

Having a **Lower** Gastrointestinal Endoscopy (Colonoscopy / Flexible sigmoidoscopy) & **Upper** Gastrointestinal Endoscopy (Gastroscope/OGD)



Endoscopy Patient Information

Please carefully read this leaflet immediately so you are fully informed about the proposed procedures and have time to contact us in advance with any queries.

It is important that you do not have anything to eat or drink for **6 hours** before your appointment including water, other than sips of water to swallow essential prescribed medication.

| | |
|------------------|----------------------------|
| PATIENT NAME | |
| APPOINTMENT DATE | |
| ARRIVAL TIME | |
| DEPARTMENT | B57 – zone B, second floor |

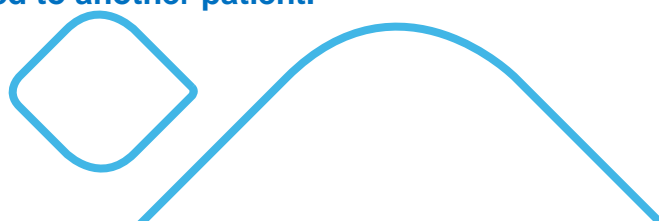
Please be aware that your arrival time does not reflect your procedure time. Every effort is made to see you promptly. Our sessions run from 09.00 - 13.00 and 13.30 - 17.30; please be prepared to be in the department for 2 - 3 hours.

This booklet has been designed by our endoscopy team, with input from former patients. If you have any questions regarding the information or instructions in this booklet, please do not hesitate to call the department on one of the numbers below:

To cancel or change an appointment: 01225 821412 (administrative staff)

To discuss your appointment or ask questions about the preparation and medications call: 01225 821425 or 01225 821788 (nursing staff)

If you cannot accept the appointment date it is important that you call without delay so that your date may be offered to another patient.



Your health

Please complete the following health questionnaire before you arrive for your appointment and bring this booklet with you. We will need it for the admission process. If you have any health issues, please give details below:

| |
|--|
| Heart problems or cardiac devices e.g. pacemaker or automated defibrillator |
| Breathing problems |
| Diabetes |
| Liver problems |
| High Blood pressure |
| Seizures |
| Stroke |
| Arthritis |
| Other |
| Do you have any allergies ? |
| Have you ever been told that you are at risk of CJD or vCJD for public health purposes? If yes, please call to speak to the nursing staff on 01225 821425 or 01225 821788 . |
| Please list all medications you are currently taking and the doses: |
| Who is collecting you after your procedure? |
| Who is at home with you for 24 hours after the test? |
| Please give a contact telephone number: |

Blood thinning medications

Do you take anticoagulant medications to thin your blood such as **Warfarin, Phenindione, Acenocoumarol, Dabigatran, Rivaroxaban, Apixaban or Edoxaban**?

If so, please write which medication and why you take it (if known) below:

If you have monitoring e.g. for warfarin, can you tell us about your most recent INR?

Date: INR result: If known, what is your target INR?

Do you take anti-platelet medications such as **Clopidogrel, Prasugrel, Cangrelor, Dipyridamole or Ticagrelor**?

Please give details:

Aspirin and Dipyridamole do not need to be stopped before endoscopic procedures.

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

Should I take my medications as normal?

If you take essential prescribed medication, you may take these with a little water prior to your gastroscopy and colonoscopy. Specific information is available for those with diabetes about adjustments to their medications, please phone to request this information.

What is a gastroscopy?

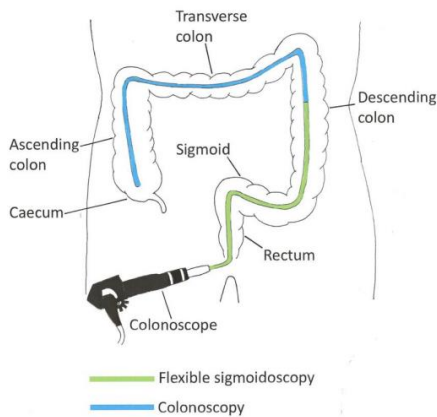
A gastroscopy or upper gastrointestinal (GI) endoscopy is an investigation, which allows the endoscopist to look directly at the gullet (oesophagus), the stomach and around the first bend of the small intestine (duodenum). A slim flexible tube with a bright light at the end (called an gastroscope) is passed from your mouth into your oesophagus, your stomach and part of the duodenum. The width of the gastroscope is around 12mm; it sends images back to a monitor where they are viewed by the endoscopist (doctor or specialist nurse performing the gastroscopy) throughout the procedure.

