

Upper GI Endoscopy (OGD)

Your doctor has recommended that you have an upper GI endoscopy (OGD). The reason for this will depend on your condition; your doctor will talk to you about your options. This document explains the procedure and aims to answer the main questions you're likely to have. If you have any additional questions then please feel free to talk about them with your doctor or nurse before the procedure.

What is an OGD?

An OGD is a procedure that allows your doctor to look inside your oesophagus (the pipe that goes from your mouth to your stomach), your stomach and the first part of your small intestine (duodenum). It is done using a narrow, flexible, telescopic camera called a gastroscope. The gastroscope is swallowed and passed down your oesophagus into your stomach.

OGD can help to find out what is causing symptoms such as:

- difficulty swallowing
- repeated nausea (feeling sick), vomiting and vomiting blood
- persistent upper abdominal pain
- anaemia

It is also used to check for certain conditions such as:

- coeliac disease
- ulcers
- Barrett's oesophagus
- early signs of cancer

If necessary, biopsies (small samples of tissue) may be taken during the examination and sent to the laboratory for further investigation.

What are the alternatives?

The main alternative to an OGD is a barium meal X-ray. The barium allows images of your stomach and the small intestine to be seen using X-rays. However, OGD is better for diagnosing inflammation, ulcers and tumours of the oesophagus, stomach and small intestine.

Unlike OGD, biopsies cannot be taken during a barium meal. A capsule endoscopy (where a pill-sized video capsule is swallowed, to examine the intestine) is also not a substitute for OGD as it doesn't show the oesophagus or the stomach clearly.

Preparing for your endoscopy

OGD is usually done as a day case so you won't need to stay overnight in the hospital. You can choose to have the procedure done either with a local anaesthetic spray to numb your throat or with sedation.

The throat spray will reduce the feeling of the scope in your throat but you will stay awake during the procedure.

The advantages of having the throat spray are:

- you can go home immediately afterwards
- you don't need a relative or friend to take you home
- you will be able to drive yourself home after the test
- you can return to work afterwards

If you choose to have sedation, you will need to arrange for a relative or friend to take you home after the procedure.

Contact us before your appointment if:

- you are on any blood-thinning medications, such as warfarin, aspirin, clopidogrel (Plavix) or ibuprofen - you may need to stop taking them for a few days before the test
- you normally require antibiotics before dental procedures - you may also need to take antibiotics before your endoscopy
- you have diabetes - this is because preparation for the test involves not eating for six hours before your appointment

Four weeks before the procedure (unless you have been told otherwise) stop taking:

- omeprazole (Losec)
- lansoprazole (Zoton)
- pantoprazole (Protium)
- rabeprazole (Pariet)
- esomeprazole (Nexium)

Two weeks before the procedure (unless you have been told otherwise) stop taking:

- cimetidine (Tagamet)
- ranitidine (Zantac)
- nizatidine (Axid)
- famotidine (Pepcid)

It is important to talk to your doctor or the healthcare professional that prescribed your medicine before you stop taking it.

The day before the procedure

It is important to have an empty stomach during the procedure so don't have anything to eat or drink (not even sweets or chewing gum) for at least six hours before your appointment. Your doctor will give you more instructions on how to prepare.

The day of the procedure

If you regularly take medicines in the morning, you should take them before 7am on the day of the procedure, unless you have been told otherwise. You can take them with a few sips of water.

Please let the nurses know if you have any dental crowns or bridges. They can then take special precautions to avoid damage to them during the procedure.

Before going into the examination room, we will ask you to change into a hospital gown and remove any dentures, glasses and jewellery.

About the procedure

Your doctor will discuss the procedure in detail with you and you'll be asked to sign a consent form. This is to make sure that you understand the risks and benefits of having the test.

If you choose to have the local anaesthetic, this will be sprayed onto your throat. If you choose to have sedation, this will be given to you through a small plastic tube (cannula) in a vein on the back of your hand. You should start to feel relaxed and drowsy almost immediately. While you're sedated, your doctor will monitor the amount of oxygen in your blood through a sensor on your finger and give you extra oxygen to breathe.

You will be asked to lie on your left side, with your knees slightly bent. The nurse will place a mouth guard over your teeth before carefully putting the endoscope into your mouth. The doctor will ask you to swallow to help the endoscope pass into your oesophagus and down towards your stomach. It is important to keep your head and neck still and not try to straighten it. You should be able to breathe normally during this test. A nurse will help the doctor by using a suction tube to remove excess saliva from your mouth during the procedure.

Air is pumped through the endoscope and into your stomach to make it expand and your stomach lining easier to see. When this happens, you may briefly feel a sensation of fullness or nausea.

