VAUGHAN ENDOSCOPY CLINIC

# UPPER ENDOSCOPY (Gastroscopy /OGD) INSTRUCTIONS FOR PATIENTS

Note: If you are scheduled to have a **colonoscopy**, please follow those instructions instead as your bowels require a more thorough preparation for the procedure

## Vaughan Endoscopy Clinic Location and Details:

The clinic is located at the *northwest corner of Hwy 7 and Pine Valley Drive* (north of Hwy 407, between Hwy 400 and Hwy 427). Our medical building is at the far west end of the parking lot. **Please arrive 20 minutes before your procedure.** Ensure that you have arrangements to be driven home, as you **cannot drive for 12 hours** after your procedure due to sedation. *If planning to take a **taxi home from the clinic you must be accompanied by a responsible adult** otherwise the procedure will be cancelled or performed without sedation*. There is a **$60 block fee** for uninsured services (those not covered by OHIP) payable the day of your procedure (see website for more details or obtain a list of elective individual service fees from the clinic). Please leave jewellery at home and refrain from using perfume/ cologne. Wear comfortable clothing and no high heels since your gait may be unsteady after sedation.

## Medication:

Bring a list of your current medications or the actual pill bottles to your appointment. **You should take ALL your usual morning medications with a sip of water** except diabetic pills which you should take after the test (if you are diabetic monitor your blood sugar levels while fasting and drink apple juice if your sugars are low but make sure you do not have anything to drink 3 hours before the test).

## Missed Appointment:

A missed appointment fee of $150 will be charged if **72 hours notice** is not given.

## Preparation for the Procedure:

- After midnight (the night before the test) avoid heavy meals, meat, fried, and fatty foods.
- **Do not eat any solid food for 8 hours prior to when your test is scheduled**
  - Clear fluid are permitted up to 3 hours before the test. Clear fluids are those you can see through such as apple juice, water, gingerale, Gatorade, etc. No milk or cream
- **Stop drinking** any liquids (even water) **at least 3 hours** prior to the appointment.

## What to Expect During the Procedure:

The test is used to examine and usually biopsy the lining of the upper digestive tract (esophagus, stomach, and small bowel). A long flexible tube (endoscope), about the thickness of your little finger, is inserted through the mouth, down the throat, into the stomach and small bowel. The test will take approximately 10 minutes, however please allow for 1 hour at the clinic for pre and post procedure requirements. You may be given a local anesthetic (spray) to freeze the back of your throat to reduce your gag reflex. Sedation is optional but it is recommended. If you are given intravenous sedation it will make you drowsy, you cannot drive for 12 hours post sedation, you must be driven home. Sometimes your throat may be a little sensitive for a couple of hours after the test.

**See our website for more information at www.vaughanendoscopy.com**

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endoscopy@rogers.com

# GASTROSCOPY (OGD) INFORMED CONSENT

Your physician has recommended that a gastroscopy be performed. Please read this information carefully and if you have additional questions, feel free to discuss them with a member of the team prior to the procedure.

**What is a gastroscopy?**
A gastroscopy is the examination of the upper part of the gastrointestinal tract. The test allows the endoscopist to look inside your oesophagus (food-pipe), stomach, and duodenum (the first part of the small intestine). The test is also referred to as OGD. Gastroscopy is helpful to find out what is causing symptoms such as indigestion, upper abdominal pain, vomiting or bleeding. If necessary the doctor will remove polyps (polypectomy) or take biopsy specimens (tiny bits of tissue) during the procedure.

**How is gastroscopy done?**
Gastroscopy is a test using a video camera on a long flexible tube designed to pass through your mouth , into your oesophagus and down towards the stomach. The image from the camera is projected on a video monitor.

**How to prepare for the procedure?**
The procedure requires that your stomach is empty of both solid food and liquids. Please see instruction sheet on dietary restrictions and when to stop all clear fluids (typically no solid food for at least 8 hours prior to the test and no liquids for 3 hours prior).

**How long does the procedure take?**
A gastroscopy procedure usually only takes 10 minutes however expect to be at the VEC for about 1 hour for waiting, preparation, and recovery.

**What can I expect during the gastroscopy?**
Gastroscopy is usually well tolerated and rarely causes much discomfort. The doctor will spray a local anaesthetic into the back of your throat to numb the throat area. The endoscope is inserted into your oesophagus (not the trachea; so you will be able to breathe normally throughout the procedure). You may be given extra oxygen because of the sedation. A nurse will help the doctor by using suction to remove excess saliva from your mouth. It is important to tell your doctor or nurse if you have any dental crowns, bridges, or loose teeth. A mouth guard will be placed over your teeth before carefully putting the endoscope into your mouth.

**What are possible side-effects or complications?**
While all the doctors at the VEC are very experienced and use the utmost caution, there is an element of risk with any medical procedure. Gastroscopy is very commonly performed and is generally well tolerated.

- Numbness: you may have a numb mouth and tongue up to an hour following the procedure – please take caution with hot food and drinks.
- Sore throat: you may have some discomfort for a few hours (rarely)
- Adverse reaction to sedation or throat spray: please advise your nurse or doctor of any allergies to medications
- Damage to teeth: take out any removable dentures or dental plates before the procedure
- Perforation: this is extremely rare but can lead to bleeding or infection and may require surgery or treatment with medicines to resolve.

