



Gastroscopy / OGD

Gastroscopy is a procedure where a thin, flexible tube called an endoscope/ gastroscope is used to look inside the oesophagus (gullet/food pipe), stomach and first part of the small intestine (duodenum).

A gastroscopy is indicated for the following:

- Diagnostic evaluation for abdominal pain, weight loss, upset stomach, reflux/ indigestion, problems with swallowing and recurrent vomiting.
- Surveillance for upper GI cancer in high-risk settings (Barrett esophagus, intestinal metaplasia or polyposis syndromes).
- Biopsy for known or suggested upper GI disease (eg, malabsorption syndromes, neoplasms, or infections).
- Therapeutic intervention (eg, retrieval of foreign bodies, control of bleeding, dilatation or stenting of stricture, ablation of tumours, or gastrostomy placement).

Preparation

Patients are asked not have anything to eat for at least **six hours** before the procedure. Small amounts of clear water are allowed until two hours before the appointment time. This is to ensure that your stomach is empty and a clear view is obtained during the test.

Procedure details

The gastroscopy usually takes 5-7 minutes to complete, but longer if treatment for bleeding or blockage is performed. The vast majority of gastroscopies are performed without sedation.

- The back of the throat is sprayed with a local anaesthetic to help numb the area. This tastes vaguely of bananas.
- The patient lies on his/her left-hand side and a small plastic mouth guard is placed between the teeth.
- The endoscopist starts the test by placing the lubricated endoscope into the mouth, then down the back of the throat into the oesophagus. One can feel some gentle pushing and air being put inside as the endoscope moves into the stomach and duodenum. This air will be removed at the end of the test.

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- The endoscopist may decide to take one or more samples of the lining of the oesophagus/stomach/duodenum for laboratory testing or for testing for *Helicobacter pylori*, a bacteria that lives in the stomach and can cause inflammation in the lining of the stomach or even ulcers in the stomach or duodenum.

After the procedure

If the test is performed without sedation patients are able to go home almost straight away. When sedation is used, patients need to stay in the recovery area for about 1 hour afterwards. In cases where treatment for bleeding or blockage is performed the stay in the recovery room is a little longer so that nurses have time to look for any signs of complications.

Patients who do not have sedation can return to work straight away; those who have sedation should have someone stay with them for 24 hours after the test. You will be well enough to return to work after 24 hours.

Complications

Approximately one complication occur every 1000 gastroscopies. The major complications of are as follows:

Bleeding

Infection

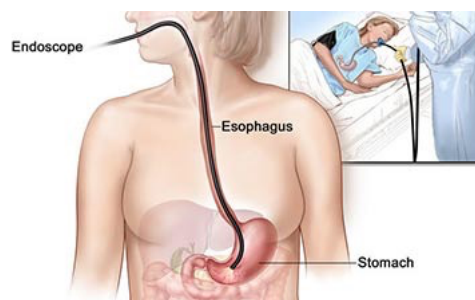
Perforation

Cardiopulmonary problems

Cardiopulmonary events make up 50% of all major complications; such events are usually caused by the medications used for conscious sedation.

Results:

A preliminary result will be available to you after the test has been completed. If biopsies were taken, these can take up to 10 working days to get the result and an Out Patient appointment will be made for you in 3 weeks.



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