Oesophagogastroduodenoscopy (OGD)

Figure 1. Oesophagogastroduodenoscope – a flexible endoscope of diameter ~ 0.9-1.2cm. It has a camera and a light source at the end, and contains channels for insertion of small forceps to take sample (biopsy) for examination, or devices to stop bleeding.

What is this procedure?

Oesophagogastroduodenoscopy (OGD), is the use of a flexible endoscope (Figure 1) inserted through the mouth to examine the esophagus, stomach (gastric) and duodenum; i.e. the upper digestive tract.

Why is there a need to do it?

OGD allows direct vision of the upper digestive tract. With the use of different types of accessory equipment, the doctor can take tissue samples (biopsy) for examination, and perform various treatment to stop bleeding, e.g. direct injection of adrenaline, heater probe, or banding of dilated vessels.

How is it done?

Prior to the examination, local anaesthetics will be sprayed to the throat of patients. Sometimes, intravenous sedative medication will be given depending on the clinical conditions and the patient's tolerance to the procedure. The endoscope is then inserted through the mouth to reach the oesophagus, stomach and the duodenum.

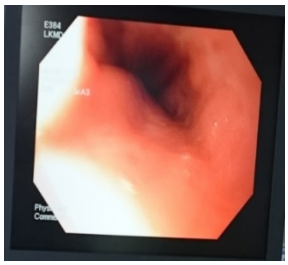

Figure 2. An image of the upper digestive tract captured by OGD

When to stop?

In general, the procedure will last 5-20 minutes, but in complex cases that require additional therapies like the control of active bleeding, the examination may be prolonged. Patients will be carefully monitored during the procedure.

Risks and complications

General risks:

Minor discomfort including nausea, distension discomfort of the stomach and mild sore throat is common. These should disappear within a day. The effect of local anaesthetics will keep the throat numb for about an hour and swallowing may become difficult.

Specific risks:

Major complications including perforation (less than 1 in 10000), bleeding (less than 3 in 10000), death (less than 1 in 10000), cardiopulmonary complications and infection may happen. The complication risks vary depending on patient's condition and specific intervention, especially biopsy and the procedure for stopping of bleeding. When major complications arise, emergency surgical treatment may be needed.

Before the procedure:

Patients need to fast 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. Patient should also provide information concerning the current medications used especially antiplatelet and anticoagulation drugs and any allergic history. Dentures, spectacles and metallic objects should be removed before the procedure.

After the procedure:

As the effect of local anaesthetics and intravenous sedation will last for about an hour, patients should not eat or drink till anaesthesia effect has worn off so that there will not be choking with food or fluid. If conscious level remains poor for prolonged period assisted ventilation by a machine may need to be considered.

Possibility that the procedure cannot be carried out

There is also a possibility that the procedure cannot be carried out, e.g. failure of scope insertion, uncooperative patient, or unexpected events that require immediate termination of the procedure, including uncontrolled bleeding, perforation of organs.

Other treatment options

There are other methods to inspect the upper digestive tract, but information obtained is different from using OGD. Please discuss with your doctor for the suitability of other options.

Disclaimer: *Information in this leaflet is for general information only and does not replace discussion with the doctor. Please make sure that you have fully understood before you consent.*