In some cases (and often routinely) it may be necessary to take biopsies (small samples of tissue), using tiny forceps. The samples are sent to the laboratory for analysis using a microscope. Taking biopsies is painless and safe. It is routine for pictures taken during the gastroscopy to be stored as part of your health record.

It is important to note that the flexible tube passes down your gullet avoiding your trachea (breathing pipe). You can breathe normally throughout the whole procedure.

A gastroscopy may not be suitable for you if you have a restricted mouth opening. Please call our administrative team on 01225 821412 if this is the case, and we will rearrange your appointment for a trans-nasal endoscopy (through your nose).

What is colonoscopy / flexible sigmoidoscopy?



A colonoscopy is a test which allows the endoscopist (doctor or nurse) to look directly at the lining of the whole large bowel (colon). A flexible sigmoidoscopy is a shorter test, which allows the endoscopist to look directly at the lining of the last half part of the large bowel and your back passage (anus). To undertake either test, a colonoscope is passed through the anus. The colonoscope is a long flexible tube about the thickness of your index finger with a bright light at the end. The colonoscope sends images to a screen viewed by the endoscopist throughout the procedure. This allows the endoscopist to check for any abnormalities such as

haemorrhoids, inflammation, polyps and cancer.

Biopsies (small samples of tissue) are often taken using tiny forceps through the colonoscope and sent to the laboratory for analysis. Taking biopsies is safe and painless. It is also routine for pictures taken during the test to be stored as part of your health record.

Why has my specialist chosen these tests?

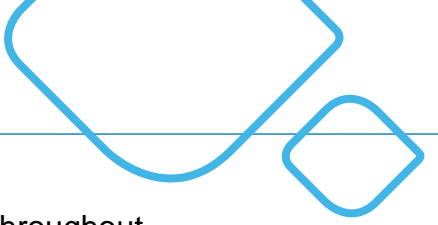
These tests are the only procedures that allow the endoscopist to view the lining of the gastrointestinal tract directly to assess what may be the likely cause of the symptoms you have been experiencing. Only during endoscopic procedures can an endoscopist take biopsies for analysis. At colonoscopy or flexible sigmoidoscopy, it is possible to remove bowel polyps. 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 polyps is a good way of reducing the risk of bowel cancer.

Are there any risks to the procedures?

For most people the procedures are simple and very safe. The endoscopy team will do everything they can to keep you as comfortable and safe as possible. However, endoscopic tests are invasive procedures and complications can occur.

Sometimes we are unable to complete a test and a further investigation such as a computerised tomography (CT) scan may be arranged. There is a nationally reported rate of missing significant bowel lesions in 1 in 100 procedures; we regularly audit our practice to ensure we remain within national standards. Occasionally, samples taken are inadequate (non-diagnostic biopsies) and may need to be repeated.

There is a small risk of a reaction to any sedation, analgesia or Entonox (gas and air) that may be used. Risks associated with sedation include the slowing of breathing, lowering of blood



pressure, and an allergic reaction; you will be carefully monitored throughout.

Risks are also detailed on the accompanying consent forms; do contact our administration team if you have not received these.

Gastroscopy specific risks

During gastroscopy there is a small risk of aspiration, an infection of the lungs from inhaling gut contents. We ask that you don't eat or drink for 6 hours prior to your gastroscopy.

There is small risk of discomfort in the throat, or in the abdomen due to air distension. There is a small risk of damage to teeth or dental work; a mouth guard is used to protect your teeth.

Rare and serious complications include:

- A small hole can be produced in the wall of the gullet, stomach or duodenum. This is called a perforation and the risk of this is about 1 in every 3000 patients. If this were to happen, you would need to be admitted to hospital and it might require an operation to treat it.
- There is a small risk of bleeding from the gastrointestinal tract. This happens in about 1 in every 3000 patients. Bleeding usually settles spontaneously. You may require a blood transfusion and, in very rare circumstances, an operation.
- Death associated with an upper gastrointestinal endoscopy is incredibly rare with a risk of approximately 1 in 25,000 patients.
- There is a small risk of an allergic reaction to the local anaesthetic (numbing) spray administered prior to the procedure. Less commonly, there may be an allergic reaction to the endoscopy equipment or other chemicals and substances used within the endoscopy unit.

