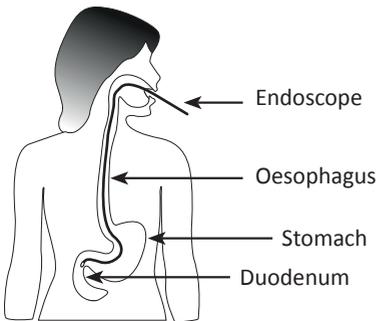


Having a combined Upper and Lower Gastrointestinal Endoscopy

(Gastroscopy and Colonoscopy)

What is an upper GI Endoscopy (Gastroscopy)?

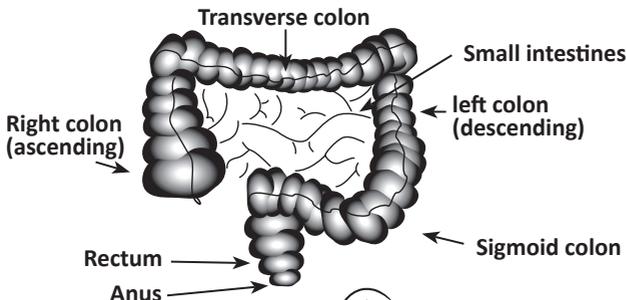


An Upper Gastrointestinal Endoscopy (gastroscopy) is a test to look directly at the lining of the oesophagus (food pipe), the stomach and around the first bend of the small intestine (the duodenum). The gastroscope is a long flexible tube (thinner than your little finger) with a bright light at the end. This procedure can be performed with or without sedation.

Sometimes tissue samples (a biopsy) may be taken. These are taken through the gastroscope using tiny forceps and are sent to the laboratory for analysis.

What is a colonoscopy or flexible sigmoidoscopy

A colonoscopy or flexible sigmoidoscopy are tests that allow the doctor or nurse to look directly at the lining of the large bowel (the colon.) A colonoscopy is an examination of the whole of the large bowel. A flexible sigmoidoscopy is an examination of the lower part of the large bowel.



A slim flexible tube called a colonoscope is passed into the bowel. This is about the thickness of your index finger and has a specialist camera which can relay a picture of the bowel onto a television monitor.

What should I know before deciding?

The endoscopist will ensure you know enough information about the procedure to enable you to decide about your treatment. They will write this on the consent form as well as discussing choices of treatments with you.

Consent form

Before you can have the procedure, the endoscopist will need to gain your consent. This will be required in writing. Before going to the procedure room, the endoscopist carrying out the procedure will come and speak to you. They will explain the procedure again and the risks and benefits. If you are happy to go ahead with the procedure then you will be asked to sign a consent form. If you later change your mind, you are entitled to withdraw consent, even after signing. A copy of the consent form will be offered to you. It is your decision whether or not to consent to the procedure. Ask as many questions as you like and please express any concerns about medication, allergies or past medical history.

On arrival to the Endoscopy Unit

When you arrive in the department you will be asked to wait in the waiting area. An admissions nurse will confirm all your personal details, check your weight and height, take your blood pressure, temperature and pulse and will check if you have any serious medical conditions, any allergies and confirm your discharge arrangements with you. The procedures will then be explained to you and you will then be shown where to wait for your procedure.

Preparation for the procedure

In order to perform the test, we must have clear views of your bowel. If your bowel is not clear the test may have to be repeated. With your appointment details, you will be given detailed instructions on how to clear your bowel. You may be given a low residue diet sheet to follow for two days before you start the bowel preparation. It will also usually include using laxatives. The type of laxative may differ depending on which test you are having done.



If you are having a colonoscopy you will receive laxative sachets to make into a drink. Full instructions on how to use these will be enclosed.

If you are having a flexible sigmoidoscopy you may also receive laxative sachets, or you may only require an enema. The doctor referring you for the test will decide on this. If you require an enema, a prescription will be provided. If you need to give the enema to yourself prior to coming for the sigmoidoscopy, full instructions will be provided. Alternatively, the enema may be given to you in the department but you will be informed as to which option is most suitable.

Please do not drink anything for **two hours** before your test.

Please bring with you to your appointment:

- Your completed personal details form and your pre-assessment questionnaire.
- Any letters you have received from the hospital.
- Any medications or a list of medications that you are currently taking. It is important to remember any asthma inhalers, angina sprays, blood pressure medication or diabetic medication.
- A dressing gown and slippers
- Please remove any nail polish from your fingernails.

You should not bring valuables or large amounts of money into hospital, as we cannot accept responsibility for them. If you wish to have sedation during the procedure, make sure someone is able to collect you.

Medication

You may continue to take your usual medication up to the day of your test, but you must stop taking certain tablets at least five days before your test. These include all **iron tablets** and medication used for the treatment of diarrhoea.

In some instances, your doctor may have asked you to stop medication for your stomach for two weeks before your test. If you are taking any blood thinning medication such as **Warfarin, Rivaroxaban** or **Clopidogrel**, or any other blood thinning medication, you should have been informed of what to do. Please take any blood pressure tablets as usual.

