



Gastroscopy (Upper Endoscopy, OGD)

What you need to know before and after the test

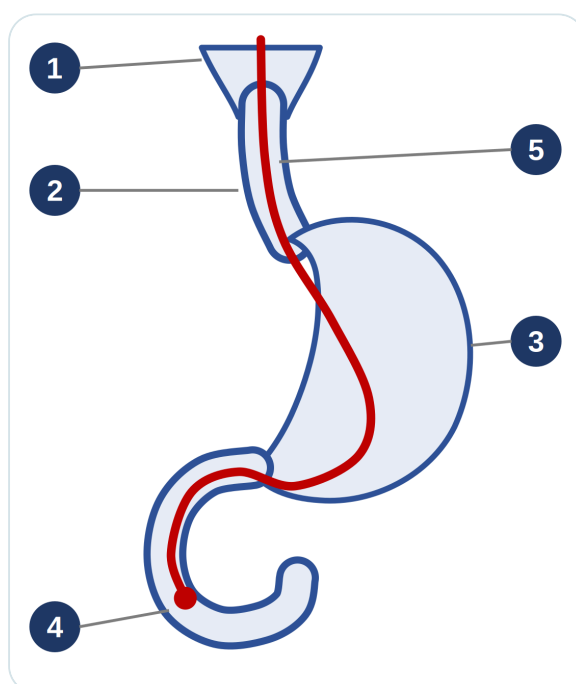
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Please read this sheet carefully before your appointment and bring it with you on the day. If anything is unclear, contact the Endoscopy Unit before your procedure rather than on the day.

What is a gastroscopy?

A gastroscopy – also called an upper endoscopy or OGD – is an examination of the food pipe, stomach and the first part of the small bowel using a thin, flexible tube with a camera at its tip. The tube is passed through the mouth. It does not interfere with your breathing. The examination itself usually takes 5 to 10 minutes, although you should expect to be in the department for 2 to 4 hours if you choose sedation. Small tissue samples (biopsies) are often taken; this is painless.



1 Mouth and throat 2 Oesophagus (food pipe) 3 Stomach 4 Duodenum (first part of the small bowel) 5 Endoscope

Why has it been recommended for me?

Common reasons include heartburn or reflux that has not responded to treatment, difficulty or pain on swallowing, indigestion or upper abdominal pain, nausea and vomiting, unexplained anaemia or weight loss, suspected bleeding from the stomach, testing for *Helicobacter pylori* infection or coeliac disease, and surveillance of a known condition such as Barrett's oesophagus or a previously treated ulcer.

What are the benefits?

Gastroscopy is the most accurate way to examine the lining of the upper digestive tract. It allows a diagnosis to be made directly rather than assumed, and biopsies can confirm infection, inflammation, coeliac disease or early cancer. It is also therapeutic: bleeding can be stopped, narrowed areas stretched, and small early lesions removed.

Preparing for the test

- Do not eat any solid food for 6 hours before your appointment. Milk and milky drinks count as food.
- You may drink water only, up to 2 hours before your appointment. Nothing at all in the last 2 hours.
- If there is food left in the stomach the examination is unsafe and has to be abandoned and rebooked, so please follow these times exactly.
- Dentures must be removed before the test. Tell the endoscopist beforehand if you have loose teeth, crowns, veneers or bridgework – a mouthguard is used to protect your teeth, but damage is still possible.

Your medicines

- Acid-reducing tablets (omeprazole, esomeprazole, lansoprazole, pantoprazole, rabeprazole): continue them unless the unit instructs otherwise. If you are being tested for *Helicobacter pylori* you will be asked to stop them for 2 weeks, and to stop antibiotics and bismuth for 4 weeks, before the test.
- Blood thinners – warfarin, aspirin, clopidogrel, ticagrelor, prasugrel, rivaroxaban, apixaban, dabigatran, edoxaban: contact the unit at least 7 days before. For a

routine examination with biopsies these are usually continued, but the instruction must come from us. Do not stop them on your own.

