



Upper gastrointestinal endoscopy (OGD)

Introduction

A gastroscopy is a procedure to examine the lining of the upper part of your digestive system – the oesophagus (gullet), stomach, and duodenum (first part of the small intestine) – using a thin, flexible tube with a camera on the end called a gastroscope.

It helps to diagnose and sometimes treat problems such as indigestion, ulcers, bleeding, or difficulty swallowing.

Why Might I Need a Gastroscopy?

Your doctor may recommend a gastroscopy to investigate symptoms such as:

- Persistent heartburn or indigestion
- Difficulty swallowing (dysphagia)
- Unexplained weight loss
- Vomiting or regurgitation
- Anaemia or blood loss
- Upper abdominal pain

It can also be used to:

- Take biopsies (small tissue samples)
- Treat bleeding
- Remove polyps or foreign objects
- Stretch narrowed areas (dilatation)

What Happens During the Procedure?

- The procedure usually takes 5–10 minutes.
- You lie on your side while the endoscope is gently passed through your mouth and down your throat.
- Your breathing is not affected, but you may feel some pressure or mild discomfort.

Sedation and Anaesthesia Options

You will be offered one of the following:

1. Local Anaesthetic Throat Spray (Pharyngeal Anaesthesia):

- A numbing spray is applied to the back of your throat.
- You remain fully awake and aware.
- No recovery time needed; you can go home straight after (once swallowing is safe).

2. Sedation with Midazolam ± Fentanyl:

- Midazolam (a sedative) is given through a vein to help you relax.
- Fentanyl (a pain reliever) may be added if needed.
- You remain conscious but may feel drowsy and not remember much.
- You must stay in recovery until the effects wear off, which may take 30–60 minutes.

Important: If you have sedation, you must not drive, operate machinery, or make important decisions for 24 hours. You will need someone to accompany you and stay with you for the rest of the day.

Risks of Gastroscopy

Gastroscopy is a safe procedure. However, as with any medical intervention, there are some risks:

Common (mild and temporary):

- Sore throat
- Bloating or cramping
- Nausea from sedation

Rare but more serious:

- Bleeding (especially if biopsy or polyp removal is done)
- Perforation (a tear in the lining of the gut – very rare)
- Sedation risks (e.g., low oxygen levels, slowed breathing)

If complications occur, you may need to stay in hospital for observation or further treatment.

Alternatives to Gastroscopy

- Barium meal X-ray – less accurate and no ability to take biopsies
- CT scan or MRI – helpful in some cases, but may miss small or superficial changes
- No investigation – possible if symptoms are mild and improve with treatment, but this risks missing a diagnosis

Before Your Procedure

- Do not eat for 6 hours before your appointment.
- You may drink clear fluids (water, black tea/coffee) up to 2 hours before.

- Let us know if you are on blood thinners, have diabetes, or use inhalers.
- Arrange for an escort home if you're having sedation.

After the Procedure

If you had throat spray:

- You can leave once you can swallow safely (usually within 30 minutes).
- You can drive home yourself if you feel well.

If you had sedation:

- You will rest in recovery until the sedative wears off.
- You must not drive, operate machinery, drink alcohol, or sign legal documents for 24 hours.
- Someone must stay with you for the rest of the day.

What to Do If You Feel Unwell Afterwards

Seek urgent medical attention (call 999 or go to A&E) if you experience:

- Chest or severe abdominal pain
- Vomiting blood or passing black stools
- Breathing difficulties
- Persistent bleeding from the mouth

For non-urgent concerns, contact my secretary by email or telephone and I will respond as soon as possible.