

Endoscopy Department

Gastroscopy and Colonoscopy

Important information

Before your appointment

- Please follow the enclosed bowel preparation instructions carefully. Your bowel must be completely empty to allow the endoscopist to have a clear view. Drink as much as you can but, as you are also having a gastroscopy, you must stop four hours before your appointment.
- Stop taking iron tablets seven days before the procedure. All other medication (including aspirin) should be taken as normal
- If you take **Warfarin** please read the **Alert for patients on Warfarin** on page 2 as you may need to have an INR test seven days before your procedure.
- If you have **diabetes** please read the advice **on page 7 and 8**.
- If you have any questions about the procedures or find that you cannot keep this appointment, please contact the Endoscopy Office between 09:00 and 17:00 Monday to Friday on 01223 257080.

On the day

- Have nothing to drink for four hours before your appointment.
- If you have an afternoon appointment, please remember to take the rest of the bowel preparation first thing in the morning.
- Please ensure you are accompanied. We cannot sedate you if you come to the department alone.

At the hospital

- Please come to the Endoscopy Department on level 3 of the Addenbrooke's Treatment Centre (ATC).
- Use the 'Patient and Visitor Treatment Centre Car Park', opposite the main entrance of the ATC. Take your parking ticket and appointment letter to the ATC reception desk to obtain discounted parking.
- **Please note that the appointment time is for your pre procedure check, not the time of your examination.** The length of time you will be here will vary enormously but may be anything from two to four hours or more. Please ask your admitting nurse for further information during your admission check.

Alert for Endoscopy patients on Warfarin or Clopidogrel

or other anticoagulant medication

You **must** read this guidance **before** your procedure.

If you have any questions or do not know whether to stop your medication before your Endoscopy please phone 01223 216515.

Warfarin: for patients advised to continue medication

- You should have an **INR test SEVEN days** before the Endoscopy.
- If that **INR result is 3.0 or less**, continue with your usual daily Warfarin dose.
- If that **INR result is more than 3.0**, ask your supervising anticoagulant service for advice to **reduce your daily Warfarin dose** so that your INR is 3.0 or less when you have the Endoscopy.

Warfarin: for patients advised to stop medication

- You should **stop Warfarin FIVE days** before the Endoscopy.
- After the Endoscopy go back to your usual daily dose as soon as you are eating again (that will usually be the same evening).
- You should have your INR checked one week later to ensure you are adequately anticoagulated again.

If you have:

- metal mitral valve
- metal valve + previous stroke/thrombosis
- valvular heart disease

you may need Heparin injections instead of Warfarin. Ask your local anticoagulant service for advice.

Clopidogrel: for patients advised to continue medication

- Continue with your usual dose.

Clopidogrel: for patients advised to stop medication

- You should stop **Clopidogrel seven days** before the Endoscopy.

Other anticoagulant medication:

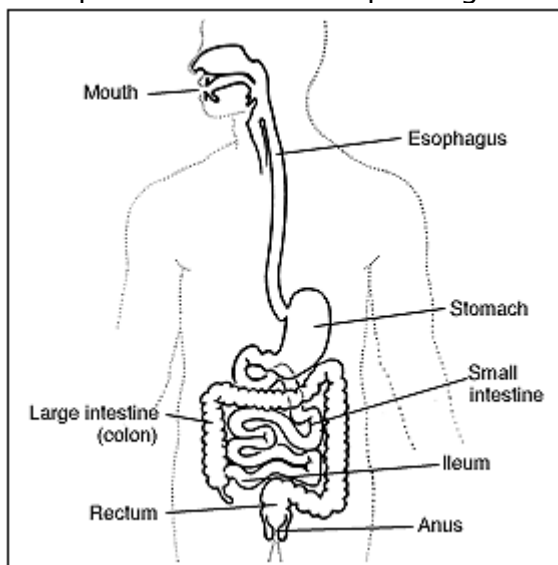
Acenocoumarol, sinthrome, phenindione, dindevan: If you are taking any of these please contact the Endoscopy department 01223 216515

What is gastroscopy and colonoscopy?

Your doctor has requested this procedure to help investigate and manage your medical condition.

These procedures allow the endoscopist to look directly at the lining of the stomach and bowel. Gastroscopy is the examination of the oesophagus (gullet) stomach and first part of the duodenum. Colonoscopy is the examination of the colon, also called the large bowel or intestine. The last part of the colon leads into the rectum where faeces (stools) are stored before passing out of the anus (back passage).

These procedures involve passing narrow flexible instruments either through the



mouth into the stomach or through the anus into the bowel to examine the lining. This allows us to see if there are any problems such as inflammation, ulcers or polyps (a polyp is a bit like a wart). Together these procedures take about 40 minutes but times vary considerably. If it takes longer, please do not worry.

