

Introduction

Oesophagogastroduodenoscopy (OGD) is a visual examination of the lining of the Upper GIT (Upper Gastro Intestinal Tract: oesophagus, stomach and duodenum). The endoscope is a small, long flexible tube of about half to one centimeter diameter with a light source and lens at the tip. The image is transmitted through a micro digital camera and optical fibers to a video monitor. If necessary, the doctor can take small tissue samples (biopsies) and perform treatments through the endoscope. OGD can be used for diagnostic or therapeutic purposes.

1. Bleeding (e.g. bleeding peptic ulcers and esophageal varices).
2. Epigastric, abdominal or retrosternal pain.
3. Unexplained recurrent vomiting.
4. Pain or difficulty in swallowing.
5. Malabsorption.
6. Unexplained iron deficiency anemia.
7. Foreign body removal (e.g. bones, battery and coins).
8. Dilatation of the esophagus (e.g. balloon dilatation for esophageal narrowing).
9. Percutaneous endoscopic gastrostomy (e.g. insertion of feeding tube into the stomach through the skin).



The Operation / Procedure

1. OGD is done under intravenous sedation, analgesia and local anesthesia. Some may need a general anesthesia.
2. A local anesthetic will be sprayed onto the child's throat to make it numb.
3. The child will lie in a left lateral position and a mouth guard will be placed to protect the teeth.
4. When the endoscope is passed through the mouth to the throat, older children will be instructed to take a swallow to ease the endoscope into the esophagus.
5. The endoscope will not interfere with breathing and the nurse will clear the saliva in the mouth.
6. The doctor will exam the upper GIT carefully. Biopsies and certain procedures will be carried out as indicated.
7. The examination usually takes 10 to 30 minutes.

Preoperative Preparation

1. Fast for at least six hours to keep the stomach empty for a clear view and to avoid vomiting and aspiration.
2. Children with certain heart diseases may require oral or IV antibiotic prophylaxis against bacterial endocarditis.
3. Tell doctor if your child has drugs allergy or is taking anticoagulant and warfarin.
4. Parents or caretakers must accompany the child and be encouraging so as to help the child to relax. With the help of the doctors, parents should explain to the child why the examination is necessary.

Postoperative Instruction

1. Lie in a lateral position for a few hours until fully round.
2. Do not eat or drink for the next two hours before swallowing reflex is recovered.
3. Mild sore throat, nausea or belching usually disappear in a few hours. Notify doctor if these symptoms persist or you have vomiting or blood in the stool.

Common Risks and Complications (not all possible complications are listed)

1. In general, diagnostic endoscopy and mucosal biopsy is safe. Complications may be related to reactions to medication for sedation and anesthesia.
2. Problems are more likely to be encountered in an acutely ill child, during emergency and depend on the particular therapeutic procedures. Serious complications include drug allergy, infection, tooth injury, aspiration pneumonia, respiratory distress, pneumothorax, pneumomediastinum, peritonitis, arrhythmia, digestive tract injury, bleeding and perforation (tear). The chance of having such serious complications is less than 1%.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "General Information on OGD in Children" (2007)

Smart Patient: http://www.ekg.org.hk/pilic/public/Paed_PILIC/Paed_OGDChildren_0078_eng.pdf (10-07-2023)