Colonoscopy / flexible sigmoidoscopy specific risks

There is a small risk of tearing or perforating the bowel. This happens in approximately 1 in 5000 flexible sigmoidoscopies and 1 in 2000 colonoscopies; this increases to 1 in 500 if polyp removal is performed. In such cases, the person is admitted to hospital for observation, as emergency surgery may be required.

Bleeding occurs in 1 in 1000 cases, increasing to approximately 1 in 100 cases after a polyp is removed. Most bleeding settles spontaneously. If further treatment is needed, you may require an emergency hospital admission and a further procedure to enable specialist treatment. You may require a blood transfusion and in very rare circumstances an operation.

Death is very rare after colonoscopy or flexible sigmoidoscopy, occurring in less than 1 in 15,000 cases.

There may be some discomfort or pain in the back passage or abdomen during and shortly after the test.

Are there any alternatives to these procedures?

Your referral has been reviewed by a specialist prior to your appointment, and it has been determined that this is an appropriate route to investigate your symptoms.

Upper gastro-intestinal endoscopy can also be performed though the nose (trans-nasal endoscopy). The advantages of having a trans-nasal endoscopy include:

- You can talk during a trans-nasal endoscopy
- As no sedation is used, you do not need a period in the recovery unit, you can drive home immediately, and do not require anybody to accompany you to your appointment



The upper gastro-intestinal tract can also be examined by a barium swallow or meal x-ray test:

- This involves drinking a thick milk-like mixture. The outline of the oesophagus, stomach and duodenum will be seen when x-ray pictures are taken
- Biopsies cannot be taken with this type of test
- It is less accurate than a gastroscopy; some problems such as mild inflammation and early disease could be missed

Many therapies, such as banding for varices in those with liver disease, can only be delivered with a gastroscopy, so some patients having a trans-nasal endoscopy need a gastroscopy thereafter. Sedation is only routinely available on gastroscopy lists.

Other tests such as CT scans are occasionally used to investigate bowel problems, but they are not as accurate and do not allow biopsies to be taken. Sometimes after flexible sigmoidoscopy, further tests such as a CT scan or colonoscopy (examination of the whole large bowel) may be advised.

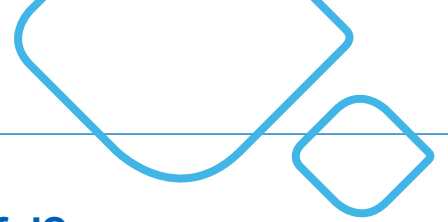
Is a gastroscopy painful?

A gastroscopy 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 test, which can cause belching, but you should not feel unduly uncomfortable.

Local anaesthetic spray can be given to numb the back of the throat and mouth, making it easier to pass the endoscope. Many people tolerate gastroscopy effectively with throat spray alone. The main advantage is a quick recovery time, and the ability to drive home immediately.

You can elect to have additional medication alongside throat spray. After you have been administered throat spray, and are in position for your gastroscopy, Entonox can be inhaled using a mouthpiece. This helps you relax and lasts for thirty to sixty seconds facilitating easy passage of the endoscope into your gullet; thereafter you can still drive home. A third alternative to spray alone, or Entonox with throat spray, is to have sedation with or without throat spray. You can read more about Entonox and sedation below.

Whichever you choose, a nurse will be caring for you throughout. You can raise your hand to stop the gastroscopy at any time.



Is a colonoscopy or flexible sigmoidoscopy painful?

Air, water or carbon dioxide are introduced to inflate the bowel and ensure a clear view. You may experience some 'wind-like' pains, where possible we ensure these are short-lived. Your abdomen may feel distended at times during the procedure, but most people do not feel unduly uncomfortable. A nurse will be caring for you throughout, with whom you can discuss any discomfort, and / or halting the procedure at any time.

You may get the sensation of wanting to go to the toilet, but as your bowel is empty, there is minimal risk of this happening. It is common to pass some wind during the test. Although you may find this embarrassing, our staff understand the procedure is causing this.

