



Dublin Gastroenterology and Endoscopy Group

at the Mater Private

CONSENT FOR GASTROSCOPY (OGD)

What is a gastroscopy?

A gastroscopy (OGD) is a procedure in which the doctor passes a thin, flexible tube into the mouth, which allows examination of the gullet (oesophagus), stomach and first part of the intestine (duodenum). This allows the doctor to check for a number of conditions such as stomach ulcer, inflammation etc. During the procedure, biopsies (small pieces of tissue) are often taken. It is necessary to retain this tissue in order to examine it fully.

Preparation for a gastroscopy

Please see the accompanying leaflet for information on how to prepare for your procedure

What will happen during the procedure?

You will be checked in by the administrator on arrival at the Day Therapy Unit and thereafter, a nurse will complete the medical checks. Please bring a list of your medications with you. If you are having the procedure without sedation, you will remain in the waiting room until it is time for your procedure and will go directly to the endoscopy room once called. If you are having sedation, a nurse will show you to a cubicle where you can get changed if you wish.

In the endoscopy room, the nurse will go through the safety checks again. You will be given local anaesthetic spray to the throat. If you wish to have sedation, an IV line will be inserted into the arm. You will be asked to lie on your left side, and a mouth guard, which protects the teeth, will be placed in the mouth. If sedation is desired, it is given at this stage, along with oxygen through the nose. Your pulse, oxygen levels and blood pressure will be recorded. You will be relaxed and comfortable, which is the desired result of the sedative (you will not be 'knocked out' as you would for an operation). The gastroscope will be passed through the mouthguard and down the gullet. It does not interfere with normal breathing. The doctor will put air into the stomach to get good views during the test. Some of this air may be regurgitated (belched) during the procedure. Once the procedure is finished, you will be brought to the recovery area and monitored until you are fully recovered from the sedative. Once you have eaten, your family member or friend can collect you. If you have not had sedative, you will be free to leave right away unaccompanied, but have the option of staying for something to eat if you wish.

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Risks of a gastroscopy (OGD)

The risk of a serious complication as a result of a diagnostic endoscopy is very small. Approximately one person in every 5000 undergoing a diagnostic gastroscopy will have a significant problem. The risk increases if a therapy is performed (eg – stopping a bleed, opening a narrowed area etc) or if the patient has certain other medical problems. Complications can be related to

1. Medication: It is rare to encounter this problem. A person may suffer from a phlebitis (inflammation of the vein) at the site of the IV line. Additionally, the injected sedatives may cause problems with the heart or lungs, particularly if there is an underlying problem in those areas, or in the elderly, or in an emergency situation. (between 2 and 5 people per 1000 procedures could develop sedation related heart or lung problems). For this reason, we must take care with those medications and avoid 'oversedation'. Rarely, a reaction can occur with the local anaesthetic used to numb the throat.

2. Bleeding: This is a rare complication of a gastroscopy, occurring in less than 1 in 2000 cases. The risk may be increased by the presence of a bleeding condition, or if a patient is taking blood thinners. However it is generally considered safe to do a diagnostic procedure whilst taking those medications (you may need to have a blood test performed if on warfarin). Any therapeutic intervention, (such as opening of a narrowing, placement of a feeding tube, stopping a bleed) increases bleeding risk.

3. Perforation: This is a tear or hole in the lining of the oesophagus, stomach or duodenum. For a diagnostic procedure, the risk of perforation is 1 per 2000 cases. If therapeutic procedures are performed, the risk can increase up to 6 per 100 cases, depending on the intervention performed

4. Infection: again this is a rare occurrence as a result of a gastroscopy. The risk of aspiration (overflow of stomach contents into the lungs) is small but is influenced by a number of factors, It is crucial that the 'nil by mouth' pre-procedure instruction is followed for this reason. It is also important to avoid oversedation as this can be associated with aspiration pneumonia. Certain individuals undergoing a gastroscopy will benefit from antibiotics before the procedure, though generally this is not necessary.

5 Missed lesions: No test is perfect, including gastroscopy, and in a small number of cases, a significant pathology can be missed, even in experienced hands. At present, there is no better test for the examination of the upper gastrointestinal tract.

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What are the alternatives to a gastroscopy?

You are always welcome to attend for a clinical consultation for further discussion with the doctor about possible alternatives. Although gastroscopy is the best test we have for evaluation of the upper GI tract, there may be other investigations, or a combination of other investigations that will give similar information (examples include urea breath test, barium meal, CT scan etc).

Giving your consent

I, _____, have read the information provided outlining the procedure itself, the associated risks/complications, the benefits and alternatives to a gastroscopy.

I have been given the opportunity to ask questions, and they have been answered to my satisfaction.

I understand that I have the right to withdraw my consent at any time, even after this form has been signed.

I understand that in the event of an emergency, the medical staff will carry out any medically necessary interventions. These may include, but are not limited to surgery, radiologic procedures, anaesthesia, blood transfusion. Every effort will be made to include me in this decision making process where possible.

I consent to undergo the procedure GASTROSCOPY (OGD)

Signature of patient/guardian: _____

Date: _____

Signature of Doctor: _____

Date: _____

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