**What can I expect after the gastroscopy?**
Your pulse, respiration and blood pressure will be checked while you are in the recovery room. You may feel bloated. Due to the sedation given for the endoscopy, your judgment and reflexes may be impaired for the rest of the day. You cannot drive or operate machinery for 12 hours post sedation.

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# PATIENT MEDICAL HISTORY

**Referring Doctor's Name:**

**Patient Name:**
(First) (Last)

**Day Phone #:**
**Evening Phone #:**
**Cell Phone #:**
**Address:**

| **Date of Birth:** | **Height:** | **Weight:** |
|---|---|---|

## SOCIAL HISTORY

**# of alcoholic drinks per week? None ❑, 1-7 drinks/week ❑, 8-20 drinks/week ❑, ≥21 drinks/week ❑**
**# of cigarettes smoked per day? None ❑, 1-20 per day ❑, 21-25 (1 pack) per day ❑, ≥1 pack per day ❑**

**What type of work do you do? Employed ❑, Homemaker ❑, Retired ❑, or Specify_____**

**Marital Status Single ❑, Married ❑, Divorced ❑, Widowed ❑**

## MEDICATIONS:

- **Are you currently taking Aspirin?** ❑ Yes ❑ No
- **Are you currently taking any blood thinners?** ❑ Yes ❑ No
- **Any adverse reaction to sedation ?** ❑ Yes ❑ No
- **Allergic reactions to any medications ?** ❑ Yes ❑ No

**If yes, specify:**_____

- **Currently taking any other medications?** ❑ Yes ❑ No

**If yes, specify ALL MEDICATIONS below:**

## MEDICAL / SURGICAL HISTORY:

- **Have you had a Stress Test, Holter, Echo (ultrasound of heart) or Angiogram?** ❑ Yes ❑ No **Year:**_____
- **Do you have a personal or family history relating to colonic disease, including colonic polyps or cancer?**
  **If yes, specify**_____
- **Any other significant past Medical / Surgical history (must include all abdominal surgeries)?**
  **If yes, specify**

*A missed appointment fee of $150 will be charged if sufficient cancellation notice is not given (72 hours prior to the procedure). Ensure that you read and carefully follow the Patient Instructions sheet starting 2 days before the test.*

**Patient Signature:** _____ **Date:** _____

**Pre-Endoscopy Anesthesia Questionnaire**

| **Name:** | **Sex:** M F | **Age:** | **Weight:** _____lbs / Kg<br>**Height:** _____ | What **TIME** did you last Drink: _____ am / pm<br>When did you last Eat solid food **DATE:**_____ |
|---|---|---|---|---|

| Medications | Dose | Frequency | Taken today? | Herbal or OTC Medications | Dose | Frequency | Taken today? |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Allergies to *Medications* | Explain Drug and Reaction: | Allergies to *Foods* or *Latex* | Explain: |
|---|---|---|---|
| No Yes→ | | No Yes→ | |

| Have you ever had: | No | Yes | Don't Know | Explain if Yes or Don't know |
|---|---|---|---|---|
| Do you smoke cigarettes/cigars? (If yes, how many per day ?) | | | | I smoke ____cigarettes/day<br>I have smoked for ___years<br>Last cigarette: _____ |
| Illicit street drugs? (cocaine, ecstasy, heroin etc) | | | | |
| Alcohol Beverages per week (specify volume) | | | | |
| Sleep Apnea. If yes, do you use CPAP? | | | | |
| Heart Attack/Angina/Heart Failure | | | | |
| High Blood Pressure | | | | |
| Diabetes. If yes, since when? | | | | |
| Atrial Fibrillation or Palpitations | | | | |
| High Cholesterol? | | | | |
| Stroke/"ministroke"/TIA? | | | | |
| Shortness of Breath | | | | |
| Asthma/Wheezing | | | | |
| Recent Cough/Cold/Wheezing | | | | |
| Reflux (GERD) or Heartburn or Hiatus Hernia | | | | |
| Hepatitis or Liver Disease | | | | |
| Kidney Problems | | | | |
| Bleeding Tendencies | | | | |
| Have you had a Blood Transfusion? | | | | |
| Communicable diseases (HIV, Herpes, Hep A, B , C) | | | | |
| Any artificial body parts? (Plates/implants/Joints) | | | | |
| Contact lenses, Dentures, Caps, Bridges, Crowns? | | | | |
| Taking Cortisone/Prednisone or Coumadin? | | | | |
| Reaction to a General or Local Anesthetic | | | | |
| Family History of Problems with Anesthetics | | | | |
| Difficulty opening mouth? /moving neck? | | | | |

| **Have you ever had any of the following tests: When?** | **Surgery or other Medical Problems? Please explain** |
|---|---|
| ☐ Exercise Stress Test (Treadmill): | |
| ☐ Nuclear Stress Test (Thallium or Mibi): | |
| ☐ Angiogram/Angioplasty: | |
| ☐ Ultrasound of Heart (Echo): | |
| ☐ Holter Monitor: | |