

Having a lower gastrointestinal endoscopy (colonoscopy) & an upper gastrointestinal endoscopy (gastroscopy or OGD)

Patient name	
Appointment date	
Arrival time	

If you are having a Gastroscopy and a Colonoscopy, you must not have anything to eat or drink for 6 hours before your appointment

Endoscopy sessions run from 9am to 1pm and 1.30pm to 5pm. Every effort will be made to see you promptly on your arrival, however the arrival time does not reflect the procedure time.

This booklet is designed to be practical and informative. **Please read all of the information contained within it**, so that you don't miss important instructions that may result in cancellation.

If you have any queries regarding the information or instructions in this booklet, please do not hesitate to call the department on the number below and a member of the nursing staff will be only too pleased to help you.

To cancel or change an appointment: **01225 821412**

To discuss the test, ask questions about the preparation and medication: **01225 821425** or **01225 821788**.

If you cannot accept this appointment date, it is important that you telephone as soon as possible so that your date may be offered to another patient.

What is colonoscopy/flexible sigmoidoscopy?

An colonoscopy/flexible sigmoidoscopy is a test, which allows the doctor to look directly at lining of the large bowel (colon). In order to do the test, a colonoscope is passed through the anus into the large bowel. The colonoscope is a long flexible tube about the thickness of your index finger, with a bright light at the end. The endoscopist gets a clear view of the lining of the bowel on a screen and can check if any disease is present. For flexible sigmoidoscopy, only the first third of the bowel will be examined.

What is an Upper GI endoscopy?

An upper gastrointestinal (GI) endoscopy is a test, which allows the endoscopist to look directly at the gullet (oesophagus), the stomach and around the first bend of the small intestine (duodenum). A slim flexible tube with a bright light at the end (called an endoscope) is passed from your mouth into your stomach.

Why has my doctor chosen these tests?

These tests are the only tests that allow the endoscopist to view the lining of the bowel and the stomach directly to assess what may be the likely cause of the symptoms you have been experiencing. Only during these tests can the endoscopist take a small sample of tissue - 'a biopsy' - for analysis. The tissue is removed painlessly through the colonoscope using tiny forceps. Colonoscopy is also the only test where it would be possible to remove polyps should any be found. Polyps are raised fleshy areas on the lining of the bowel caused by an abnormal multiplication of cells. If not removed, some types of polyps may grow and eventually lead to cancer. Removal of the polyp is a good way of reducing the risk of bowel cancer.

What treatment is available?

If a polyp is found at colonoscopy, a wire snare is positioned around the base of the polyp, tightened, and the polyp is separated from the bowel by passing a small electric current down the wire.

Are there any risks to the test?

With gastroscopy there is a 1 in 3,000 risk of bleeding or tearing of the gut, following which admission to hospital will be necessary and may require surgery. Other complications may be as a result of the sedative drugs used and there is a slight risk of damage to crowned teeth or dental bridgework.

There is a small risk of tearing or perforating the bowel with colonoscopy. This happens in approximately 1 in 2,000 colonoscopies. If this were to happen it would require your admission to hospital and in some cases it might need to be

treated with an operation. One possible outcome of this surgery would be a colostomy or bag on the abdominal wall.

Following the removal of a polyp, bleeding can occur in approximately 1 in every 100 cases and would again require immediate admission to hospital. Other complications may occur as a result of the sedative drugs used.

Are there any alternatives to this test?

It is possible to examine the bowel in other ways, with a CT scan or a Barium enema, where there is less risk of perforating the bowel. These are both very useful tests but do not allow us to review the lining of the bowel directly or to take tissue samples or remove polyps.

A barium swallow can look for any blockages in the gullet and a barium meal can detect large ulcers, but an endoscopy is the only test that can look at the lining directly.

Prior to admission

To allow a clear view, the colon must be completely empty of waste material. If it is not, certain areas of the lining may be obscured and the test may have to be repeated.

