Introduction

Oesophagogastroduodenoscopy (OGD, or Gastroscopy) is an examination using a thin, flexible tube called an endoscope to examine the lumen of the upper digestive tract, which includes the oesophagus, stomach, and duodenum. Through the optical lens and light source at the tip of the endoscope, doctors can view the inner part of the digestive tract and diagnose mucosal pathologies accurately.

Indication

- Upper abdominal pain
- Peptic ulcer or bleeding
- Suspected oesophageal or gastric cancers
- Gastroesophageal reflux disease
- Difficulty in swallowing
- Liver cirrhosis and suspected to have gastroesophageal varices should receive the examination.

Compared with conventional X-ray examination, gastroscopy is more accurate in diagnosis. With the use of different types of accessory equipment, doctors can perform biopsies of lesions and perform various therapies including polypectomy (removal of polyp), control of bleeding, stenting, and dilatation of oesophageal or enteric stricture.

The Operation / Procedure

1. Before the examination, doctors would spray local anaesthetics to the throat of the patient. Depending on individual patient’s condition, intravenous sedation may be given to the patient to alleviate any anxiety and discomfort related to the procedure.
2. Doctors would then pass a flexible endoscope down the mouth of the patient to perform the examination.
3. In general, the procedure would last for 5 to 10 minutes. In complex cases that require additional therapies, the examination time may be prolonged.
4. For patient safety and security surveillance, all endoscopy rooms are installed with 24-hour recording CCTV. Video records will be managed according to the principles of Personal Data Privacy Ordinance.

Before the Operation / Procedure

1. Except in special circumstances, patients should fast for at least 6 hours before the examination. It will make the examination safer and facilitate doctors in examining the lining of the digestive tract.
2. Do not take any valuables or wear any metal jewellery to the hospital.
3. Avoid having any make-up or nail polish as it may interfere with our medical observations.
4. Patients should inform the medical staff of any major medical problems including diabetes, hypertension, and pregnancy, and continue the medications as instructed.
5. Patients should provide information concerning the current medications use and any allergic history.
6. Do not drive to the hospital on the day of examination. It is better for the patient to be accompanied by relatives or friends to the hospital.
7. Heavy drinking, smoking or use of sedative before the procedure should be avoided.

After the Operation / Procedure

1. Patients should resume diet only after the effect of anaesthetic or sedative has worn off.
2. The medical staff would inform the patient the result of the examination. Patients should follow the instructions given by the medical staff to complete the drug treatment.
3. If patients have received intravenous sedation, the consciousness and thinking ability would be impaired. Therefore, patients should avoid operating heavy machinery or driving for the rest of the day to prevent accident. Also he/she should avoid signing legal documents.
4. Patients could contact the attending physician for any discomfort after the procedure, or any question about the examination result and drug treatment.
5. If patients have the following conditions such as passage of large amount of blood, severe abdominal pain, or fever, patients should seek medical advice at the nearest Accident and Emergency Department.

Risk and Complication

1. Gastroscopy is very safe. Minor discomfort including nausea and feeling of abdominal distension is common.
2. The local anaesthetic causes numbness in the throat for around an hour, resulting in difficulty in swallowing.
3. At the site of biopsy or polypectomy, minor bleeding can occur but it is usually minimal.
4. Other potential and serious complications include bowel perforation, cardiopulmonary events, allergic reactions to drugs, and infection can occur but they are rare. The complication rate in general is less than 0.1%. Should major complications occur, emergency surgical treatment may be needed. Death may occur as a result of the serious complications.
5. The complication rate varies with patient’s conditions and the complexity of the diagnostic and therapeutic methods performed. Patients should consult the attending physicians for the details of the endoscopic procedures.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiries.

Reference

Smart Patient Website of Hospital Authority: Oesophagogastroduodenoscopy, OGD (2011)