If you are diabetic and you have not received an information leaflet, please telephone the department and confirm if you are on tablets, insulin, diet or a combination. The department will then send you a leaflet providing you with guidance.



If you are taking the oral contraceptive pill, you may need to take additional precautions. If you are taking the combined pill, additional precautions should be used during and for 7 days after taking the bowel preparation (9 days if you are taking Qlaira). If the procedure occurs during the last 7 tablets of the pack then the next pill-free intervals should be omitted. For the Progesterone only pill, additional precautions should be used for 2 days after recovery.

How long will I spend in the department

Both of the procedures usually takes about 45 minutes, combined. However, this will depend on whether you choose to have Equanox (Gas & Air) or to be sedated. If you choose to be sedated, please allow two to four hours. If you choose not to be sedated then your stay may be shorter. The time on your appointment letter is for your pre-procedure assessment and not your procedure time.

Occasionally we have to deal with unexpected emergencies and this can prevent us seeing you as quickly as we would like. We apologise if this happens, and we will keep you fully informed and make sure you know the reasons for the delay.

Is there an alternative procedure I could have?

An alternative test to a gastroscopy is a barium meal or a CT scan (computerised tomography.) The disadvantages of these procedures are that specimens cannot be taken for examination. A gastroscopy is the most accurate way of examining the oesophagus, stomach and the duodenum.

A colonoscopy is the most accurate procedure to detect serious bowel abnormalities. For some conditions it may be possible to perform a barium enema or a CT examination. The disadvantages to these procedures are that a biopsy cannot be taken or a polp cannot be removed.



What happens during the procedures?

All your belongings will stay with you at all times. You will be taken to the procedure room. The nursing staff will introduce themselves to you. You will need to remove any false teeth just before the procedure begins. These will be placed in a denture pot and labelled, and will stay with you at all times.

The endoscopist will decide which procedure will be done first. The other procedure will then be done.

Gastroscopy

Throat Spray: This is a local anaesthetic spray to numb your throat. It has a slightly bitter banana taste. You may have the feeling of a 'lump' in your throat, but you will still be able to swallow. This is normal following the throat spray. The sensation of the spray lasts about 15 - 20 minutes.

The endoscopist will spray your throat with a local anaesthetic throat spray and you will be asked to lie on your left hand side. Sedation is also available if you wish.

To keep your mouth open a plastic mouth guard will be placed between your teeth. When the endoscopist passes the gastroscope into your stomach it may feel uncomfortable, but should not cause you any pain, and will not interfere with your breathing. The test usually takes about five minutes and the endoscopist will thoroughly examine all areas of your stomach. During the examination air will be passed down the endoscope to gently distend the stomach to ensure the endoscopist has clear views. Sometimes it is necessary for some small tissue samples to be taken from your stomach lining. You are unlikely to feel this.

If you get a lot of saliva in your mouth the nurse will clear it using suction. When the examination is finished, the endoscope is removed quickly and easily.

Colonoscopy

Equanox: This is a gas made up of 50% oxygen and 50% nitrous oxide. This gas is colourless and acts as a painkiller. You breathe this in through a mouthpiece and are in control of the amount of equanox you need. You will recover quicker with equanox as it's a painkiller and not a sedative and there is generally no delay in you going home. You are not able to drive for 30 minutes after breathing equinox.



Sedation: Midazolam is a sedative injection and may make you feel sleepy. It does sometimes have a short-term amnesic effect, which means you may not remember having the procedure. Please do not take any sleeping tablets on the day of your procedure if you have had sedation. You may have sedation for both procedures if you choose to do so.

The nurses will make you comfortable on the examination couch, resting on your left hand side with your knees slightly bent. A small clip will be attached to your finger; this will monitor your pulse and oxygen levels. You may also be given some extra oxygen via a tiny tube in your nose.

If you have sedation, the endoscopist will give you this through a cannula inserted into your hand or arm. This will help you feel relaxed and may mean you do not remember the test but it will not put you to sleep.

If you have equanox the nurse will give you instructions on how to use it correctly.

Once you are feeling relaxed and comfortable, the colonoscopy will be gently inserted into your back passage. Air will be passed through the tube into your large bowel to open it up to give a good view of your bowel lining.

This may give you a 'wind like' pain but this does not usually last long. You may get the sensation of wanting to go to the toilet, but as your bowel is empty, this is unlikely to happen. Do not feel embarrassed if you have to pass wind, this is quite normal.

Sometimes the endoscopist will need to take tiny samples of the bowel lining. This is known as a biopsy. The biopsy is performed through the inside of the colonoscope and should not cause you any discomfort.

It is also possible to remove polyps during the procedure. Polyps are abnormal growths of tissue, rather like warts. This is done through the inside of the colonoscope and should not cause you any discomfort. Any biopsies and polyps removed will be sent for analysis.

It usually takes about 30 minutes for the whole of the large bowel to be examined, but can take a little longer. If only the lower part of your bowel is being examined then the procedure should be shorter. When the procedure is finished, the colonoscope is removed quickly and easily.