- Diabetes: tell the unit in advance. You will normally be placed early on the list and given separate written instructions for your insulin or tablets.
- Weight-loss or diabetes injections (semaglutide, liraglutide, dulaglutide, tirzepatide): tell the unit, as these slow stomach emptying and extra instructions may be needed.
- All your other regular medicines: take them as usual with a sip of water.

Throat spray or sedation – your choice

You can have the test with a local anaesthetic throat spray alone, or with sedation given into a vein, or with both, and the difference matters for the rest of your day. With throat spray alone you stay fully awake, you can go home unaccompanied, and you can drive and return to work immediately. With sedation you become drowsy and remember little, but you must be taken home by a responsible adult who stays with you, and for 24 hours you must not drive, travel alone on public transport, operate machinery, drink alcohol, sign legal documents, or care for young children on your own. If you choose sedation and have no escort, the procedure may be postponed.

During the test

You will lie on your left side. A plastic mouthguard is placed between your teeth and oxygen is given through the nose while your pulse and oxygen level are monitored. Air is used to open up the stomach, so belching during and after the test is normal. You may retch when the tube passes the back of the throat; this settles quickly and does not mean anything is wrong.

What are the risks?

Gastroscopy is a safe procedure and serious complications are uncommon. A sore throat and bloating for a few hours afterwards are expected effects rather than complications.

Complication	How often it happens
Perforation (a tear in the wall of the food)	About 1 in 10,000 for a routine examination. The risk is higher if a narrowing has to be stretched or a lesion

pipe or stomach)	removed, and surgery is sometimes needed.
Bleeding	About 1 in 1,000 for a routine examination with biopsies. It usually stops on its own.
Effects of sedation on breathing, heart rate or blood pressure	Short-lived effects in about 1 in 100. Serious events such as a heart or breathing emergency are far rarer, around 1 in 2,000. You are monitored throughout and these effects can be treated.
Damage to teeth, crowns or bridgework	Rare. A mouthguard is used, and the risk is reduced further if you tell the endoscopy unit in advance about loose or capped teeth.
The test has to be abandoned	Occasionally, most often when food remains in the stomach or the test is not tolerated. It is then rebooked.
A lesion not seen during the test	About 1 in 10 cancers of the upper digestive tract are diagnosed within three years of an endoscopy that did not show them. The examination is therefore unhurried and photographed, and repeat testing is arranged if symptoms persist.
Death directly related to the procedure	Extremely rare – about 1 in 10,000.

Are there alternatives?

A barium swallow or a CT scan can show the shape of the food pipe and stomach but not the lining in detail, and neither allows biopsies or treatment. A breath or stool test can diagnose *Helicobacter pylori* but will not explain other symptoms or exclude a lesion. Choosing not to have the test is also an option; discuss with your doctor what might be missed.

After the test

If you had throat spray only, your throat stays numb for about an hour. Do not eat or drink during that hour; then test your swallow with a few sips of cold water before

eating normally. If you had sedation you will rest in the recovery area, and you can eat and drink once you are fully awake.

The findings are explained to you before you leave and a written report is given. Sedation affects memory, so ask for the information to be repeated or given to the person accompanying you. If a test for *Helicobacter pylori* was done during the procedure the result is usually available the same day; biopsy results take 2 to 4 weeks and are discussed in clinic.

When to get urgent help

Go to the nearest emergency department if, in the hours or days after the test, you develop:

- vomiting of blood, or black tarry stools
- severe pain in the neck, chest or abdomen, or pain that worsens on swallowing
- difficulty breathing, or pain on breathing
- fever of 38 °C or above, or shivering

Take this sheet with you and tell the staff that you have had a gastroscopy.

Contact

For appointments and questions, contact the endoscopy unit using the numbers it has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply.

Based on BSG/AUGIS upper GI endoscopy standards, BSG/ESGE antithrombotic guidance, ASGE adverse-event data and NHS patient-information conventions. Supports but does not replace the discussion with your doctor and the consent process. PE-PROC-02 · Version 1.0 · October 2026 · Review due: October 2028

This leaflet is general information and does not replace advice from your own doctor.
