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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 which is short for Oesophago-gastro-duodenoscopy.

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, for the doctor to look for abnormalities.

How to prepare for the procedure?

The procedure requires that your stomach is empty. You will have already fasted in preparation for the colonoscopy procedure; so no additional preparation is required. Do not drink any fluids for two hours prior to your appointment.

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.

How long does the procedure take?

A gastroscopy usually only adds 5-10 minutes to the length of your clinic visit. Combined with your colonoscopy, expect to be at the VEC for about 2 hours 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 (xylocaine) 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 during the procedure.

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 colonoscopy, your judgment and reflexes may be impaired for the rest of the day. Someone must accompany you home. You cannot drive or operate machinery for 12 hours post sedation. Unless your doctor tells you otherwise, you may resume your regular diet after leaving the VEC.

The doctor will explain the results of the examination to you and provide you with a written summary. These findings will also be communicated to your referring doctor.

What am I consenting to?

Your signature below acknowledges that you have 1) read this information and give informed consent to have a gastroscopy with possible polypectomy and biopsy done, 2) that the procedure and risks have been adequately explained to you and 3) that you authorize the VEC endoscopist to perform the procedure with the assistance of any other healthcare staff.

Patient Name (please print): _____

Patient Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____