Health and Social Care

OGD & Colonoscopy Patient Information

Introduction

Your doctor has recommended that you have both an OGD and Colonoscopy. However, it is your decision whether or not to go ahead with the procedures. This leaflet gives you information about the procedures, their benefits and risks. It is to help you make an informed decision. If you have any questions after reading this leaflet, you will be able to ask them at your appointment.

This leaflet can be made available, on request, in alternative formats and in other languages, to meet the needs of those who are not fluent in English.

What is an OGD?

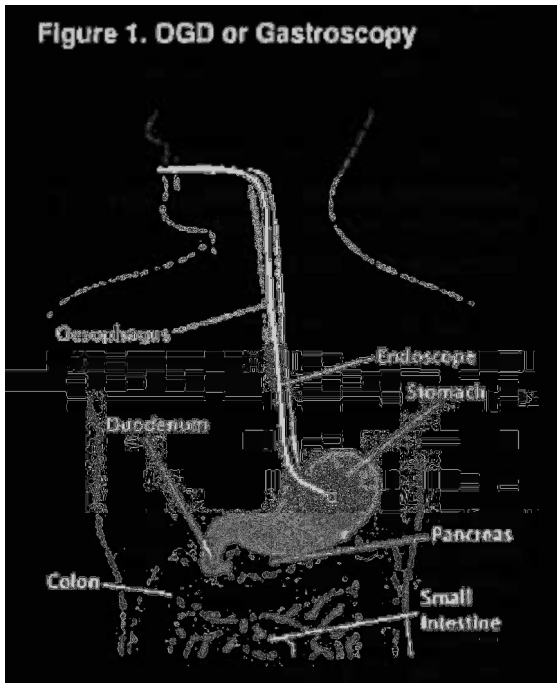
OGD stands for oesophago-gastro-duodenoscopy.

It is also known as an endoscopy or gastroscopy. It is a test where an Endoscopist looks into the upper part of your gut (the upper gastrointestinal tract). The upper gut consists of the oesophagus (gullet), stomach and duodenum.

We use an endoscope which is a long flexible tube about the thickness of your index finger with a small camera and light at the end of it.

We pass it through your mouth, your throat and down towards your stomach and duodenum.

During your OGD, we may need to take some tissue samples (called biopsies) to give us more information about your gut.

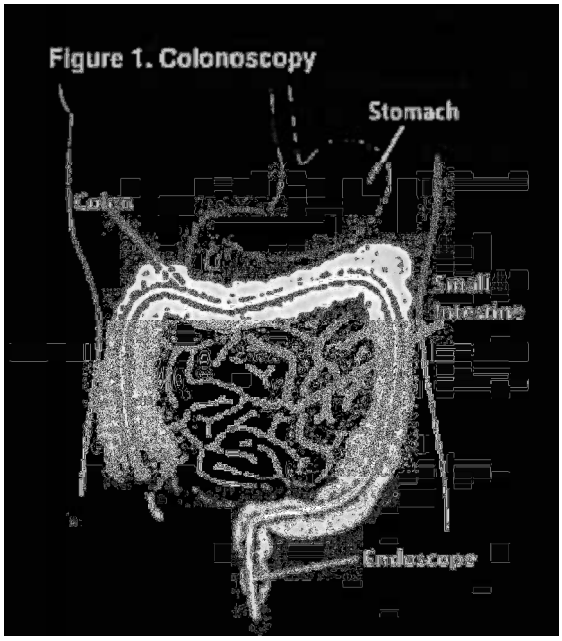


What is a Colonoscopy?

A colonoscopy is a look at your colon (lower bowel). It is done by an Endoscopist.

We use an endoscope which is a long flexible tube about the thickness of your index finger with a small camera and light at the end. It is passed up your back passage (your bottom) into your colon. This allows us to get a clear view of the lining of your colon and to check whether or not any disease is there.

During your colonoscopy, we may need to take some tissue samples (called biopsies) to give us more information about your colon.



Why do I need an OGD & Colonoscopy?

You have been advised to have these procedures as you have symptoms which we think are coming from your gastrointestinal tract.

These procedures are a good way of finding out if there is a problem or not. It may also help to ensure any treatment you are offered is as effective as possible.

What happens during an OGD?

