

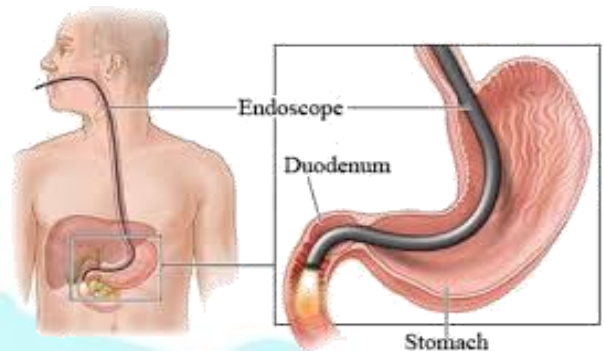


## Procedure Information

### Oesophago-Gastro-Duodenoscopy(OGD)

#### Introduction

Oesophago-gastro-duodenoscopy (OGD) is an examination of the inside of the upper digestive tract by using a flexible video-endoscope which is passed through the mouth into the oesophagus, stomach and duodenum. It allows your doctor to have direct vision of the upper digestive tract and to detect pathological change, for example, tumors, ulceration or polyps, etc. Your doctor will take a biopsy for pathological examination and may perform polypectomy and therapeutic haemostasis when necessary.



Source:

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#### Why is OGD performed?

1. Difficulty in swallowing
2. Gastroesophageal reflux
3. Stomach ache
4. Anemia or gastrointestinal bleeding
5. Unexplained abdominal pain
6. Polyps or tumors
7. Gastric cancer screening
8. Removal of swallowed objects, e.g. fishbone

#### Outcomes

OGD can check the upper gastrointestinal system. It will allow a biopsy to be taken if any abnormality is detected and removal of foreign bodies.

#### Procedures

1. You have to lie on your left side and wear a small plastic mouthguard.
2. Local anaesthetic spray to the throat and intra-venous sedative will be administered according to the doctor's prescription.
3. Doctor will pass the gastroscope into the stomach through the mouth. It is normal if you feel bloating and abdominal distention during the procedure.
4. The procedure usually takes 15 minutes.
5. The procedure can be conducted without any sedation. Please consult your doctor for information.

## **Possible Risks and Complications**

1. Soreness of throat
2. Bloating due to air in the stomach
3. Respiratory complication: e.g. aspiration pneumonia
4. Haemorrhage (less than 1:1000), perforation (3:10,000) and death (1:10,000).  
If therapeutic procedures are required (e.g. polypectomy, endoscopic haemostasis etc), the risks are in general slightly higher

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all procedures are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-procedure Preparations**

1. The reason for conducting an OGD, the procedure and the possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
2. Please inform the doctor if you are or might be pregnant.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations and any complication with drug or anaesthesia.
4. Please inform the doctor if you currently take any drugs or medications particularly for diabetes or that could affect blood clotting, for example:
  - Aspirin products
  - Arthritis drugs
  - Antiplatelet drugs, e.g. Plavix, Persantin, Pletaal, Pradaxa
  - Blood thinners, e.g. Warfarin (anticoagulants)
  - Insulin
  - Diabetic tablets
  - Iron supplements
  - Any Chinese medicines or herbal remedies
5. OGD can be conducted as an out-patient or in-patient. Please consult your doctor for the arrangement.
6. No food or drink six hours before OGD.
7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the procedure.

## **Post-procedure Instructions**

1. After OGD, you should stay in bed until the sedative effect of drug has completely worn off. It usually takes 3 – 4 hours.  
For out-patient  
For your safety, please arrange a responsible adult to stay with you when you leave the hospital. If there is no companion, a recovery bed has to be arranged for you after the procedure (an additional charge for observation will be levied).
2. You can only resume oral intake 1 hour after the OGD (For in-patients, please confirm with the ward nurse the time for resuming diet).
3. As the doctor will pump air into the stomach to enhance visualization, it is normal to feel mild gastric distension or stomach ache. Mild throat discomfort is also common.
4. If there is severe stomach or abdominal pain, medical personnel must be consulted immediately.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

