







# Endoscopy Department Gastroscopy (OGD)

#### Consent

You are asked to read the information contained in this leaflet. Sign the attached consent form to show that you understand the examination and bring it with you. The doctor performing the test will answer any questions you may have and you may change your mind at any time.

## What is a gastroscopy?

Gastroscopy (also called OGD) is a test which allows the doctor to look at the lining of the oesophagus (gullet), the stomach and the first part of your intestine. It is performed by passing a thin flexible tube (gastroscope) through your mouth. During the course of the examination biopsies may be taken.

## Preparing for the examination:

- Your stomach needs to be empty so you will need to fast before the test. Please fast from solids (food) for 6 hours and 2 hours for clear fluids
- Please have a telephone number of relative or friend who may be contacted to collect you.
- If you are under 16 years you must be accompanied by your parent or guardian who is required to give written consent.
- Bring with you details of private medical insurance if you have any.
- The scheduling of your tests is an approximate estimate only and unfortunately there can be unforeseen delays.
- If you have a referral from your Doctor, present this to the secretary on arrival.
- If you are on medication please bring prescription or a list of them.
- If you have sedation for this procedure you must be collected on discharge. You will not be allowed to drive or travel un-accompanied.

## **During the procedure**

- A nurse will stay with you throughout the examination.
- A throat spray may be given to numb your throat.
- You will lie on your left side.
- A plastic mouth piece will be placed between your teeth, this helps to keep your mouth slightly open to enable the tube to be passed.
- During the test air will be put into the stomach which enables a better view and is removed at completion of the test.
- The gastroscope does not interfere with your breathing and you can breathe normally.
- The test usually takes approximately 7 (seven) minutes.
- There may be other members of the hospital multidisciplinary team present during the procedure.

#### **Following the Examination:**

- You will be observed in the recovery area until the effects of the sedation have worn off. The drip will be removed from your arm before you go home.
- Further tests may be requested by the consultant. These tests may be completed on the same day of your examination or a future appointment date will be given.
- When you have sufficiently recovered you will receive a light snack.
- Following sedation you must not drive, operate machinery, sign legal documents or drink alcohol for 24 hours.
- If you have had sedation, you **must** be collected on discharge as you are **NOT** allowed to drive or travel home unaccompanied.

#### What are the Benefits?

Gastroscopy is the best test to check the gullet, stomach and intestines and will allow a biopsy to be taken of any abnormality detected.

The results will help us decide on the best treatment for your problem or whether we need to carry out any further examinations.

#### Are there any Risks?

Gastroscopy is a safe test but there are some risks. Complications include, but are not limited to:

Perforation (tear) in approximately 1:2000 patients.

Haemorrhage (bleeding) may occur at the site of a biopsy and nearly always stops on its own.

Reactions to medications. (This is rare).

Complications may require urgent treatment including surgical intervention (operation) and can carry risks to life and health. Damage caused by Endoscope to teeth and bridgework can happen but this is rare.

There is a risk that some abnormalities may be missed during this procedure (1:100)

# **Medications (tablets)**

You may continue to take essential medication but if you are taking <u>blood thinning medication</u> you should receive specific advice from the department. If you have not received any specific advice, please see our advice for blood thinning medication in our FAQ section. You should contact the nurse in the Endoscopy Unit on (01) 2214416 if you have any questions.

If you are on Aspirin, you can continue taking it up until the day before your procedure. Do not take Aspirin on the day of your procedure. There is no need to stop taking blood pressure medication. Iron tablets must be stopped one week before examination. If you have <u>diabetes</u>, there is advice available in the FAQ section of our website and you can contact the endoscopy unit (01-2214416) should you have further questions.

# Will I be sedated?

Many patients choose to have the test performed without sedation, with a local anaesthetic spray to the throat used instead. This is safer and has the advantage that you can go home almost immediately after the test. The procedure can be performed under sedation. If you have sedation, you will still be awake and may remember things about the test. Every effort will be made to keep you comfortable throughout.

## **Imaging/Biopsies**

Photographs/videos of the intestine and samples of the intestine (biopsies) may be taken as part of your care, in order to diagnose or exclude particular diseases. The images or samples taken may be retained by the hospital for further testing and/or education and research in accordance with hospital procedures. In any such event, patient confidentiality will be maintained at all times.

### **Special Requirements**

If you use a wheelchair or have a physical or any other disability please contact us to let us know in advance so that we can ensure you receive appropriate supports.

Please see our website for our patient information resources, including frequently asked questions (FAQs) and patient information videos.

https://www.stvincents.ie/departments/endoscopy/

If you require any other information or if for any reason you cannot attend for the scheduled appointment please contact:

Phone: 01 221 4599 Monday—Friday between 11am to 1pm and 2pm to 4pm.

## **Consent Form for Gastroscopy**

#### AFFIX PATIENT LABEL HERE

**I/We** have read the information on this leaflet **for Gastroscopy (OGD)** and understand the procedure that will be performed and that I /We will have the opportunity to ask questions before the procedure.

I understand the risks and benefits of, and alternatives to, the procedure. I understand that sedation may be required and that any other procedure found to be necessary will be performed. I understand the transfusion of blood/blood products may, rarely, be necessary and I agree to receiving these.

I am aware that tissue samples may be taken out of necessity and may be retained for future testing and/or education and research.

I/We consent to have this procedure with sedation or without sedation (please circle)

I /We consent to the procedure of Gastroscopy (OGD)
Print Name
Signed
(Patient/Parent/Guardian)
Date
Endoscopist
Print Name
Signed
MRCN
Date

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