

Introduction

OGD is the technique that allows the direct visualization of the upper gastrointestinal tract. This procedure involves passing an endoscope with a diameter of 1cm via the mouth into the oesophagus, stomach and duodenum. The endoscope is a flexible tube attached to an optical system to examine for diseases, such as inflammation, tumors or polyps etc. Additional therapeutic procedures can also be performed at the same time, such as endoscopic polypectomy, control of upper gastrointestinal tract bleeding and tumor biopsy.

Procedure

1. An intravenous line will be set up for the administration of sedations.
2. You should lie on your left side.
3. Local anesthetic will be sprayed on your throat causing some numbness.
4. You will be instructed to bite on a plastic mouth guard so as to facilitate the insertion of endoscope by your doctor.
5. Sedation will be given intravenously or the procedure can be conducted without sedation, please consult your doctor.
6. It is normal if you feel bloating and abdominal distention during the procedure.
7. The procedure will usually take 15 minutes.
8. Doctor will perform haemostasis procedure or biopsy taking if required.
9. Photographs and DVD of the gastrointestinal tract will be recorded during the procedure.

Pre-procedural Preparation

1. A written consent is required.
2. For the female, please note the date of last menstrual period and ensure no pregnancy.
3. No food or drink for 8 hours prior to OGD.
4. Remove dentures, spectacles, contact lens, metallic accessory before the procedure
5. Please inform doctor for the followings:
 - Drug allergy
 - Drug history - antiplatelet and anticoagulant, such as NSAID, Warfarin etc
 - Diabetes mellitus, hypertension, cardiac or pulmonary disease
 - Implantation of pacemaker or prosthesis

Possible risks and complications

- Minor discomfort including nausea, distension of stomach and sore throat is common. These should disappear within a day.
- Respiratory complications, e.g. aspiration pneumonia.
- Sedation induced complications, such as hypotension, respiration depression, shock and allergy.
- 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. The complication risks vary depending on patients' conditions and complexities of the procedure required. Emergency surgical treatment may be required for major complications.

Post-procedural information

1. As the effect of local anaesthetic will persist for about an hour, patient should remain fasting until anaesthesia has worn off and as ordered by doctor.
2. If intravenous sedation is used, patient should be bed rest until fully awake. If patient needs to get out of bed (especially the first attempt), please press call bell to inform nursing staff for assistant to avoid fall. Patient should avoid operating heavy machinery, signing legal documents or driving for the rest of the day.
3. Patients attending the endoscopic procedure must be aware that treatment or procedure that will be carried out on them may require general anaesthesia, sedation (e.g. monitored anaesthesia care -MAC) or a combination of techniques (“**anaesthesia/sedation**”). **Patients must fully understand and acknowledge that patients recovering from anaesthesia/sedation after the surgery must not leave the Hospital unaccompanied as a matter of patient safety. In this regard, patients wish to leave the hospital within 24 hours after the procedure should be accompanied by a responsible adult who is able to accompany them home.**
4. Patient is advised to enquire about the examination results and date of follow up.
5. Patient should follow the instruction in completing the drug treatment.
6. Patient could contact endoscopy centre or attending doctor for any discomfort.
7. Patient should seek medical advice immediately if serious events develop, such as passing of blood, severe abdominal pain, vomiting or fever etc.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: www.ekg.org.hk/pilic/public

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____.

I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: _____

Pt No.: _____

Case No.: _____

Sex/Age: _____

Unit Bed No: _____

Case Reg Date & Time: _____

Attn Dr: _____

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____