

Introduction

OGD is currently the best method in examining the lumen of the upper digestive tract (oesophagus, stomach and duodenum), by using a flexible endoscope. Compared with conventional X-ray examination, OGD is more accurate in making the diagnoses. With the use of different types of accessory equipment, endoscopist can perform biopsy and deliver targeted therapies for upper gastrointestinal tract diseases. Patients suffering from peptic ulcer disease or bleeding, suspected oesophageal and gastric cancer, symptoms of indigestion, acid reflux or difficulty in swallowing should receive OGD examination.

The Operation / Procedure

Local anaesthesia will be sprayed to the throat. A flexible endoscope (0.9-1.2cm diameter) will then be introduced by the endoscopist through the mouth to the oesophagus, stomach and the duodenum. The internal lining of the upper digestive tract will be carefully examined. During the procedure, patient is conscious and carefully monitored. Intravenous sedative drugs may be given depending on the clinical conditions and the patient's tolerability of the procedure. In general, the procedure will last for 5-20 minutes, but longer in complex cases that require additional procedures like in the control of active bleeding.

Preoperative Preparation

Patients need to fast for at least 6 hours. Patients should **inform doctor** of any major medical problems including diabetes, hypertension, valvular heart disease and pregnancy, and continue their medications as instructed. Patients should also provide information concerning the current medications (especially antiplatelet and anticoagulation drugs) and any allergic history. Patients should avoid driving to attend the outpatient procedure and also avoid heavy drinking, smoking or use of sedative before the procedure. Elderly patients and those with difficulty in walking should be accompanied by family member. Dentures, spectacles and metallic objects should be removed before the procedure.

Postoperative Instruction

As the effect of local anaesthesia will last for about an hour making the throat numb and swallowing difficult, patients should remain fast to avoid choking. If intravenous sedation is used, patients should avoid operating heavy machinery, signing legal documents or driving for the rest of the day.

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

Minor discomfort including nausea / distension / discomfort of stomach and mild sore throat is common. These should disappear within a day. Major complications including perforation (less than 1 in 10,000), bleeding (less than 3 in 10,000), cardiopulmonary complications and infection and death (less than 1 in 10,000), may happen. The complication risks vary depending on patients' conditions and complexities of the diagnostic and therapeutic methods used. Patients should consult the attending physician. When major complications arise, emergency surgical treatment may be needed.

Things to take note on discharge

Patients are advised to enquire about the examination results and date of follow up. Patients should follow the instruction given by doctor in completing the drug treatment. Patients can contact Evangel Hospital (Out-patient Department : 2760 3421, 2/F Ward : 2760 3451, 4/F Ward : 2760 3406) within office hours for any discomfort or enquiry. However, if serious events develop (such as passage of large amount of blood, severe abdominal pain) patients should seek medical advice at the nearest Accident and Emergency Department.

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: "Patient Information on Oesophagogastroduodenoscopy (OGD)" (2021)
Smart Patient: http://www.ekg.org.hk/pilic/public/IM_PILIC/IM_OGD_0049_eng.pdf (06-07-2023)