Entonox, sedation and analgesia

We want you to be as comfortable as possible, so we use various methods to ensure this is the case. A nurse will talk you through the options and help you to reach a decision that you feel comfortable with in the consenting room, and it can be discussed again in the procedure room.

Entonox (gas & air) is available as a form of pain relief which is inhaled via a mouthpiece, or to help you relax prior to gastroscopy. A nurse will confirm your medical details to ensure that Entonox is safe and appropriate. Entonox is out of your system in 30 minutes, leaving no lasting effect. When Entonox is used without sedation, the findings and next steps in your treatment can be discussed immediately after the procedures. Some patients choose Entonox so they can drive home, return to work, and do not require anybody to accompany them to the appointment.

Conscious sedation is a technique used here and in all other endoscopy units. A small plastic cannula (needle) is placed, and medication can be injected through it. These medications might make you drowsy, but you will not be asleep. You may not remember the procedures, but it is not a general anaesthetic; you will not be unconscious, you will be awake and aware, just 'less bothered' by what is going on. After sedation, you will be cared for in our recovery area. Following sedation your thinking processes and movements will be slower than usual. There will be restrictions placed upon you for 24 hours afterwards, and you will need a responsible adult to take you home and be present for 24 hours after sedation.

Sedation can be combined with an injection of analgesia when needed. Sedation and / or analgesia can also be combined with Entonox. The consenting nurse will support you in deciding on options, and the team in the procedure room are happy to discuss this further.

Driving and sedation

If you are planning to have sedation, please arrange to be accompanied by a family member or friend when you come into hospital, then they will know where to collect you when it is time to leave. After sedation, you must have a responsible adult to accompany you home from the hospital. **Do not** attempt to drive yourself.

Planning for your procedures

If you are unwell prior to your procedures, you should contact our nursing team as it may be necessary to postpone your procedures. Do not bring valuables or large quantities of money into hospital, as we cannot accept responsibility for them. You do not need to bring nightwear.

To obtain good views, it is best if your bowel is empty. Your specialist will determine the best preparation for you. Bowel preparation can be given as tablets, a liquid drink, or an enema; enemas come with instructions that are separate to this leaflet. Enemas are given around an hour before a flexible sigmoidoscopy and do not require specific dietary changes; tablets or liquid bowel preparation start earlier and include a dietary strategy.

Bowel preparation may make the skin around your bottom become sore, due to the amount of times you will use the toilet. You may wish to purchase an over-the-counter barrier cream to help avoid this; a pharmacist can advise.

You can have clear fluids (such as black tea or coffee, sugar-free squash, clear soups or water) up to 6 hours before your appointment time.

If you intend to travel by car, please be aware that parking may be quite difficult when you arrive. Please give yourself enough time to allow for this. Other travel options are described at www.ruh.nhs.uk/finding/



For colonoscopy, and sometimes for flexible sigmoidoscopy, bowel preparation is given to ensure the bowel is clear and completely free of waste to get a good view. If you have received bowel preparation to take in advance, please follow the dietary advice below for 48 hours prior to your test. This improves the diagnostic accuracy and safety of the test. If any of the bowel is obscured the procedure might have to be repeated.

Working towards healthcare sustainability – Green Endoscopy

As a department we are highly focused on environmental sustainability and 'Green Endoscopy'. Endoscopy is recognised to generate the second highest level of plastic waste in a hospital. We would ask you to support our efforts by bringing your own water bottle along to your procedure. If you have false teeth, kindly also bring a suitable pot or bag to keep these in during your test. We will ask you to change into a hospital gown during the test, please bring a carrier bag with you to hold your clothing and other belongings.

