

Patient Information on Oesophagogastroduodenoscopy (OGD)

Introduction

OGD is currently the best method in examining the lumen of the upper digestive tract; by using a flexible endoscope, oesophagus, stomach and duodenum can be examined. Compared with conventional X-ray examination, OGD is more accurate in making the diagnoses. With the use of different types of accessory equipment, endoscopists can perform biopsy and deliver targeted therapies for upper gastrointestinal tract diseases. Patients suffering from peptic ulcer disease or bleeding, suspected oesophageal and gastric cancer, symptoms of indigestion, acid reflux or difficulty in swallowing should receive OGD examination.

The Procedure

Prior to the examination, local anaesthetics will be sprayed to the throat of patients. A flexible endoscope with a diameter of 0.9-1.2cm will then be introduced by the endoscopist through the mouth of patients to the oesophagus, stomach and the duodenum. The internal lining of the upper gastrointestinal tract will be carefully examined. During the procedure, patients are fully conscious. In individual cases, intravenous sedative drugs may be given depending on the clinical conditions and the patient's tolerability to the procedure. In general, the procedure will last for 5-20 minutes, but in complex cases that require additional therapies like in the control of active bleeding, the examination may be prolonged. Patients will be carefully monitored during the procedure.

Risk and Complication

Minor discomfort including nausea, distension discomfort of the stomach and mild sore throat is common. This should disappear within a day. The effect of local anaesthetics will keep the throat numb for about an hour, during which swallowing is rendered difficult. Major complications including perforation (less than 1 in 10,000), bleeding (less than 3 in 10,000), death (less than 1 in 10,000), cardiopulmonary complications and infection may happen. The complication risks vary depending on patients' conditions and complexities of the diagnostic and therapeutic methods used. Patients should consult the attending physicians for the detail of the endoscopic procedures. When major complications arise, emergency surgical treatment may be needed and patient death may rarely occur.

Before the Procedure

Patients need to be fasted for at least 6 hours before the procedure. Patients should inform the medical staff of any major medical problems including diabetes, hypertension, valvular heart disease and pregnancy, and continue their medications as instructed. Patients should also provide information concerning the current medications used especially antiplatelet and anticoagulation drugs and any allergic history. Patients should avoid driving to attend the outpatient procedure and also avoid heavy drinking, smoking or use of sedative before the procedure. Elderly patients and those with difficulty in walking should be accompanied by family

member. Dentures, spectacles and metallic objects should be removed before the procedure.

After the Procedure

As the effect of local anaesthetic will persist for about an hour, patients should remain fasted until anaesthesia has worn off. This prevents choking with food or fluid intake. If intravenous sedation is used, patients should avoid operating heavy machinery, signing legal documents or driving for the rest of the day.

Follow Up

Patients are advised to enquire about the examination results and date of follow up. Patients should follow the instruction given by the medical staff in completing the drug treatment.

Patients can contact the endoscopy unit within office hours for any discomfort after the procedure, or if the patients have any question about the examination result and drug treatment. However, if serious events develop, such as passage of large amount of blood, severe abdominal pain, etc. patients should seek medical advice at the nearest Accident and Emergency Department.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.