Oesophago-Gastro Duodenoscopy (OGD) with Argon Plasma Coagulation (APC)

Patient information booklet
Endoscopy Unit

Providing a range of NHS services in Gateshead, South Tyneside and Sunderland.
Introduction

You have been advised by your GP or hospital doctor to have a procedure known as an oesophago-gastro-duodenoscopy (OGD) and Argon Plasma Coagulation, also known simply as a “gastroscopy” and “APC”.

If you are unable to keep your appointment, please notify the booking team by calling 0191 404 1051 as soon as possible. This will enable the staff to arrange another date and time for you and give your appointment to someone else so that it is not wasted.

It is essential that you read this booklet thoroughly and carefully. Please bring this booklet, appointment letter, health questionnaire and consent form with you when you attend.

What is the preparation for the procedure?

If you are not already an in-patient, arrangements will be made for you to attend hospital on the morning of the procedure.

Eating and drinking

It is important to have clear views and for this the stomach must be empty. Therefore you MUST NOT eat anything for at least six hours before your appointment time. You can drink water up to 2 hours before your appointment, after which you should not eat or drink anything.

Interpreter services

If there are any special arrangements you need such as an interpreter or sign guide please advise the bookings team on 0191 404 1051 at least 72 hours before your appointment.
What about my medication?
Your routine medication should still be taken.

Anticoagulants:
If you take any medications that make your blood thinner other than aspirin, (anticoagulants) such as warfarin, phenindoine, acenocoumarol, clopidogrel, prasugrel, dipyridamole, ticagrelor, dabigatran, rivaroxaban and/or apixaban, please inform your Consultant and telephone the bookings team immediately on 0191 404 1051.

For people with Diabetes
If you are Diabetic on injectable or oral medication please contact the Diabetes specialist nurse for dietary and medication advise on 0191 202 2161 at least 48 hours before your appointment. Diet controlled diabetics do not need to contact the specialist nurse.

Allergies/Sensitivities:
If you have a family history of CJD please contact the unit on 0191 404 2247.
If you are allergic/sensitive to rubber or latex please contact the unit immediately on 0191 404 2247.
Failure to contact us regarding any of the above may result in cancellation of your appointment.

Consent
This procedure requires you to give formal consent

The consent form is a legal document. If you feel sufficiently informed to sign the form please do so and bring the completed form back with you when you attend for your appointment.
However, if there is anything you do not understand or if you wish to discuss anything further, but still wish to attend, do not sign the form, but bring it with you so that you can sign it after you have spoken further to the endoscopy staff.

If having read the information you do not wish to go ahead with the procedure, or want to consider alternative methods of investigation, please discuss this with your GP or hospital doctor as soon as possible before the date of your appointment.

**Sedation or throat spray?**

Local anaesthetic throat spray or conscious sedation can improve your comfort during the procedure and help the endoscopist perform the procedure successfully.

**Local anaesthetic throat spray**

With this method the throat is numbed with a local anaesthetic spray. As gastroscopes have become thinner, many patients are happy for the procedure to be carried out with throat spray only. The main benefit of choosing throat spray is that you can go home unaccompanied almost immediately after the procedure with no restriction on driving or normal activities. The only constraint is that you must not have anything to eat or drink for about 60 minutes after the procedure, until the sensation in your mouth and throat has returned to normal. You will be given your first drink before discharge.

**Sedation**

If you are having sedation, the drug can remain in your system for up to 24 hours and you may feel drowsy later on, with intermittent lapses of memory.

If you are having a procedure under sedation, you MUST have someone available to accompany you home, and if you live alone, to stay with you overnight.
If this is not possible it may be necessary to be admitted overnight after the procedure. Please notify the department as soon as possible if this is the case.

**FAILURE TO DO THIS MAY RESULT IN YOUR TEST BEING CANCELLED ON THE DAY.**

**Location of the Endoscopy Unit**

The endoscopy unit is situated near the outpatients department in the Ingham Wing. Reception desk staff will be happy to guide you to the unit.

**General information about your procedure**

**What is an OGD?**

The procedure you will be having is called an oesophago-gastro-duodenoscopy (OGD), sometimes known more simply as a gastroscopy.

This is an examination of your oesophagus (gullet), stomach and the first part of your small intestine called the duodenum. The instrument used in this investigation is called a gastroscope. It is flexible and has a diameter less than that of a little finger. The gastroscope relays images back to the endoscopist on a TV screen.

During the investigation, the endoscopist may need to take some tissue samples (biopsies) from the lining of your upper digestive tract for analysis, this is painless. The samples may be retained. Photographs and/or a video recording may be taken for your records.

The procedure will be performed by, or under the supervision of, a trained doctor or nurse endoscopist, and we will make the investigation as comfortable as possible for you. Many patients have the procedure carried out only with local anaesthetic.
throat spray, some patients have it performed under “conscious sedation” in which a drug is given by injection into a vein to make you relaxed and lightly drowsy, without being unconscious.

**Why do I need to have an OGD?**

You have been advised to undergo this investigation to try and find the cause for your symptoms, help with treatment and if necessary, to decide on further investigation.

There are many reasons for this investigation but they include: indigestion, abdominal pain, difficulty swallowing, vomiting, weight loss, or signs of blood loss such as anaemia, passing black motions, or vomiting blood.