During the two days before your examination, you should have only light meals. You must avoid red meat, fruit and vegetables in any form. You may eat eggs, cheese, fish, white meat, white bread, pasta or rice. **Please do not eat jelly.**

On the day before your examination:

- You have been sent a strong laxative preparation to take to clear your bowel. Your local chemist can supply a barrier cream to protect the skin around your bottom

- Inside the packet are instructions that describe how to mix the preparation and take it as well as dietary advice. Please read it carefully in advance of your test so that you understand what to do. Please feel free to call the nursing staff on one of the numbers at the front of this booklet with any questions
- Drink one half pint (250mls) of clear fluids each hour once you start taking the preparation
- Record on the chart below the amount you have drunk next to the appropriate time
- The more fluids that you drink, the better the preparation works and your test will be more successful as the doctor is able to get a clearer picture.
- **Do not have any fluids at all for six hours prior to your appointment time.**

9am		4pm	
10am		5pm	
11am		6pm	
midday		7pm	
1pm		8pm	
2pm		9pm	
3pm		10pm	

You do not need to bring in pyjamas or nightwear

Please do not bring in valuables or large quantities of money into hospital, as we cannot accept responsibility for them.

Do not drive yourself

Please arrange to be accompanied by family or friends when you come into hospital, then they will know where to collect you when it is time to leave.

You must have a responsible adult to accompany you home from the hospital. **Do not** attempt to drive yourself.

If you intend to be driven to the hospital, parking can be difficult, so allow plenty of time to find a space.

Finding us

The endoscopy department is in the Gastroenterology and Surgical unit on the second floor, Zone B, B57.

Should I take my medicines as normal?

If you take essential prescribed medication, for example for epilepsy or a heart condition, you may take these with a little water. If you are diabetic, we advise that you telephone the department and inform them of what medicine you take and a nurse will be able to advise you on how best to take your medication.

We also need to know if you take any of the following medications:

- Warfarin
- Phenindione
- Clopidogrel
- Prasugrel
- Dabigatran
- Rivaroxaban

- Apixaban
- Ticagrelor
- Iron supplements.

Please phone t01225 821425 or 01225 821788 if you are a diabetic or take any of the tablets listed.

What should I expect when I arrive?

- On arrival at the unit, please report to the reception desk. One of the reception staff will check your details and ask you to sit in the waiting room.
- A nurse will collect you from the waiting room and take you to the consent room. Here she will check your details and your arrangements for going home with you. The person accompanying you will be able to come with you to support you.
- A nurse will discuss the procedure with you. If you have any questions, please ask. We want you to be as relaxed as possible.
- You will return to the waiting area until the endoscopist is ready for you. A nurse will then collect you and take you to the ward.
- You will need to and put on a hospital gown, and you will need to remove any false teeth. This can be done in the examination room, immediately before the procedure. They will be kept safe until you are fully awake.
- It is department policy that your family and friends do not accompany you into the ward as it is a theatre environment. They will be called to the recovery area when you are ready to leave.
- The ward and toilet facilities are single sex. It is occasionally necessary for clinical reasons to have a mixed sex area, but

this is rare. Our staff are committed to ensuring your privacy at all times.

Is the procedure painful?

The procedure should not be painful. However you may experience discomfort as the tube touches the back of your throat. Your stomach may feel slightly distended at times during the examination but you should not feel unduly uncomfortable.

As air is introduced into the colon to give the endoscopist a clear view, you may experience some wind like pains, but they will not last long. You may get the sensation of wanting to go to the toilet, but as the bowel is empty there is no danger of that happening. You may pass some wind, but although you may find this embarrassing, please do not worry, the staff will understand what is causing it.

Sedation

A small needle will be inserted in the back of the hand and the medication will be injected through it. Sedation may make you drowsy and you may not remember the procedure taking place, however, it is not a general anaesthetic; you will not be unconscious.

Conscious sedation is a technique used here and in all other endoscopy units. The use of medication produces a state of relaxation enabling treatment to be carried out, but conversation with you is maintained throughout, as you are awake.

You may recover fairly quickly or more slowly - each person reacts differently. Your thinking processes and movements will be slower than usual.

During the test

- Your test will be discussed with you. Please feel free to ask further questions at this point and sign your consent form if you have not already done so.
- The nurse will escort you to the examination room. Here you will meet the endoscopist and two nurses who will remain with you throughout the test.
- You will be helped onto a trolley and assisted to lie on your left side, with your knees slightly bent.
- You will have a probe attached to a finger to monitor your pulse and oxygen level throughout the procedure and oxygen will be given to you through two small plastic tubes inserted into your nostrils.
- The endoscopist will give the sedative. The dose will be in accordance with your age and previous medical history.
- The gastroscopy is performed first. When the endoscopist passes the endoscope for this test, it is important to remain calm. It should not cause you any pain, nor will it interfere with your breathing.
- To keep your mouth slightly open, a plastic mouthpiece will be gently placed between your teeth.
- It may take up to ten minutes to examine the stomach carefully. During this time some air will be passed down the tube to distend your stomach and allow the endoscopist a clear view. The air is sucked out at the end of the test.
- If you get a lot of saliva in your mouth, the nurse will clear it using a slim suction tube.
- You may feel the trolley you are lying on being moved into the correct position for your colonoscopy.
- The endoscopist will examine you first with a finger. For this test a different tube is gently inserted through the anus into the large bowel. Air will be passed in to allow a clear view.

