1. **Introduction**

   1.1. Oesophagogastroduodenoscopy (OGD) is currently the best method in examining the lumen of the upper digestive tract. Oesophagus, stomach and duodenum can be examined by using a flexible endoscope. Compared with conventional X-ray examination, OGD is more accurate in making the diagnoses. With the use of different types of accessory equipment, doctor can deliver targeted therapies for upper gastrointestinal tract diseases.

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.

2. **Procedural Preparation**

2.1. Patient should fast for at least 6 hours before the examination.

2.2. Do not take any valuables or wear any metallic belongings or jewellery to the hospital.

2.3. Avoid having any make up or nail polish for it may interfere our medical observations.

2.4. Patients should inform the medical staff of any major medical problems including diabetes, hypertension and pregnancy, and continue the medications as instructed.

2.5. Patients should provide information concerning the current medications use especially the use of antiplatelet and anticoagulation drugs and any allergic history.

2.6. Patient must be accompanied by an adult relative or friend when leaving the hospital.

2.7. Heavy drinking, smoking or use of sedative before the procedure should be avoided.

2.8. A written consent is required.

3. **Procedure**

3.1. Prior to the procedure, depending on the individual patient’s condition, intravenous sedation may be given to the patient to alleviate any anxiety and discomfort related to the procedure.

3.2. Patient should lie on left side.

3.3. Local anaesthetic will be sprayed on the throat causing some numbness.

3.4. Patient will be instructed to bite on a plastic mouth guard so as to facilitate the insertion of endoscope by the doctor.

3.5. Doctor would then pass a flexible endoscope through the mouth down to GI tract of the patient to perform the examination.

3.6. Patient is under closed monitoring during the procedure.

3.7. It is normal if feeling bloating and abdominal distention during the procedure.

3.8. The procedure will usually take 15 minutes. In complex cases that require additional therapies, extra examination time may be required.

4. **Post-procedural information**

4.1. As the effect of local anaesthetic will persist for about an hour, patient should remain fasted until anaesthesia has worn off. This prevents choking with food or fluid intake.

4.2. The medical staff would inform the patient the result of the examination. Patient should follow the instruction given by the medical staff to complete the drug treatment.
4.3. If the patient has received intravenous sedation, patient should avoid operating heavy machinery or driving for the rest of the day to prevent an accident. Also he/she should avoid signing any legal document.

4.4. The patient may contact the Endoscopy Centre during office hours for any discomfort after the procedure, or any question about the examination result and drug treatment.

4.5. If patient has the following conditions such as passage of large amounts of blood, severe abdominal pain, or fever, 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 anaesthetic causes numbness in the throat for around an hour, resulting in difficulty in swallowing.

5.3. Minor discomfort including nausea and distension discomfort of the stomach and mild sore throat is common. 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. The complication risks vary depending on patient’s conditions and complexities of the diagnostic and therapeutic methods used.

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 required.

5.6. The complication rate varies with patient’s conditions and the complexity of the diagnostic and therapeutic methods performed.

6. **References**


I, ______________________ acknowledged that the above information concerning the operation or procedure has been explained by Dr _____________________. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

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<td>Case Reg. Date &amp; Time:</td>
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Patient Signature: ______________________

Patient Name: ______________________

Date: ______________________