

## Upper GI Endoscopy

### What is upper GI endoscopy?

Upper GI Endoscopy (also known as gastroscopy, oesophagogastroduodenoscopy or OGD) is a procedure that enables me to examine the lining of your oesophagus (swallowing tube or gullet), stomach and duodenum (first portion of the small intestine). A flexible tube about the thickness of your little finger is guided carefully and slowly through your mouth and into the stomach and duodenum.

### Why is an upper GI endoscopy performed?

Upper GI endoscopy is performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, difficulty swallowing or heartburn. It is an excellent method for finding the cause of anaemia or bleeding from the upper gastro-intestinal tract. It is more accurate than X-rays for detecting inflammation, ulcers or tumours in the oesophagus, stomach and duodenum. Small samples or biopsies may be taken during the endoscopy using a specialized instrument called forceps; you will not feel this. These samples are then sent to the laboratory to be analyzed. A biopsy is taken for many reasons and does not mean that cancer is suspected, for example, biopsies may be taken to look for coeliac disease or infections.

A variety of instruments can be passed through the endoscope to allow me to treat many abnormalities with little or no discomfort, for example, narrowed areas may be stretched, polyps or swallowed objects may be removed, or bleeding may be treated. Safe and effective control of bleeding has reduced the need for transfusions and surgery in many patients.

### What preparation is required?

The stomach should be completely empty. You should have nothing to eat or drink for approximately 3 hours before the examination. More specific information will be provided depending upon the time of day that your test is scheduled.

Medication may need to be adjusted or avoided. It is best to inform the doctor or nurse of ALL your current medications as well as allergies to medications a few days prior to the examination. Most medications can be continued as usual, but insulin may need to be delayed until after the endoscopy.

You will most likely be sedated during the procedure and an arrangement to have someone drive you home afterward is imperative. The sedative will affect your judgment and reflexes for the rest of the day. You should not drive, operate machinery or make legal decisions until the next day.

### **What can be expected during the upper GI endoscopy?**

You will usually be given a sedative (midazolam) to help you to relax and an analgesic (fentanyl). These are usually given by an injection into a vein in the back of your hand. The sedative can make you drowsy but it does not 'put you to sleep'. It is not a general anaesthetic.

You may have your throat sprayed with a local anaesthetic before the test begins. You will be laid on your side (or occasionally your back) in a comfortable position and a mouth guard will be placed to protect your teeth. It is common practice to give oxygen and to monitor your breathing, heart rate and blood pressure during the procedure. The endoscope does not interfere with your breathing. It is most unusual for me to ask you to swallow; I guide the endoscope carefully into the oesophagus using your natural reflexes. Air will be introduced through the end of the endoscope to allow good views of the stomach and duodenum and this may make you feel slightly bloated or full. The procedure usually lasts 10-15 minutes. Most patients fall asleep during the procedure; a few find it only slightly uncomfortable.

### **What happens after upper GI endoscopy?**

You will be monitored in the Recovery area for 15-30 minutes until the effects of the sedatives start to wear off. Your throat may be a little sore for a day or two. Normally you will be offered a drink and a light snack once you are fully awake and your throat is no longer numb (about 45 minutes after the endoscopy).

The sedative will affect your judgment and reflexes for the rest of the day. You should not drive, operate machinery, drink alcohol or make legal decisions for 24 hours after having the sedative. You will need somebody to accompany you home and to stay with you until the effects have fully worn off. Most people can resume normal activities after 24 hours

I will come and see you before discharge to inform you of the results and to answer any questions that you may have. I will arrange a clinic appointment about 7-10 days later, with the results of any samples taken during the endoscopy.

### **What complications can occur?**

Upper GI endoscopy and biopsy are very safe; however, complications may rarely occur (<1:1000). They include bleeding from the site of a biopsy or a tear (perforation) of the lining of the throat, oesophagus, stomach or duodenum. These are more likely to occur after a "therapeutic" procedure such as stretching or dilatation. Blood transfusions are rarely required. A reaction to the sedative or pain reliever may occur. Irritation to the vein at the injection site is uncommon but may occasionally leave a tender lump lasting a few weeks.

It is important for you to recognize the early signs of possible complications and to contact me (via my office or the Nuffield Hospital switchboard) or outside of working hours, visit the local A&E dept, if you notice symptoms of difficulty swallowing, worsening throat pain, chest pains, severe abdominal pain, fevers, chills or rectal bleeding of more than one-half cup.

If you have questions or concerns, further information may be obtained via e mail ([info@westkentgastro.com](mailto:info@westkentgastro.com)) or phone (0203 727 6179).

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