Finding us

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



Dietary advice for 48 hours prior to bowel preparation

| Foods allowed | Foods prohibited |
|---|---|
| <ul style="list-style-type: none">• White meat e.g. chicken or turkey• Fish e.g. cod, plaice, smoked haddock, trout, salmon or tuna• Quorn, Tofu• Poached boiled or scrambled eggs• Cheese and butter• Foods made from white flour e.g. white bread, rolls, pitta bread.• Plain biscuits and plain cake, plain scones and meringues• Mashed or boiled potatoes without any skin• White pasta• White rice• Rice crispies, cornflakes, special K• Plain yoghurt (no fruit)• Semi skimmed or skimmed milk, including drinks made with full fat milk• Clear soup | <ul style="list-style-type: none">• Red meat• Fruit• Vegetables and salads• Dried fruits, nuts and seeds• Jelly• Lentils, pulses, peas or beans• All foods made with wholemeal flour e.g. digestives, oatcakes, wholemeal bread• Crisps and other high fat snack foods• Wholemeal pasta• Brown rice• Chocolate or sweets containing nuts or fruit• Spreads or jams containing whole fruit pieces, pips or peel• Vegetable juices• Full fat milk, including drinks made with full fat milk• Thick soup |

On the day before your procedures:

- The bowel preparations have an unusual taste. Many have found it easier to take by adding squash, refrigerating it and sipping it through a straw.
- Bowel preparation is available as Moviprep, Plenvu or Double Prep and you will have received the hospital leaflet on yours separately. Inside the packet are instructions that describe how to mix the preparation. Please read these carefully in advance of your procedures; feel free to call the nursing staff on 01225 821425 or 01225 821788 with any questions.
- The more fluids that you drink, the better the preparation works, and your test will be more successful as the endoscopist is able to get clearer views.

Do not have any fluids at all for six hours prior to your appointment time.

What should I expect when I arrive?

On arrival at the unit, report to the reception desk. A nurse will take you from the waiting area to the consent room, with anyone accompanying you for support. They will check your details and discharge arrangements with you. The nurse will discuss the procedures and complete the consent form with you. If you have any questions, please ask as we want you to be as relaxed as possible. The nurse will explain your consent form, and ask you to sign it, before returning to the waiting room.

You will be offered a private space to change into a hospital gown. The nurse caring for you during the procedures will then collect you and take you to the endoscopy theatre where the procedures will be performed. A final safety checklist will be undertaken. You will be asked to remove any false teeth, these will be kept safe for you.

In general, we ask that family or friends do not accompany you to the endoscopy theatre as it is a theatre environment; we are happy to discuss this. We can contact them when you are ready to leave.

The ward and toilet facilities are single sex areas. In exceptional circumstances because of a significant clinical risk, it may be necessary to have a mixed sex area. The staff are committed to always ensuring your privacy.

The consent form

The consent form gives the endoscopist and the hospital a formal indication that you are agreeing to undergo the procedures being offered as stated in the form. You will be offered a copy for your records.

If you have an appointment confirmed, consent forms are included with this booklet for you to familiarise yourself with; please bring them with you on the day of your procedures. As described, the consent process is carried out by a skilled nurse outside of the theatre environment, who will be happy to answer any questions you might have.

During the procedures

In the endoscopy theatre you will meet the endoscopist (doctor or nurse), and the two nursing staff who will look after you throughout the procedures. For your safety you will be asked to confirm the details taken during the admission process. You will be given the opportunity to ask further questions about the procedures.


Once on the trolley the nurse looking after you will place an oxygen probe on your finger to enable your heart rate and oxygen levels to be monitored during the procedures. For those having sedation, supplementary nasal oxygen via two plastic tubes in your nose will be initiated, and a cuff placed to monitor your blood pressure. You will be asked to remove any false teeth, plates or dentures.

Before the gastroscopy, you will receive local anaesthetic spray into your mouth. Staff will explain the best position, lying down on your left side with your knees slightly bent. You will be covered at all times. To keep your mouth slightly open, a plastic mouthpiece will be placed gently between your teeth; if you are having Entonox, the mouthpiece is placed after this.

When the endoscopist passes the gastroscope, it is important to try to remain calm. If you want the gastroscopy to be stopped at any time you can raise your hand. The endoscopist will stop the gastroscopy and withdraw the camera safely.

It usually takes up to 10 minutes to perform a gastroscopy; therapy can prolong the procedure e.g. for ulcer bleeding. During this time some air will be passed down through the tube to distend the stomach and allow the endoscopist a clear view. This may make you feel a little bloated and uncomfortable, and you may belch. If you get a lot of saliva in your mouth, the nurse will clear it using a slim suction tube.

Occasionally it is not possible to pass the gastroscope through the mouth. If this happens the endoscopist will discuss alternative methods of investigation with you.



