



Procedure Information Sheet

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 include oesophagus, stomach and duodenum. Through the optical lens and light source at the tip of the endoscope, doctor 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, doctor can perform biopsy of the lesion 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 procedure, local anaesthetics agent will be sprayed to the throat of patient, a mouthguard is given to hold gently in mouth and it will be spit out by the patient after the examination. Some patients may feel short-term teeth discomfort afterward.
2. Depending on individual patient's condition, intravenous sedation may be given to the patient to alleviate any anxiety and discomfort related to the procedure.
3. Doctor would then pass a flexible endoscope down the mouth of the patient to perform the examination.
4. In general, the procedure would last for 5 to 20 minutes. In complex cases that require additional therapies, the examination time may be prolonged.

Before the Operation / Procedure

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

After the Operation / Procedure

1. Patient 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. Patient should follow the instruction given by the medical staff to complete the drug treatment.
3. If patient has received intravenous sedation, the consciousness and thinking ability would be impaired. Therefore, patient should avoid operating heavy machinery or driving for the rest of the day to prevent accident. Also he/she should avoid signing legal document.
4. Patient could contact the attending physician for any discomfort after the procedure, or any question about the examination result and drug treatment.
5. If patient has the following conditions such as passage of large amount of blood, severe abdominal pain, or fever, patient 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. Some patients may feel short-term teeth discomfort if the mouthguard is given during the examination.
4. At the site of biopsy or polypectomy, minor bleeding can occur (less than 3 in 10,000), but it is usually minimal.
5. Other potential and serious complications include bowel perforation (less than 1 in 10,000), cardiopulmonary events, allergic reaction to drugs, and infection can occur but they are rare. Should major complications occur, emergency surgical treatment may be needed. Death may occur as a result of the serious complications (less than 1 in 10,000).
6. The complication rate varies with patient's conditions and the complexity of the diagnostic and therapeutic methods performed. Patient should consult the attending physicians for the detail 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 enquiry.

Reference

Smart Patient Website of Hospital Authority: Oesophagogastroduodenoscopy, OGD (11/2023)