

Possible risks or complications

Major complications including:

- ◇ perforation,
- ◇ bleeding,
- ◇ cardiopulmonary complications and infection may happen.

In general, the complication risk is less than 1% but it varies depending on patients' conditions and complexity of the diagnostic and therapeutic methods used.

Patients should consult the attending physician for more information related to the endoscopic procedures. When major complications arise, emergency surgical treatment may be needed and may result in patient death although rare.

Should you have any queries, please contact your doctor in-charge.

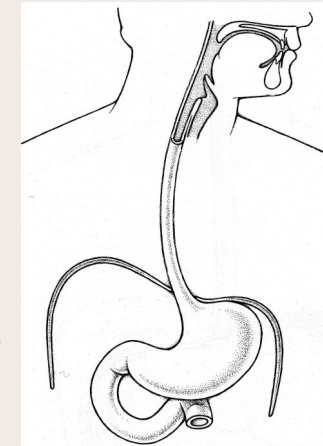
Reference: Hospital Authority
October 2021 (Reviewed)
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St. Teresa's Hospital
聖德肋撒醫院



**Oesophagogastroduodenoscopy
(OGD) Examination**

Health Information

健康資訊

Introduction

Oesophagogastroduodenoscopy (OGD) is currently the best method in examining the lumen of the upper digestive tract, which include oesophagus, stomach and duodenum, by using a flexible fiber-optic endoscope.

Compared with conventional X-ray examination, gastroscopy is not only more accurate in making the diagnoses, but also, with the use of different types of accessory equipment, can deliver targeted therapies, including biopsy, to treat the upper gastrointestinal tract diseases.

Patients suffer from peptic ulcer disease or bleeding, oesophageal and gastric cancer, symptoms of indigestion, acid reflux or difficulty in swallowing should all receive gastroscopy examination.

How is the procedure performed?

1) Prior to the examination, local anaesthetics would be sprayed to the throat of patients, intravenous sedative drugs may be given.

- 2) A flexible endoscope with a diameter of 0.9 – 1.2 cm will then be introduced by the endoscopist through the mouth of patients to perform the examination.
- 3) In general, the procedure would last for 10 to 30 minutes, but in complex cases that require additional therapies, the examination time may be prolonged. Patients' co-operation with the medical staff would help to shorten the procedure time and decrease the risk of the procedure.
- 4) Minor discomfort including nausea and distension discomfort of the stomach is common.

Preparation needed before the procedure:

- ※ Patients need to be fasted for over 6 hours before the procedure.
- ※ Patients should inform the medical staff of any major medical problems including diabetes, hypertension and pregnancy, and continue their medications as instructed.

- ※ Patients should also provide information concerning the current medications used and any allergic history.
- ※ Patients should avoid driving to attend the out-patient procedure appointment and also avoid heavy drinking, smoking or use of sedative before the procedure. Senior patients and those with difficulty walking should be accompanied by family member.

Care after the procedure:

- ※ The effect of local anaesthesia would persist for around an hour; patients should remain fasted until anaesthesia has worn off. This prevents choking with food or fluid intake.
- ※ If intravenous sedation is used, patients should keep bed rest until no dizziness and avoid operating heavy machinery or driving for the rest of the day.
- ※ Patients should follow the instruction given by the medical staff in completing the drug treatment.