**What are the alternatives?**

A barium meal x-ray examination is another method of investigating the upper digestive tract. It is not as informative or accurate as an endoscopy and has the added disadvantage that tissue samples cannot be taken and treatments cannot be applied.

**How long will I be in the endoscopy department?**

This largely depends on whether you have sedation or not. You should expect to be in the department for approximately 3-4 hours., but you may be in the department for some time before the investigation takes place.

**We recommend you do not bring any valuable items with you to the hospital.**
Information on arrival;

When you arrive in the department, a qualified nurse or health care assistant will meet you and will ask you a few questions, including about your arrangements for getting home. You will also be able to ask further questions about the investigation. The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have. If you are having sedation a small cannula (plastic tube) may need to be inserted into a vein in your arm through which the sedation will be administered later.

You will have a brief medical assessment where a nurse will ask you some questions regarding your medical condition and any surgery or illnesses you have had. This is to confirm that you are fit to undergo the investigation. Your blood pressure and heart rate will be recorded, and if you have diabetes, your blood glucose level will also be recorded.

If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point.

The OGD procedure

You will be escorted into the pre-procedure room where the endoscopist and the nurses will introduce themselves. You will also be able to ask any further questions you might have about the investigation prior to signing your consent form, if you have not already done so, and you will then be taken into the procedure room.

If you have any dentures you will be asked to remove them at this point. Any remaining teeth will be protected by a small plastic mouth guard, which will be inserted immediately before the examination starts.
If you are having local anaesthetic throat spray, this will be sprayed onto the back of your throat whilst you are sitting up and swallowing: the effect is rapid and you will notice loss of sensation of your tongue and throat. The nurse looking after you will ask you to lie on your left side.

If you are having sedation, the medication will be administered into the cannula in your vein, which will make you relaxed and lightly drowsy but not unconscious. This means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Some patients experience amnesia with the sedation so that afterwards they remember very little of the procedure, but this does not always happen.

During the procedure we will monitor your breathing, heart rate and oxygen levels. This is done by means of a probe attached to your finger or earlobe. Your blood pressure may also be recorded during the procedure using a cuff, which will inflate on your arm from time to time. You may also be given oxygen to breathe through a mask or small tubes placed at your nose. Any saliva or other secretions produced during the investigation will be removed using a small suction tube like the one used at the dentist.

The endoscopist will introduce the gastroscope into your mouth, and by asking you to swallow can pass it down your oesophagus, into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing will be unhindered. Once in the gullet, you do not need to swallow. In order to get a better view the endoscopist needs to put air into your stomach, so you will feel bloated. This may cause you to belch, please try not to feel embarrassed about this. If you can try and prevent yourself from belching as this will make the test easier and quicker to carry out.
Your OGD is more involved than having a straightforward inspection. The Endoscopist is also using the procedure to give you treatment for your condition. This is known as a therapeutic gastroscopy; in this case the therapy is called Argon Plasma Coagulation (APC).

Argon plasma coagulation is a method of applying heat treatment to seal bleeding blood vessels or destroy abnormal areas or tumour tissue in the lining of the gut. During the gastroscopy, a small tube is passed down the middle of the endoscope to deliver the heat treatment. The heat from APC only reaches a depth of 2 - 3mm (<1/8th of an inch). This allows the treatment to be given to a very precise area reducing the chance of damaging healthy gut lining. Sometimes a course of treatments is needed to achieve the desired result. Having treatment with APC is no more uncomfortable than having a normal endoscopic examination, although it might take a little longer for the treatment to be given.

After the procedure
Your blood pressure and heart rate will be recorded and, if you are diabetic, your blood glucose will be monitored. Should you have underlying breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing.

Discharge instructions
The time of your discharge will depend on whether you have had throat spray or sedation.

Throat spray – You will not have anything to eat or drink for about 60 minutes after the procedure, until the sensation in your mouth and throat has returned to normal.
Sedation - Once you are awake and have recovered from the initial effects of the sedation (which normally take 30 minutes) you will be offered a drink and toast or biscuits.

Before you leave the department, the nurse or endoscopist will discuss the findings and any medication or further investigations required. They will also tell you if you need further appointments, and you will also be given some written information.

If the person accompanying you has left the department, the nursing staff will telephone them when you are ready for discharge.

Because the sedative remains in your system for about 24 hours, you may feel drowsy later on, with intermittent lapses of memory.

Therefore you SHOULD NOT:

- Drive a car (your insurance will not cover you during this period and you would be considered to be under the influence of drugs, if stopped by the police)
- Operate machinery
- Drink alcohol
- Sign any legal document

If you develop severe chest or abdominal pain after discharge, contact the Endoscopy day ward on (0191) 404 2247 between 9am and 5pm. Out of these hours please contact the A&E department on (0191) 404 1046 or contact your own GP.

Please note: The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises so do not bring any valuables with you.
We are committed to raising the standard of written information for patients, their carers, people who use the NHS and the general public.

This information can be made available in another format or language on request. For further copies of this leaflet please contact on telephone numbers above.

For more information contact
Endoscopy Day Unit
South Tyneside District Hospital
Tel: 0191 404 1000 extension 2247 or extension 2252