- When the examination is finished the tube is removed quickly and easily. You will be taken back to the ward to recover, where a nurse is always present.

When can I go home?

Because you will have had a sedative injection, you will stay in the department for approximately one hour following the procedure. We prefer that you remain with us until you are fully alert to ensure that the effects of the sedation have worn off.

You must have a responsible adult to collect you from the department and you should not be left alone for 24 hours after you return home.

How will I feel after the test?

We advise you not to go to work on the day of the test.

- The effects of the sedation will have worn off in 24 hours. You will then be able to resume normal activities, however, if you are within 24 hours of sedation you will not be able to drive to work.
- You may also feel a little bloated. This is due to air remaining in your stomach following the test. It will soon settle and does not require any treatment or medication.

What should I do when I get home?

If you have had sedation, then for the next 24 hours you must not:

- drive any motor vehicle. This is a legal requirement, not advice. Our advice is that you should not actually drive for 48 hours.
 - operate machinery.
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- drink any alcohol.
- sign legally binding agreements.
- care for children or relatives.

When you get home it is important to rest quietly for the remainder of the day, with someone to look after you for 24 hours afterwards.

You may eat and drink as you wish once the test is finished, but we suggest that you start with a light meal and gradually build up, to prevent pain.

It will take a day or two for your bowel action to return to normal.

If you are unclear and have any questions, then do not sign the form until they have been explained. The endoscopy staff will be happy to answer any questions you might have.

Training in endoscopy

Training endoscopists is essential to improving the quality of care. All of our endoscopy trainees are in a structured training programme within the national guidelines, and all are experienced staff. Your treatment may provide an opportunity for such training under the supervision of a senior doctor. You may decline to be involved in this training without adversely affecting your care and treatment.

If you wish to let us know you are not happy to have a supervised trainee perform your procedure, please inform us **at least a week in advance** of the procedure, so we can ensure you are not booked on a training list. The endoscopy administrative team are on **01225 824069**.

When will I know the results?

As you will have been sedated, the nurse on the ward will relay the information to you when you are fully alert. We like to do this with a family member present, as the sedative used can make you forget what you have been told. If you object to having your results with a family member present, please let the nursing staff know. You will be give a report to take with you. If this does not happen, please ask your nurse.

A report will also be sent to your GP. Further details of the test, results of any biopsies and any necessary treatments or medications should be discussed with your GP. The nurse will tell you before you leave if you require an outpatient appointment with the consultant.

The consent form

The consent form is a formal indication that you are agreeing to undergo the treatment being offered as stated in the form. It is valuable to you as it offers a written check on what you are agreeing to by signing.

You will find a consent form included with this booklet, we ask you to bring it with you to endoscopy unit on the day of your test. However, before you sign the form you should be clear as to what you are consenting for.

If you are unclear and have any questions then do not sign the form until they have been explained. The endoscopy staff will be happy to answer any questions you might have.

What if I change my mind?

You are quite within your rights to change your mind. If having read this leaflet you have decided not to go ahead with the test, please telephone the department and discuss your decision with your GP.



Please complete the following health questionnaire

Do you have or have you ever had any of the following problems. Please give details.

Heart problems	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Breathing problems	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Diabetes	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Seizures	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
High Blood Pressure	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Stroke	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Glaucoma	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Arthritis	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Are you allergic to anything? <input type="checkbox"/> NO <input type="checkbox"/> YES If 'yes' please give details		
Have you ever been told that you are at risk of CJD or vCJD for public health purposes? <input type="checkbox"/> NO <input type="checkbox"/> YES If 'yes' please call 01225 821425 or 01225 821788 and talk to our nursing staff.		
Are you taking any regular medication? <input type="checkbox"/> NO <input type="checkbox"/> YES If 'yes' please give details		
When did you have your blood test for INR? Please provide date		
If you know the result please record it here:		
Who is collecting you?		
Please give a contact telephone number:		
Who is at home with you for 24 hours after the test?		

