

## Giving your consent

I, \_\_\_\_\_  
have read the information provided outlining the procedure itself, the associated risks and 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:

\_\_\_\_\_  
Day / Month / Year

Signature of nurse/doctor:

\_\_\_\_\_  
Day / Month / Year

Signature of Endoscopist:

\_\_\_\_\_  
Day / Month / Year

### Interpreter:

I confirm that I have given a sight translation of the consent form in the \_\_\_\_\_ language and assisted in the translation of verbal and written information given to the patient by the doctor/health care provider.

Full Name: *Block Capitals*

Signature:

Date:

\_\_\_\_\_  
Day / Month / Year



# Mater Misericordiae University Hospital

## Consent for a GASTROSCOPY (OGD)

PLEASE READ THIS LEAFLET CAREFULLY AND  
CONTACT US **BEFORE** YOUR PROCEDURE DATE IF  
YOU HAVE QUESTIONS OR CONCERNS

### GI unit

Phone: (01) 803 2366 Email: [giunit@mater.ie](mailto:giunit@mater.ie)  
[www.mater.ie/services/gastrointestinalunit](http://www.mater.ie/services/gastrointestinalunit)

## What is a gastroscopy (OGD)?

A gastroscopy (OGD) is a procedure in which the endoscopist 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 endoscopist to check for a number of conditions such as stomach ulcer, inflammation, cancer, coeliac disease and others.

During the procedure, biopsies (small pieces of tissue) are often taken. It is necessary to retain this tissue in order to examine it fully. Please see the accompanying letter 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 GI Unit and thereafter, a nurse will call you to 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 a waiting area 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, and an IV line will be inserted into the arm. In the endoscopy room, the nurse will go through the safety checks again.

You will be given local anaesthetic spray to the throat. 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 sedation, you will be free to unaccompanied, but have the option of

staying for something to eat if you wish. A nurse will give you the results, a copy of the report for your GP and instructions to follow after the procedure.

**The sedation will impair your ability to perform a number of tasks for 24 hours, so it is important to follow these instructions carefully.**

## Risks of gastroscopy (OGD)

The risk of a serious complication as a result of a diagnostic endoscopy is very small. Approximately **one person in every 5,000** 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:

Rarely, a person may suffer from a phlebitis (inflammation of the vein) at the site of the IV line. 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 1,000 procedure** 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. Rarely, a life threatening allergic reaction, known as anaphylaxis, can occur due to medication administered during the procedure.

### 2. Bleeding:

This is a rare complication of a gastroscopy, occurring in less than **1 in 2,000** 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, 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 2,000** cases.

If therapeutic procedures are performed, the risk can increase, depending on the intervention performed.

### 4. Infection:

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.

### 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.

## What are the alternatives to gastroscopy?

You are welcome to attend for a clinical consultation for 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 that will give similar information (examples include urea breath test, barium meal, CT scan etc). If you choose not to have the gastroscopy, it is important to be aware that this may also carry some risks, by leaving a potentially serious condition undiagnosed and untreated.

## Other important points to note:

As the Mater is a University Teaching hospital, a person other than the consultant, such as a registrar (senior trainee) or advanced nurse practitioner (ANP), may perform the procedure. That person will be under the supervision of a consultant.

During the procedure, video footage and photographs may be taken - these will form part of the medical record and assist the doctor in providing medical treatment. These images may also be used at a later date for audit or research purposes, but will be anonymous.

