

Procedure Information Sheet – Oesophagogastrroduodenoscopy (OGD)

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

1. Introduction

- 1.1. Oesophagogastrroduodenoscopy (OGD) is currently the best method in examining the lumen of the upper digestive tract. It examines the oesophagus, stomach and duodenum by using a flexible endoscope. With this minimally invasive procedure a more accurate diagnosis can be made and targeted therapies can be delivered at the same session.
- 1.2. Indications:
 - 1.2.1. Upper abdominal pain
 - 1.2.2. Peptic ulcer or bleeding
 - 1.2.3. Suspected oesophageal or gastric cancers
 - 1.2.4. Gastroesophageal reflux disease
 - 1.2.5. Difficulty in swallowing
 - 1.2.6. Liver cirrhosis and suspected to have gastroesophageal varices should receive the examination.
 - 1.2.7. Removal of swallowed objects, e.g. Fishbone

2. Pre-operative Preparations

- 2.1. A written informed consent is required.
- 2.2. Eating and drinking should be avoided for at least six hours before the procedure.
- 2.3. Do not take any valuables or wear any metallic belongings or jewellery to the procedure room; dentures, glasses and contact lens should be removed.
- 2.4. Avoid having any make up or nail polish for it may interfere with our medical observations.
- 2.5. Patient should inform the medical staff of any major medical problems including diabetes, lung disease, heart disease, hypertension and pregnancy, or with pacemaker and implant.
- 2.6. Patients should provide information concerning of current medications used especially the use of antiplatelet and anticoagulation drugs and allergic history if any.
- 2.7. Patient must be accompanied by an adult relative or friend when leaving the hospital.
- 2.8. Heavy drinking, smoking or use of sedative before the procedure should be avoided.

3. Procedures

- 3.1. Prior to the procedure, depending on the individual patient's condition, sedation may be given to the patient to alleviate any anxiety and discomfort related to the procedure.
- 3.2. Patient should lie on his/her left side.
- 3.3. Local anaesthetic solution will be sprayed into the throat for reducing pre and post procedure discomfort.
- 3.4. Patient will be instructed to wear a small plastic mouth guard as to facilitate the insertion of endoscope by our doctor.
- 3.5. Doctor would then pass a flexible endoscope through the mouth down to the oesophagus, stomach and duodenum of the patient to perform the examination.
- 3.6. Patient is under close monitoring during the whole procedure.
- 3.7. It is normal to have bloating sense and abdominal distention during the procedure, as air is inflated into the stomach for better examination, however, this sensation will be minimized with sedation.
- 3.8. The examination will usually last for 5 to 15 minutes but in complex cases that require additional therapeutic procedure it may take a longer time.

4. Post-operative Instructions

- 4.1. As the effect of the local anaesthesia will persist for about an hour, patient should remain fasted until it has worn off which will prevents choking with food or fluid intake.
- 4.2. Our medical staffs would inform the patient the result of the examination and if any drug treatment is suggested. Patient should follow the instruction given by our medical staff to complete the drug treatment.

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- 4.3. If sedation is given, patient should avoid operating heavy machinery, driving or signing any legal document for the rest of the day.
- 4.4. Patient may contact our Endoscopy Centre during office hours if there are any discomfort or enquiries about the procedure and result.
- 4.5. If patient has the following conditions such as passing large amounts of blood, severe abdominal pain, fever or coffee ground vomitus, he/she should seek medical advice at the nearest Accident and Emergency Department.

5. Possible Risks and Complications

- 5.1. OGD is a safe procedure.
- 5.2. The local anaesthesia causing numbness of the throat resulting in difficulty in swallowing will wear off about an hour.
- 5.3. Minor discomfort including nausea, bloating of the stomach and mild sore throat is common and these should disappear within a day.
- 5.4. 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.
- 5.5. The complication rate would be higher in the cases that require therapeutic procedures including polypectomy, endoscopic haemostasis, dilation or stenting. When major complications arise, emergency surgical treatment may be needed.
- 5.6. The complication rate varies with patient's conditions, complexity of the diagnostic and therapeutic methods performed. Patient should consult the physicians for the details of the endoscopic procedures.

6. References

- 6.1. American Society for Gastrointestinal Endoscopy (ASGE) (2017). Patient Information: Understanding Upper Endoscopy.
- 6.2. Hospital Authority. Smart Patient Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