Sometimes it is helpful to take a sample (biopsy) of the lining. A small instrument, called forceps, passes down the endoscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead). This sample is sent to the laboratory for

analysis. It is also possible to remove polyps in a similar way. Most people find this completely painless.

Getting ready for the procedures

You should expect frequent bowel movements starting within three hours of the first dose of the bowel preparation. It is advisable to stay at home the day you take the bowel preparation and stay close to a toilet; make sure you have plenty of fluids in the house before taking the preparation. Drink as much clear fluid as possible, but remember to stop four hours before your appointment

On arrival at the department, we will explain the procedure to you and ask you to sign a consent form. You can change your mind about having the procedures at any time.

Before the procedure we will give you a sedative (by injection into a vein) to make you feel relaxed and sleepy. The sedative will not put you to sleep (this is **not** a general anaesthetic). In addition, we will also give you some pain relief.

The sedative will continue to have a mild effect for up to 24 hours and may leave you unsteady on your feet for a while.

You **must** arrange for a responsible adult to come with you and wait to take you home. You will not be able to drive yourself. **If you come without an escort, we will have to cancel the procedure.** If you are using hospital transport, an escort is not required.

Additional information for people with a colostomy

If you have a colostomy, you may find the bowel preparation easier to manage if you use a drainable colostomy bag. These can be obtained by contacting the stoma care nurses on 01223 216505. If you have had a colostomy you may be able to have the procedure without sedation and hence will not need an escort. However, if you wish to have a sedative, you must be accompanied.

What happens during the procedures?

You will need to undress and put on a gown. We will do the gastroscopy first immediately followed by the colonoscopy. We will ask you to remove glasses, hearing aid and dentures and made comfortable on a couch lying on your left side. For your comfort and reassurance, a trained nurse will stay with you throughout the procedures. The endoscopist will give you the intravenous sedative injection. A plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels during both procedures.

Gastroscopy

To keep your mouth open so that you do not bite the endoscope during the procedure we put a plastic mouth guard between your teeth. The endoscope is passed through your mouth into your stomach. You may gag slightly at this point, which is quite normal and will not interfere with your breathing.

During the procedure, some air will be put in to your stomach so that the endoscopist will have a clear view; this may make you burp and belch a little.

Colonoscopy

Next, the endoscopist will gently insert the colonoscope through your anus into your colon. During the procedure, air is passed into your colon to give a clear view of its lining. You may experience some wind-like pains, but they should not last long.

At this time, you might feel as if you need to go to the toilet. This is a perfectly natural reaction but as the bowel will be empty there is no need to worry. There may be periods of discomfort as the tube goes around bends in the bowel. If you find the procedure more uncomfortable than you would like, please let the nurse know and we will give you some more sedative or pain relief. In order to make the procedure easier you may be asked to change position (for example roll onto your back). However, if you make it clear that you are too uncomfortable we will stop the procedure.

There may be periods of discomfort as the tube goes around bends in the bowel. Usually these will ease once the bend has been passed. If you are finding the procedure more uncomfortable than you would like, please let the nurse know and you will be given some more painkiller or sedation. In order to make the procedure easier you may be asked to change position (for example roll onto your back). When the procedure is finished, the tube is removed quickly and easily.

Minimal restraint may be appropriate during either of the procedures. However if you make it clear that you are too uncomfortable the procedures will be stopped.

Potential risks

Taking the bowel preparation might prevent the absorption of the oral contraceptive pill. Additional contraceptive precautions should be taken until the next period begins.

Gastroscopy procedures carry a very small risk (one in 10,000 cases) of haemorrhage (bleeding) or perforation (tear) of the gut following which surgery may be necessary. There may be a slight risk to teeth, crowns or dental bridgework; you should tell the nurses if you have any of these.

Colonoscopy procedures carry a small risk (one in 1000 cases) of bleeding or perforation (tear) to the bowel. These are more likely to occur after the removal of a polyp. On very rare occasions this may require an operation which may involve making a temporary opening (called a stoma) in the abdomen to allow the passage of waste (faeces).

Removing a polyp can sometimes cause bleeding although this is usually stopped during the procedure. Occasionally bleeding may occur when a patient has gone home and, even more rarely, some of these people may need a blood transfusion. Another rare complication is an adverse reaction to the intravenous sedative and pain relief medication.

Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and an adverse reaction to the intravenous sedative and analgesic drugs.

After the procedures

Following the procedures, we will take you until the sedation wears off. We will always do our best to respect your privacy and dignity, for example, with the use of curtains. If you have any concerns, please speak to the department sister or charge nurse.

When you are sufficiently awake, we will give you a drink before you get dressed. You can then go home; this may be up to an hour following the procedure.

We advise you not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for a 24 hour period after the procedure. We also advise you to have a responsible adult stay with you for the next 12 hours. You can eat and drink as normal.

You may feel bloated and have some wind-like pains if some of the air remains in your bowel; these usually settle down quickly.

