would be admitted to the Calderdale Royal Hospital.

Q. Will my relative be able to come in with me?

A. Your relative or friend will be able to come with you while the nurse asks you some questions but they will not be able to go into theatre when you have the procedure.

Q. Will I need to get changed?

A. No, you will not need to get changed.

Q. Will I get my results on the day of the test?

A. We will tell you as much as we can after the test but may not be able to give you the full result. If specimens are taken, these need to go to the lab to be analysed and it can take a few weeks for these results to be available.

If you have any further questions please do not hesitate to contact the unit.

Please note the department also has to deal with emergencies that come from other departments and wards in the hospital and this can cause delays at times. We will make every effort to keep you informed of any delays. We would also ask you for your patience.

Treatment that can be performed during the procedure

Oesophageal Dilatation

This is a procedure that allows you doctor to dilate, or stretch, a narrowed area of the oesophagus (gullet). A thin tube with a deflated balloon at the end is passed down the camera. Once the balloon is in the narrow area of the gullet, water is passed down the tube into the balloon to inflate it and stretch the gullet. The procedure can be uncomfortable and many people choose to have this procedure carried out with sedation, however, it is possible to carry out this procedure with a throat spray if you wish. Oesophageal dilatation does increase the risk of perforation and bleeding as mentioned in the risks earlier in this leaflet, however, this is still considered a safe and effective treatment. This procedure would be discussed with you before being undertaken.

Banding of Varices

Oesophageal varices are enlarged veins in the walls of the oesophagus that bleed easily. Banding (ligating or tying off) of these veins reduces or eliminates the risk of this bleeding which can often be excessive. A small piece of equipment containing elastic bands is attached to the end of the gastroscope before the scope is passed into your gullet. The endoscopist applies suction to the veins and then the elastic bands are pushed off the end of the camera to ligate them. Oesophageal banding does increase the risk of perforation and bleeding as mentioned in the risks earlier in this leaflet, however, this is still considered a safe and effective treatment. This procedure may be discussed with you before being undertaken but sometimes it may be necessary to give this treatment to stop bleeding in an acute situation without discussion.

Argon Plasma Coagulation (APC)

This is a method of applying heat treatment to seal over bleeding blood vessels or destroy abnormal areas of tissue in the lining of the gut. During the procedure, a small tube is passed down the middle of the gastroscope to deliver the heat treatment. The heat from the APC only reaches a depth of 2 - 3 mm. This allows the treatment to be given to a very precise area reducing the chance of damaging healthy gut lining. Sometimes a course of treatment is needed to achieve the desired result. Having treatment with APC is no more uncomfortable than having a normal endoscopic examination, although it might take a little longer for the treatment to be given. APC does increase the risk of perforation and bleeding as mentioned the in risks earlier in this leaflet, however, this is still considered a safe and effective treatment. This procedure may be discussed with you before being undertaken but sometimes it may be necessary to give this treatment to stop bleeding in an acute situation without discussion.

Advice sheet for patients with Diabetes on oral medication(s) undergoing gastroscopy

AM gastroscopy

Day before test

Take diabetes tablets as usual

Day of test

Fast from midnight. Clear fluids till 4:30 am (e.g black tea, coffee, clear fruit juice)
Omit AM diabetes tablets
Following your test take diabetes tablets as usual with food

PM gastroscopy

Day before test

Take diabetes tablets as usual

Day of test

Have a light breakfast. Fast from 7:30 am. Clear fluids till 9:30 am
(e.g black tea, coffee, clear fruit juice)
Omit AM and lunchtime diabetes tablets.
Following your test take diabetes tablets as usual with food

Advice sheet for patients with Diabetes (type 1 or type 2) undergoing gastroscopy in the morning - before 12 midday