We will numb the back of your throat by spraying some local anaesthetic. This can taste unpleasant. We may also offer you a sedative to help you relax.

We will ask you to put a plastic mouth guard between your teeth. This aims to protect your teeth and any bridge work you have had done.

You may be given oxygen during the test. We monitor your breathing, pulse and blood pressure throughout.

We will then gently pass the endoscope down your throat and into your stomach and duodenum.

The OGD can be a little uncomfortable, particularly when you first swallow the endoscope.

We pass air down the endoscope to make it easier for us to see. This may cause you to feel bloated, want to belch and may cause some mild stomach pains.

If we take tissue samples (biopsies), it is painless.

At the end of the OGD, we gently remove the endoscope. We then prepare you for the colonoscopy.

What happens during a Colonoscopy?

We may offer you a sedative to help you relax.

We gently pass the endoscope into your back passage and into your colon. We look at the lining of your colon on a video monitor. CO_2 or air is passed through the endoscope to give a clear view. This may cause you some discomfort but will not last long. You may also feel like you need to go to the toilet or to pass wind. This is normal. There is no need to be embarrassed as we expect it to happen.

We monitor your breathing, pulse and blood pressure throughout.

If we take tissue samples (biopsies), these will be sent to the laboratory for testing.

Also, if we find polyps, we may be able to remove them. Polyps are small lumps of tissue which hang from the inside lining of the colon. Removing polyps (called polypectomy) is done by an instrument that is attached to the endoscope. The polyps would also be sent to the laboratory for testing.

Large polyps may not be removed. You may be offered a separate appointment to have any large polyps removed.

At the end of the procedure the colonoscope is gently removed.

The two procedures usually take between 40-60 minutes. You should however allow at least 2-3 hours for the whole appointment – to prepare, for the procedure itself and to recover.

Before you leave, we will explain your results and what happens next. We will send similar information to your G.P. / Consultant.

Are there any side-effects or possible complications (risks)?

Most endoscopies are done without any problem. The benefit from these procedures needs to be weighed up against the small risk of complications.

Some people have an allergic reaction to the sedative although this can be treated.

The sedative can occasionally cause problems with breathing, heart rate and blood pressure, which will be treated by medical staff.

A few patients may be slightly more at risk of developing a chest infection or pneumonia following an OGD.

Occasionally, the endoscope may damage the gut. You would need to be admitted to hospital for treatment if this happens. Heavy bleeding is very rare. If you are taking medication to thin your blood, you should tell us (see next page). Perforation (making a hole in the stomach) happens in around one in 3,300 patients.

In extremely rare cases, OGD can cause death. This is thought to be one in 25, 000 patients.

This risk of complications is higher if you are in poor general health.

Most colonoscopies are done without any problem. Occasionally, the endoscope may damage the colon. You would need to be admitted to hospital for treatment if this happens.

Heavy bleeding happens in around 1 in 150 patients who have polyps removed. If you don't have the polyps removed, this is less likely (1 in over 400 patients).

Perforation (making a hole in the colon) happens in around 1 in 1,500 patients.

Extremely rarely, colonoscopy can cause death. This is thought to happen in around 1 in 10,000 patients.

If you have a sedative, you may feel tired or sleepy for several hours. Risks from sedation are different for each person and they depend on the type of drug that is used. Serious complications are rare. The sedative can affect your breathing making it slower, more shallow and possibly stopping it altogether. The sedative may occasionally cause problems with blood pressure. Some people have an allergic

reaction although this is very rare. We can usually identify and treat any such problems quickly if they occur.

If you are worried about possible risks, ask at you appointment.

Is there an alternative?

Yes. A barium meal x-ray is an alternative to an OGD. However, it gives less information and would mean that we cannot take tissue samples. A urea breath test can be used to detect a germ (helicobacter pylori) that can cause stomach ulcers.

An alternative to the colonoscopy would be to have a scan called a CT colonography. If we find polyps, you would still require a colonoscopy to remove them. Your Consultant / Endoscopist can discuss this with you if you wish.

I have decided to proceed with the procedures? How do I prepare?

It is important to read and follow these instructions carefully.

Your gut needs to be empty so that we can get a clear view.

Your test will need to be cancelled if you are not prepared properly.

We will ask you to eat only certain foods for a few days before your test.

