



A guide to...

Having an OGD and an Insertion of Duodenal Stent *Patient Information*

How to contact us

Booking and interpreting queries – please call the number on your appointment letter

Clinical queries – Watford 01923 436095

Any other query – Please call Watford 01923 217530

**If you need this leaflet in another language, large print, Braille
or audio version, please call 01923 217187
or email westherts.pals@nhs.net.**



Language



Large
Print



Braille



Audio

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If you are taking blood thinning medications such as warfarin, clopidogrel, ticagrelor, dabigatran, rivaroxaban or apixaban, please call the department on the number on your appointment letter to notify us.

What is a gastroscopy and insertion of duodenal stent?

Gastroscopy is an investigation that allows us to look directly at your gullet (oesophagus), stomach and the upper part of the intestine. A flexible tube with a camera is passed through your mouth, down the back of your throat into your stomach. A stent is a metal or plastic tube inserted either endoscopically or under x-ray guidance into the duodenum to allow food and drink to pass through freely. The stent will be positioned by passing it through the tube. If necessary, small tissue samples (biopsies) can be taken during examination for laboratory analysis.

Preparation

This procedure must be done on an empty stomach. You must have no solid food for 48 hours, but you can drink clear fluids (including strained soups and jelly) up to six hours before your appointment, then you must stop all fluids as well.

If you are taking diabetic medication, you can contact your GP or nurse specialist for advice. If you are taking blood thinning tablets (warfarin, clopidogrel, ticagrelor, dabigatran, rivaroxaban or apixaban) contact the unit immediately. Please take all other medication as you would usually. Please make sure you bring with you a list of all medications you are currently taking.

What will happen?

When you arrive the doctor or nurse will explain the procedure and answer any questions you may have. You will be asked to sign the consent form, giving us your permission to have the procedure performed.

You will be taken into the investigation room on a trolley and asked to lay in a comfortable position on your left-hand side. You may need X-rays during or after the procedure, so please tell the nurse if you are pregnant.

Having sedation

Conscious sedation will be given to you through a small tube in a vein in your arm or hand. This will make you feel relaxed but not asleep. With this type of sedation, it will be necessary for you to stay in the unit for a while afterwards. It is essential that you arrange for a responsible person to escort you home after the test. Failure to make these arrangements may result in the investigation being cancelled. Please note conscious sedation is not a general anaesthetic.

Because of the lingering effects of the drugs used it is important that, for the next 24 hours, you have someone to stay with you, you do not drive, return to work, operate machinery, sign any legal documents, or drink alcohol.

Afterwards

As you have had sedation you will need to try and rest for a short while before going home. You will need to wait at least two hours before you will be offered a drink to check that you have no problems with swallowing. You will be given advice about what you can eat before you leave the unit. For some time afterwards you may find that you have a sore throat and during the next day or two some discomfort as the tube stretches your gullet.

When will I get the results of the procedure?

You will be given a copy of the report before you leave the department and the doctor or nurse will talk to you at the end of the procedure to explain their findings. If you have had samples sent to the laboratory the results will be reviewed by the endoscopist and you will be contacted within two weeks if there is anything of concern.

Are there any risks?

A gastroscopy and insertion of stent is a very safe procedure but on rare occasions bleeding may occur or a small hole in the gullet, stomach or small intestine can develop (perforation). The risk of this happening is two in every hundred cases. Some chest discomfort is expected after the procedure. If you are worried about any of these risks, please speak to your doctor or a member of the team before you are due to have this procedure.

Are there any alternatives?

Your doctor has recommended a gastroscopy and insertion of stent as it is the best way of treating your condition. Surgery may be an option, and this should have been discussed with you.

What happens if I decide not to have a gastroscopy and insertion of stent?

Your doctor may not be able to treat your problem. If you decide not to have a gastroscopy and insertion of stent you should discuss this carefully with your doctor.

Who can I contact if there is a problem?

If your symptoms return, you can telephone the unit as part of our SOS service on 01923 436095 (Monday to Friday - 8.00am–6.00pm). This will be explained to you before you leave the unit.

After the investigation if you experience severe chest or tummy pain, swelling in the neck or shortness of breath please attend your nearest Accident and Emergency department, do not drive.

- **Accident and Emergency at Watford on 01923 217 256**
- **Please note: there is NO Accident and Emergency department at Hemel Hempstead or St Albans Hospitals.**