Once daily insulin	Twice daily insulin	3-5 times daily insulin
Day before test		
Take diabetes tablets as usual. If on bed-time insulin reduce dose by half (50%)	Take insulin and diabetes tablets as usual	Take insulin as usual
Day of test		
Fast from midnight. Clear fluids till 4:30 am (e.g black tea, coffee, clear fruit juice) Check blood glucose (finger prick) every 2 hours		
Omit AM diabetes tablets.If on AM insulin reduce dose by half (50%)	Omit AM dose of insulin and diabetes tablets	Omit AM fast acting or mixed insulin
After the test		
Eat and drink normally. Give next dose of insulin as usual. Take next dose of diabetes tablets as usual.	**If able to eat <u>before</u> 11 am:** Give normal morning insulin dose <u>after</u> meal. Take next diabetes tablet as usual. **If able to eat <u>after</u> 11 am:** Give half dose (50%) of usual insulin <u>after</u> meal. Omit AM dose of diabetes tablets. Give usual PM dose of insulin and tablets.	**If able to eat <u>before</u> 11 am:** Give normal morning insulin dose <u>after</u> meal. Do not take lunchtime dose of insulin. **If able to eat <u>after</u> 11 am:** Give normal lunchtime insulin <u>after</u> meal. Give usual teatime and bedtime insulin doses.

Advice sheet for patients with Diabetes (type 1 or type 2) undergoing gastroscopy in the afternoon - after 12 midday

Once daily insulin	Twice daily insulin	3-5 times daily insulin
Day before test		
If on bedtime insulin reduce dose by a quarter (25%)	Take insulin and diabetes tablets as usual	Take insulin as usual
Day of test		
Have a light breakfast. Fast from 7:30 am. Clear fluids till 9:30 am (e.g black tea, coffee, clear fruit juice) Check blood glucose (finger prick) every 2 hours		
Omit AM and lunchtime diabetes tablets. If on AM insulin reduce dose by half (50%)	Reduce AM dose of insulin by half (50%) and omit AM and lunchtime doses of diabetes tablets	Reduce AM dose of fast acting or mixed insulin by half (50%) and omit lunchtime insulin
After the test		
Eat and drink normally. Give next dose of insulin as usual. Take next dose of diabetes tablets as usual	**If able to eat before 2:30 pm:** Give normal lunchtime insulin dose after meal. Take next diabetes tablet as usual **If able to eat after 2:30 pm:** Omit lunchtime dose diabetes tablets Give usual PM dose of insulin and tablets	**If able to eat before 2:30 pm:** Give normal lunchtime insulin dose after meal **If able to eat after 2:30 pm:** Give half dose (50%) of usual lunchtime insulin after meal Give usual teatime and bedtime insulin doses

Advice sheet for patients with Diabetes (type 1 or type 2) undergoing gastroscopy in the evening

Once daily insulin	Twice daily insulin	3-5 times daily insulin
Day before test		
If on bed-time insulin reduce dose by a quarter (25%)	Take insulin and diabetes tablets as usual	Take insulin as usual
Day of test		
Have a usual breakfast and lunch. Fast from 6 hours before procedure. Clear fluids till 3 hours before procedure (e.g black tea, coffee, clear fruit juice) Check blood glucose (finger prick) every 2 hours		
Omit teatime diabetes tablets. If on AM insulin reduce dose by half (50%)	Reduce AM dose of insulin by a quarter (25%) and omit PM dose of insulin and omit lunchtime doses of diabetes tablets	Reduce lunchtime dose of insulin by half (50%) and omit teatime dose of insulin
After the test		
Eat and drink normally. Give next dose of insulin as usual. Take next dose of diabetes tablets as usual	**If able to eat before 8 pm:** Take teatime diabetes tablets as usual. Reduce PM dose of insulin by a quarter (25%) **If able to eat after 8 pm:** Take teatime diabetes tablets as usual. Reduce PM dose of insulin by half (50%)	**If able to eat before 8 pm:** Give normal teatime insulin dose after meal and usual dose of long acting insulin **If able to eat after 8 pm:** Give half dose (50%) of usual teatime insulin after meal and if on bedtime long acting insulin reduce dose by a quarter (25%)

If you have any comments about this leaflet or the service you have received you can contact the Unit Manager at the Endoscopy Unit you attended.

Calderdale Royal Hospital
Telephone (01422) 223920

Huddersfield Royal Infirmary
Telephone (01484) 355868

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
براۓ مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"

CHFT