What happens after the procedures

Once both procedures are finished and you have been made comfortable, you will be taken through to the recovery ward to rest. Male and female patients are nursed in separate areas to maintain privacy and dignity at all times. You may feel a little bloated with wind pains, however these usually settle quickly once you have passed the wind. Once the nurses in the recovery area are satisfied that you have recovered, you will be offered refreshments. The cannula will be removed after you have had a drink.

If you have had sedation, it is important that you do not:

- Drive vehicles
- Operate machinery or domestic appliances as your reactions may be slower.
- Drink alcohol
- Take any sleeping medications
- Make any important decisions or sign any legal paperwork.

The effects of the sedation can last for up to **24 hours**. Although you may feel recovered, your judgement and reactions may be impaired during this time.

It is essential you have someone to take you home and stay with you for the remainder of the day and overnight. It is recommended that you rest quietly for the remainder of the day.

When can I get back to normal activities

You should be ready to get back to your normal activities after 24 hours.

Getting your results

Before leaving the department, we will speak to you about the results of the procedure. The nurse or doctor will usually speak to you and advise you of the findings of your test and if you require any further procedures or follow up. You may be given a copy of the procedure report, and a copy will be sent to your GP or referring doctor.

Can there be complications or risks?

Gastroscopy

With any procedure there is a small chance of complications or risks. The majority of gastroscopies are very safe and uncomplicated. Serious complications is very rare (approximately 1 : 4000 patients who have the procedure experience problems.)



These can include:

- The sedative can affect your breathing making it more slow and shallow. This is more of a risk if you have a heart or lung problem. If this were to happen you may need to stay in hospital overnight
- You may suffer from a sore throat or feel some wind in your stomach These will settle after a few days
- There is a small risk of damage to crowned teeth or dental bridge work
- We also want to make you aware that this examination is not perfect and even with a skilled endoscopist some abnormalities may be missed.

Complications are more likely to occur as a result of more complicated procedures that can be done during a Gastroscopy, for example, if the oesophagus is narrow and needs to be stretched.

Colonoscopy

Again, as with any procedures there is a small risk of complications. The majority of colonoscopies are straightforward.

These can include:

- The sedative can affect your breathing making it more slow and shallow.
This is more of a risk if you already have a heart or lung problem. If this were to happen you may need to stay in hospital overnight.
- When polyps have been removed, the risk of causing a perforation is 1 in 500 cases. When polyps have not been removed, there is less than 1 in 1300 chance of causing a perforation. If this were to happen, it may require a hospital admission with antibiotics, or may require an operation to repair the tear.
- When polyps are removed there is a small risk of bleeding, approximately 1 in every 150 cases. Bleeding can continue for between 7 to 10 days after a polyp has been removed.
Bleeding often settles without treatment, but if it continues it may be necessary for you to return to hospital.
- Around 90% of colonoscopy procedures are completed, but up to 10% are incomplete and may require an additional investigation (e.g. X-ray or scan.) An incomplete procedure would mean that the endoscopist has not been able to examine all of your large bowel. It is important to inform us if you have any persistent bleeding or pain in the hours or days after your test. If you are worried about risks, please ask the endoscopist who will be performing the procedure for you.



Please telephone the unit if you experience any problems. Alternatively contact your GP. If it is out of hours contact the out of hours GP service or Accident & Emergency.

Students

Occasionally there may be students observing procedures in the department or the doctor may be a trainee under the supervision of an experienced endoscopist. In either case, you will be told of any student involvement beforehand. You do not have to let students be part of your care; please tell us if you do not want them involved.



Frequently asked questions

1. What if my bowel preparation hasn't worked after three hours of taking the laxative?

Please be patient. The laxative usually works within a few hours, but this can sometimes take a longer depending on your age, diet, if you have diabetes and whether you suffer from constipation. Once it does start working, please stay close to a toilet as sometimes no warning may be given.

2. What do I do if I am sick with the preparation?

Please telephone the department if this happens so we can look at your referral.

3. Will I get my results on the day?

Upon completion of your procedure and once you have recovered, the findings will be discussed with you. We will be able to tell you any visual findings, however, any biopsies will need to be sent to the laboratory for testing, and this can take up to two weeks. You may be given a copy of the procedure report but a copy will also be sent to your GP or referring doctor.

4. Can my relatives / friends stay with me?

Your relative or friends can stay with you until you go for the procedure. They will be shown where to wait for you on the department or they can go and get a drink in one of our coffee shops.

5. Can I drive home after the procedure if I choose to have sedation?

If you have sedation you will not be allowed to drive home and must arrange for someone to accompany you and drive you home. Medication given during the test will prohibit you from driving until 24 hours after your examination. Please do not plan to use public transport.



Contact details

If you are unable to keep your appointment or if you have any questions please ask a member of staff on the day or telephone the department:

Doncaster Royal Infirmary, Tel: 01302 644167

Bassetlaw Hospital, Tel: 01909 500990 ext. 2017

Patient Experience Team

The team are available to offer advice or information on healthcare matters. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. The team can visit inpatients on all Trust sites.

The contact details are:

Telephone: 01302 553140 or 0800 028 8059

Email: pals.dbh@dbh.nhs.uk



