

What is an OGD?

An oesophago-gastro-duodenoscopy (OGD) is an examination of your oesophagus, stomach and the first part of your small intestine.

Other names for an OGD are, gastroscopy and upper GI endoscopy.

The procedure involves passing a flexible camera into the oesophagus (gullet), on into stomach and as far as the first part of the small bowel called the duodenum (first bend of the small bowel). The camera cannot reach any further than this.

Why is an OGD required and are there any alternatives?

An OGD is used to directly look at the lining of the oesophagus, stomach and duodenum with a high-resolution flexible camera.

The vast majority of patients have an OGD to investigate symptoms such as heart burn, indigestion or the feeling for food sticking in the oesophagus.

An OGD can help look for evidence of a hiatal hernia (stomach sliding up into the chest), changes of the lining of the oesophagus (Barrett's metaplasia), tumours, problems with coordination of swallowing, ulcers and little growths called polyps.

It is also possible to gain indirect evidence of a problem such as pressure from a mass pressing on the oesophagus from the outside.

The camera has a narrow canal for passing a fine flexible instrument to take tissue samples and can also be used to undertake more complex procedures such as opening a narrowing in the oesophagus, stopping bleeding, placing feeding tubes or removing something that has been swallowed or become lodged.

There are no absolute alternatives to an OGD, but some of the information gained from endoscopy can

be obtained by a contrast swallow (drinking dye that is seen on X-ray) or CT imaging. Contrast swallow, CT and an investigation called pH/manometry testing (measuring the acid and pressure waves in the oesophagus) also gives complementary and additional information to an OGD.

Your consultant may recommend a combination of these investigations to gain all the information necessary about our symptoms.

How the procedure is booked and how to prepare

Your consultant will help you decide if an OGD is the best test for you and will make arrangements directly with the hospital on your behalf. Our secretarial team will liaise with you to choose a date that best fits with your commitments.

Most patients will require a basic pre-operative assessment and at the current time will be required to have a negative COVID test and to self-isolate for three days before the procedure.

You will be asked not to eat or drink for six hours before then procedure to ensure that your stomach is empty at the time of the OGD to allow your consultant to see the lining of the stomach and also keep the risk of aspiration (food and liquid getting into the lungs) as low as absolutely possible.

You should continue to take your regular medications as normal with a sip of water.

Your consultant or another member of the team may ask you to stop taking certain medications before the procedure.

Examples of medicines that may need to be stopped are blood thinning medicines, iron tablets, antacids or occasionally tablets for diabetes. It is important to let the staff know about any allergies as soon as possible, especially if you have an allergy to latex.

It is also important to inform the team if you have any infections, such as, C.diff or MRSA, as this has implications for infection control and cleaning.

What will happen on the day and how long will the procedure take?

You will either be admitted in the morning or the afternoon for your OGD.

The nursing staff will settle you into the hospital ward or into the endoscopy unit.

It would be helpful to bring a list of your medications with you in case these need to be confirmed.

Your consultant will see you before the OGD, take consent to perform the procedure and talk to you about what to expect during the OGD.

Sometimes biopsies (tissue samples) will be taken during the procedure.

The action of taking the samples will not hurt and can be taken for a variety of reasons including excluding conditions such as coeliac disease, looking for infections that can lead to excess acid production and taking samples of any changes that require further investigation under the microscope to make a diagnosis.

The majority of patients have an OGD with throat spray to numb the back of the throat to prevent activation of the gag reflex when the camera is passed over the back of the tongue.

Some patients wish to have sedation to make them sleepy and less aware of the procedure and a minority request deeper sedation with a medicine called propofol that is similar to a general anaesthetic but in low doses allows the patient to continue breath for themselves.

An anaesthetist is always present if propofol use is planned. The effects of the throat spray and sedation wear off quickly, however, if any form of sedation is used then you must not drive afterwards and you will need a relative or friend to pick you up from the hospital.

Do I need to worry about having an OGD?

The thought of having a flexible camera passed into the oesophagus can cause some patients to become anxious. There is no need to be worried as the staff and your consultant are experts in making the experience as easy and safe as possible.

You will have the option of sedation. An OGD is considered a very safe investigation with the risk of a major complication of less than one in ten thousand. You will be monitored throughout the procedure. OGD is generally a very quick procedure and is often done in under three minutes if no tissue samples are required to be taken.

What are the risks of an OGD?

Generally endoscopies are considered to be very safe procedures

Rare complications include:

Bleeding

If the procedure involves removing a piece of tissue for testing there is a small risk of bleeding

Infection

The risk of infection is low and those that do occur are minor and can be treated with antibiotics.

Tearing of the gastrointestinal tract

This is more likely to occur if procedures such as dilation to widen your oesophagus is performed but it happens in fewer than 10,000 diagnostic upper endoscopies.

Very occasionally patients can suffer adverse effects to the sedation or anaesthetic and feel nauseous. There is a very small chance of an allergic reaction to the drugs used.