You will be given preparation to clear out your lower bowel. Bowel preparation is a drink which makes you empty your bowel. It will make you have diarrhoea.

We recommend that you ask a friend / relative to accompany you to the hospital for your test.

For morning appointments, do not eat or drink from midnight the night before.

For afternoon appointments, do not eat or drink from 7am on the day of your appointment.

If you are having sedation arrange for somebody to take you home and stay with you overnight.

If you normally take heart, blood pressure or epilepsy medication, take it as usual on the day of your test. If you take it with water, you must only take a very small sip.
If you normally take Losec/ Omeprazole, Zoton/Lansoprazole, Protium/Pantoprazole, Pariet/Rabeprazole, Nexium/Esomeprazole, Zantac/Ranitidine, Axid or Tagamet/Cimetidine please STOP at least two weeks before your appointment, if possible, unless you have been told previously not to stop by your doctor.

If you are on iron tablets, Fybogel / Regulan, stop taking them 7 days before your appointment.

If you are diabetic or are taking blood thinning medication, this would have been discussed with you if you have had a pre-assessment at the time of clinic visit.

Bring a list of your medications and dosages with you.

Leave all valuables at home.

What happens when I arrive?

You will be met by a nurse who will ask you some questions. If you are having a sedative, the nurse will ask about your arrangements for getting home.

You will be able to ask questions if you have any. The nurse will make sure that you understand the procedures.

The nurse will take and record your heart rate and blood pressure. If you are diabetic the nurse will take and record your blood glucose level.

You will be seen by the Endoscopist for a quick update on your symptoms. If you are happy to proceed, you will be asked to sign your consent form if you have not already done so.

This unit is a training centre for endoscopy. This means that trainees (supervised by qualified staff) may be involved in your care. If you do not want trainees to carry out your procedures or be present, please inform us when you arrive.

Please ask us if you would like information about how we use and store tissue samples and hospital records (including images).

Delays to your appointment

We also deal with emergencies. These can take priority over your appointment, meaning we may have to ask you to wait or to change your appointment to another day.

What happens after the procedures?

You will be allowed to rest in the hospital for as long as you need.

If you have not had a sedative, you will be able to go home straight after the test if you wish.

If you have had throat spray, you should not eat or drink for some time after the procedure because your swallow reflex will still be numb. We will advise you how long this is for.

If you have had sedation you must have someone to stay with you overnight as you will still be drowsy with the sedative. This drowsiness can 'come and go'.

This drowsiness means you must not:

- Drive a car (or any motorised transport) or ride a bicycle
- Operate machinery or electrical items
- Drink alcohol or smoke
- Take sleeping tablets
- Sign any legally binding documents or make any important decisions
- Work at heights (including climbing ladders or onto a chair)
- Lock the toilet door or make yourself unreachable to the person looking after you
- Look after children on your own

Most people feel back to normal after 24 hours.

If any of the following happen within 48 hours after your procedures, you need to seek help from a doctor straightaway:

- Chest or abdominal / tummy pain that becomes more severe and is different or more intense than any pains that you would 'usually' have
- Breathing difficulties
- Fever (raised temperature)
- Passing a lot of blood from your bottom or vomiting blood.

If you have had biopsies taken or polyps removed, you could pass a small amount of blood from your bottom. This is normal.

If the bleeding becomes more severe or returns within two weeks of your colonoscopy you need to seek help.

Tell the doctor that you have had an OGD and Colonoscopy.

If you have a persistent sore throat, contact your G.P. and tell them you have had an OGD.

Contact Details between
Mon – Thurs: 8am – 6pm
Fri: 8am – 2pm

Endoscopy Unit
Whiteabbey Hospital
Tel: (028) 90552464

Day Procedure Unit
Antrim Area Hospital
Tel: (028) 94424758

Endoscopy Unit
Mid Ulster Hospital
Tel: (028) 79366767

Day Procedure Unit
Causeway Hospital
Tel: (028) 70346105

Outside of these hours please contact:
Ward C3, Antrim Area Hospital
Tel: (028) 94424786

About this information

This leaflet is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at time of publication.

This leaflet was adapted from the Regional Modernising Endoscopy Services Project Team Advice Leaflet 2010.

Aftercare

If you feel we should include some other information in this leaflet please tell us so we can consider it when we next update the leaflet.

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