

Endoscopy (also known as Gastroscopy or Oesophago-gastro-duodenoscopy or OGD)

What is an Endoscopy and why is it done?

How is it done?

Is any preparation necessary?

How long does it take?

What are the possible complications?

What is an endoscopy and why is it done?

Endoscopy enables the doctor to look inside the oesophagus, stomach, and duodenum (first part of the small intestine). The procedure might be used to discover the reason for nausea, vomiting, difficulty in swallowing, acid reflux, bleeding, indigestion, abdominal pain or chest pain.

How is it done?

For the procedure you are asked to swallow a thin, flexible tube called an endoscope, that has a light at its tip. Before the procedure the doctor sprays your throat with a numbing agent that helps prevent gagging. You may also receive a sedative to help you relax. The endoscope sends an image of the inside of the oesophagus, stomach, and duodenum to a TV screen, so the doctor can carefully examine the inner lining of these organs. The scope blows air into the stomach; this expands the folds of tissue and makes it easier for the doctor to examine the stomach. The doctor can see abnormalities, like inflammation or bleeding, through the endoscope – these may not show up well on x rays or scans. The doctor can also insert instruments into the scope to treat bleeding abnormalities or remove samples of tissue (biopsy) for further tests.

Is any preparation necessary?

Your stomach and duodenum must be empty, so you will not be able to eat or drink anything for at least 6 hours beforehand. Also, you must arrange for someone to take you home, as you will not be allowed to drive because of the sedatives. Your doctor may give you other instructions.

How long does it take?

The procedure takes 20 to 30 minutes. As you will be sedated, you will need to rest at the endoscopy suite for 1 to 2 hours until the medication wears off.

What are the possible complications?

Possible complications include bleeding and puncture of the stomach lining. But such complications are rare. Most people have nothing more than a mild sore throat after the procedure.

See pages 3 and 4 below for FAQs on ERCP

ERCP (Endoscopic Retrograde Cholangio–pancreatography)

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What is ERCP and why is it done?

Endoscopic retrograde cholangio–pancreatography (ERCP) is a procedure that allows the doctor to diagnose, and in some instances treat, problems in the liver, bile ducts, and pancreas. It is particularly useful if there is blockage of the bile duct by gallstones, cancer or scar tissue (inflammatory strictures). It may be used to treat bile leaks (following trauma and surgery). It may also be used to get a picture of the pancreatic duct, and treat blockage of the pancreatic duct due to stones or chronic inflammation. ERCP combines the use of x rays and an endoscope, which is a long, flexible tube with a bright light at the tip. Through the endoscope, the doctor can see the inside of the stomach and duodenum, and inject dye into the bile duct and the pancreatic duct so they can be seen on x rays.

How is it done?

For the procedure, you will lie on your left side on a narrow bed in an x-ray room. You will be given medication to numb the back of your throat and a sedative to help you relax. You will be asked to swallow the endoscope, and the doctor will then guide the scope through your oesophagus (gullet), stomach, and duodenum until it reaches the spot where the bile duct and the pancreatic duct open into the duodenum. At this time, you will be turned to lie flat on your stomach, and the doctor will pass a small plastic tube through the scope. Through the tube, the doctor will inject a dye into the ducts to make them show up clearly on x rays. X rays are taken as soon as the dye is injected. If the exam shows a gallstone the doctor can insert instruments into the scope to remove the obstruction. If it shows a narrowing of the duct, a tube (stent) made of plastic or soft metal can be placed through the narrowed section. Also, tissue samples (biopsy) can be taken for further testing.

Is any preparation necessary?

Your stomach and duodenum must be empty. You should not eat or drink anything after midnight the night before the procedure, or for 6 hours beforehand, depending on the time of your procedure. Also, the doctor will need to know whether you have any allergies, especially to iodine (which is in the dye). You must arrange for someone to take you home as

you will not be allowed to drive because of the sedatives. The doctor may give you other special instructions.

How long does it take?

ERCP can take 20 minutes to 2 hours. You may have some discomfort when the doctor blows air into the duodenum and injects dye into the ducts. However, the sedative should keep you from feeling too much discomfort. After the procedure, you will need to stay at the hospital for 1 to 2 hours until the sedative wears off. The doctors and nurses will check for signs of complications before you leave. If any kind of treatment is done during ERCP, such as removing a gallstone, you may need to stay in the hospital overnight.

What are the possible complications?

Possible complications of ERCP include pancreatitis (inflammation of the pancreas), infection, bleeding, and perforation of the duodenum. Such problems are uncommon. You may have tenderness or a lump where the sedative was injected, but that will go away in a few days.