The camera lens at the end of the endoscope sends images from the inside of your body to a monitor. Your doctor will look at these images to examine the lining of your oesophagus, stomach and duodenum.

If necessary, your doctor will take a biopsy (a small sample of tissue) and/or remove small growths of tissue called polyps. This is done using special instruments passed inside the endoscope and is quick and painless, although you may feel a slight pinch. The samples will be sent to a laboratory for testing to determine the type of cells and if they are benign (not cancerous) or malignant (cancerous).

OGD can also be done to treat conditions of the upper gastro-intestinal tract by passing instruments through the endoscope. For example, your doctor might stretch a narrowed area or treat bleeding. You should have little or no discomfort from this. Your doctor will talk to you about this before the procedure.

The endoscope will not interfere with your breathing or cause you any pain. Most patients consider the test to be only slightly uncomfortable and some patients even fall asleep during it. The procedure takes approximately 15 minutes but you should expect to be in the Endoscopy unit for one to two hours, including time for preparation and recovery.

What to expect afterwards

If you had the throat spray

If you chose to have the throat spray, the doctor will remove the tube and you will be able to go home immediately afterwards. Don't have anything to eat or drink for an hour after the test as your throat may still be numb from the anaesthetic. After an hour you will be able to return to work and all your usual activities.

If you had sedation

If you chose to have sedation, the doctor will remove the tube and you will be left to rest for about an hour before you can go home. Once you are fully awake, you will be able to have something to eat and drink.

Following sedation, a relative or friend must accompany you home. You will need to organise to go by car with someone else driving, as you shouldn't use public transport. You'll also need to arrange for someone to stay with you overnight. Please make sure that you will have access to a telephone when you return home. If you haven't been able to make these arrangements, you should speak to the Endoscopy unit nursing staff.

Recovering from an OGD

If you have had sedation, small amounts of it will stay in your body for up to 24 hours. During this period, although you may feel wide awake, you may still be under the influence of the sedation. Your concentration and co-ordination may not be as good as usual, and you may feel light-headed or faint. For these reasons, for 24 hours after your test you must:

- not drive a car or ride a bicycle
- not operate machinery
- be more careful when using electrical appliances, cookers, hot saucepans etc
- not drink alcohol (especially on the day of your procedure)
- not sign any important or legal documents

You may have a sore throat, which can last for up to 48 hours. This is normal and will pass. You may find that throat lozenges will help.

If you need pain relief, you can take over-the-counter medicines such as paracetamol or ibuprofen. Always read the patient information that comes with the medicine and, if you have any questions, ask your pharmacist for advice.

You should be able to return to work and all your usual activities the day after your appointment.

Getting your results

In many cases, the results are available immediately after the examination. However, biopsy results may take five to seven days. You can talk to your doctor about the results and any necessary treatment at your next appointment.

What are the risks?

OGD is commonly performed and generally safe. However in order to make an informed decision and give your consent, you need to be aware of the possible side effects and the risk of complications of this procedure.

Side effects

These are the unwanted, but mostly mild and temporary, effects of a successful procedure. After having an OGD you may:

- feel sleepy as a result of the sedative (if used)
- have a sore throat
- have a numb mouth and tongue for an hour (if the spray is used)
- feel bloated, but this usually passes quite quickly

Complications

This is when problems occur during or after the procedure. Most people aren't affected. Your doctor will be experienced at performing OGDs but even so, a few aren't completed successfully and may need to be repeated. You may find that it takes a little while for your heart rate and breathing to settle. You may need to have oxygen through a mask temporarily.

Other complications are uncommon but it's possible to have:

- reaction to the sedative
- aspiration pneumonia (pneumonia caused by inhaling the contents of the stomach). This is why it is important that you follow the instructions about not eating or drinking before the test
- bleeding, which may require a blood transfusion
- tearing (perforation) of the intestine, which may occasionally require surgery to repair

The risk of complications may be increased if your doctor needs to treat a condition during the OGD, such as stretching a narrow area, or if you have any pre-existing heart or lung conditions.

What to look out for

If you have severe pain, vomit or bring up fresh blood, or feel short of breath within the first couple of days after your endoscopy you must contact the Endoscopy unit on +44 (0)20 7460 5605 during office hours (8.00am to 6.00pm). After 6.00pm, please go to your nearest Accident and Emergency department (taking your endoscopy report with you).

Contact

If you have any questions or need further information, please contact your doctor or the Endoscopy unit on +44 (0)20 7460 5605. The unit is open from 8.00am to 6.00pm, Monday to Friday.

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