After completion of your gastroscopy the trolley will be rotated 180 degrees in the theatre. A rectal examination will be performed, and then the colonoscope will be inserted through your anus into your large bowel. The nursing staff will support you, ensure you are comfortable and stay with you throughout. Should you want the procedure to be stopped at any time you can speak to them or the endoscopist.

A flexible sigmoidoscopy usually takes less than 15 minutes to complete, and a colonoscopy around 30 minutes, but they can take longer. Position changes during the test can allow easier passage of the colonoscope. During this time some air and / or carbon dioxide and / or water will be passed down through the colonoscope to distend the bowel and allow the endoscopist a clear view. This may make you feel a little bloated and uncomfortable, and you may pass flatulence.

If the endoscopist finds polyps, it may be possible to remove these at the time and send them away for analysis. If polyps are found, it may be recommended that you undergo additional procedures in the future.

You can choose to look at the pictures of your gastrointestinal tract on the screen during the procedures. Several photographs are taken during endoscopic procedures; taking these does not mean that anything is wrong. Abnormalities are often also photographed to inform those responsible for your care. These photographs are often added to the endoscopy report.

When will I get the results?

The results of the procedures will be explained to you immediately or in the recovery area. Your nurse in the recovery area will ensure you understand information given to you by the endoscopist and answer any questions you may have.

You will be given post-procedure advice sheets on aftercare, and symptoms to be aware of following your procedures. Usually, you will be offered a copy of your report to take home, and separate copies will be sent to your General Practitioner and any other health professionals involved in your care. Further details of the tests, results of any biopsies and any necessary treatments or medications can be discussed with your GP, or the specialist who requested the investigation. The nurse will tell you before you leave if an outpatient appointment is planned.

When can I go home?

If you have not had sedation, you may be discharged home directly from the procedure room with the results of your tests. If you have had Entonox, you should allow 30 minutes from the end of your procedures before driving. There are no restrictions on activities once you are discharged home if you have not been sedated.

After sedation, we care for you in the recovery area for approximately one hour, to ensure you are ready to be cared for by an accompanying responsible adult. The department closes at 17.30.

Sedation specific instructions. For the next 24 hours you must not:

- Drive any motor vehicle (this is a legal requirement, as per the DVLA)
- You must not use or operate machinery and electrical appliances
- You must not drink alcohol
- You should not sign any important documents or papers

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- You must not look after anyone who needs your help to manage, such as young children or older members of the family
 - You must have someone to supervise you at home and accompany you during your discharge from the hospital

Entonox specific instructions

- Allow 30 minutes from the end of your procedures before driving, or signing any important documents or papers

How will I feel after the tests?

We advise you not to go to work on the day of the procedures. 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 if you have had sedation.

You may feel a little bloated due to the gas remaining in your gastrointestinal tract after the tests; occasionally you may pass a few drops of blood as a result of any biopsies (samples). Any symptoms will soon settle and do not require any treatment or medication. You may eat and drink as you wish, but we suggest that you start with a light meal and gradually build up.

The effects of any 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. It will take a day or two for your bowel actions to return to normal.

Training in endoscopy

Training future endoscopists is essential. All our endoscopists in training are in a structured training programme within the national guidelines, and all are experienced doctors or specialist nurses. Your treatment may provide an opportunity for such training under the supervision of a senior endoscopist. 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 endoscopist in training perform your procedures, please inform us **at least a week in advance** of the procedures, so we can ensure you are not booked on a training list. The endoscopy administrative team are on **01225 824069**.

What if I change my mind?

If having read this leaflet you have decided not to go ahead with one or both procedures, please telephone the endoscopy administrative team on **01225 824069** in good time so we can offer your appointment to another person. We recommend you discuss your decision with your GP or the specialist who arranged your procedures.

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.

Comments, compliments, concerns or complaints

The Royal United NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care. However, we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standards of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.



Patient Support and Complaints Team (PSCT)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf. Please ask a member of staff for further information.

Please contact the Patient Support and Complaints team (PSCT) if you require this leaflet in a different format or would like to feedback your experience of the hospital. Email ruh-tr.psct@nhs.net or telephone 01225 825656 / 826319

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01225 428331 | www.ruh.nhs.uk

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