If you experience any of the following please contact your GP, the Endoscopy Department 01223 216515 or the Emergency Department 01223 217118 for further advice:

- severe pain
- black tarry stools
- persistent bleeding

When will I know the result?

The endoscopist will tell you the results immediately after the procedure. It is a good idea to have someone with you when you talk to the endoscopist because the sedation can affect your ability to remember the discussion.

Final results from biopsies or polyp removals will be given to you by either the healthcare professional who requested the procedure at a clinic appointment or by letter. These results can take several weeks to come through. You should discuss details of these results and any further treatment with that person.

Alternatives:

In some cases, depending on individual factors such as the symptoms present and the condition being investigated, there may be alternatives to having a gastroscopy and colonoscopy. These may include:

- a barium meal and or enema.
- a Computerised Tomography (CT) colon scan.
- ultrasound.

For more information:

- Contact the Endoscopy Office between 09:00 and 17:00 on 01223 216546.
- See www.addenbrookes.org.uk/consent

Patients with diabetes who have morning appointments (before 13:00)

Please follow these instructions if your procedure is in the **morning**. For any diabetes related questions during bowel preparation, please contact your GP or the diabetes specialist nurses on 01223 245151 bleep 152078.

Food & Drink

You should not eat anything on the day you take your bowel preparation and should continue without food until after your procedure. However, you must drink as much as possible during this time. Drink at least a glass full of clear fluids every hour during your bowel preparation, so that you do not become dehydrated.

Make sure you have some sugary drinks available e.g. Lucozade 100ml, apple or grape juice 200ml. **Drink these if your blood sugar drops below 4.** Ensure that your bedtime blood sugar is **at least 10.**

Test your blood sugar regularly throughout the day. Continue drinking on the day of your procedure.

Insulin – taken once daily

No change to insulin dose necessary

Insulin - taken twice daily

Day before procedure

- take ½ your normal insulin both times you inject, with a sugary drink.

Day of procedure

- do not take your normal morning insulin. Bring it with you plus something to eat
- after your procedure take ½ your normal morning insulin with something to eat
- take your normal evening insulin dose.

Insulin – taken 4 times a day

Day before procedure

- do not take any quick acting insulin.
- take your normal bedtime insulin unless you take **Insulatard** or **Humulin I**. If so, reduce these by 1/2.

Day of procedure

- do not take your normal morning insulin.
- after your procedure take your normal short acting lunchtime insulin with food
- take your normal evening and bedtime insulin doses.

Tablets for diabetes

Day before procedure

- do not take any diabetic tablets.

Day of procedure

- do not have your morning tablets. Restart tablets at the next dose after your procedure.

Diabetes patients with afternoon appointments

Please follow these instructions if your procedure is in the **afternoon**. For any diabetes related questions during bowel preparation, please contact your GP or the diabetes specialist nurse on 01223 245151 bleep 152078.

Food & Drink

Day before procedure

FOOD: You may have breakfast & lunch. Do not have any further food until after the procedure.

DRINK: Drink as much as possible. Drink at least a full glass of clear fluids every hour during bowel preparation to prevent dehydration. Make sure you have sugary drinks available, e.g. Lucozade (100ml), apple or grape juice (200ml). **Drink these if your blood sugar drops below 4. Ensure your bedtime blood sugar is at least 10.** Test your blood sugar regularly throughout the day.

On the day of the procedure

FOOD: do not eat until after your procedure.

DRINK: continue drinking.

Insulin and Tablets

Insulin – taken once daily

Day before and on the day of procedure: no change to dose needed.

Insulin - taken twice daily

Day before procedure

- take normal morning insulin with breakfast.
- take ½ normal evening insulin with a sugary drink.

Day of procedure

- take ½ normal morning insulin with a sugary drink.
- take normal evening insulin dose. Eat as normal.

Insulin – taken four times a day

Day before procedure

- take your normal morning and lunchtime insulin doses with food.
- do not take any quick acting insulin at supper time
- take your normal bedtime insulin dose unless you take **Insulatard** or **Humulin I**. If so, reduce these by 1/2. Do not have a bedtime snack.

Day of procedure

- do not take any morning or lunchtime quick acting insulin
- you may take your long acting insulin in the morning as normal
- after your procedure take your normal evening and bedtime insulin doses with food.

Tablets for insulin

Day before procedure: take your normal morning tablets. Do not take any evening tablets.

On the day: do not have your morning tablets. Restart tablets at next dose after procedure.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem patient.information@addenbrookes.nhs.uk

Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: patient.information@addenbrookes.nhs.uk

Cantonese

如您需要以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 patient.information@addenbrookes.nhs.uk

Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasinlar: 01223 216032 veya patient.information@addenbrookes.nhs.uk

Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشینٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے: 01223 216032 یا patient.information@addenbrookes.nhs.uk کی درخواست کریں:

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পোতে চান তাহলে 'প্যাশেন্ট ইনফরমেশান' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

Document history

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