

Endoscopy Department

Gastroscopy and flexible sigmoidoscopy with full bowel preparation

Important Information

Before your appointment

- Follow the enclosed bowel preparation instructions carefully because your lower bowel must be completely empty of waste material to allow the endoscopist to have a clear view. Drink as much fluid as you can, up to four hours before your procedure.
- Stop taking iron tablets seven days before the procedure. All other medication should be taken as normal.
- If you are taking **Warfarin** please read the '**Alert for patients on Warfarin**' carefully as you may need to have an INR test seven days before.
- People with **diabetes** should have additional instructions (contact the department on 01223 216546 immediately if missing).
- If you have any queries about the procedures or find that you cannot keep this appointment, please contact the Endoscopy Office between 0900 and 1700, telephone: 01223 216546.

On the day

- Have **nothing to eat for six hours and nothing to drink for four hours** before your procedure.

At the hospital

- If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure.
- Please come to the Endoscopy Department, which is on Level three of the Addenbrooke's Treatment Centre (ATC).
- Use the 'Patient and Visitor Treatment Centre Car Park', which is opposite the main entrance of the ATC. Take your parking ticket (which is issued at the car park entrance) to the reception desk in the ATC. The receptionist will validate the ticket so that you pay a reduced outpatients rate for your parking. Bring your appointment letter with you.
- **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 expect it to be anything from two to four hours or more. Please ask your admitting nurse for further information during your admission check.

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

What is gastroscopy and flexible sigmoidoscopy?

These procedures allow the endoscopist to look directly at the lining of both the upper (gastroscopy) and lower gut (flexible sigmoidoscopy). The lower gut is the sigmoid colon, this is part of the large intestine (or colon) closest to the rectum (back passage).

The upper gut consists of the oesophagus (gullet), stomach and duodenum (part of the small intestine joining the stomach).

Long flexible tubes called endoscopes are used to perform these procedures. The endoscope is about the thickness of your index finger, with a light at the end. To examine the upper gut an endoscope is passed into your mouth and on down the gullet (oesophagus) and stomach into the duodenum. To examine the lower gut, the endoscope is passed through the anus (back passage) and into the colon (large bowel). The lining of the gut can be checked to see there are any problems such as ulcers or inflammation.

Sometimes it is helpful to take a biopsy – a sample of the lining of the gut. This is done by passing a small instrument called forceps through the endoscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead) which is sent to the laboratory for analysis. In a similar way it is also possible to remove polyps (abnormal pieces of tissue that look like skin warts), this is painless.

Together the procedures usually take about 20 minutes but times vary considerably. If it takes longer, you should not worry.

Getting ready for the procedure

On arrival, the procedure will be explained and you will be asked to sign a consent form. We want to make sure that you understand the procedures and their implications.

Remember, you can change your mind about having the procedure at any time.

Sedatives

There are two options for these procedures:

1. **No sedation option:** However, for the gastroscopy, which will be done first you will be given a local anaesthetic spray to the back of your throat. This will make it numb so that you cannot feel the endoscope. The numbness will last for about half an hour. The advantage is that you can leave as soon as you have talked to the endoscopist and resume your normal activities, for example working, driving. You will be fully aware of the procedures. Most patients find this acceptable and not too unpleasant.

2. **Intravenous sedation option:** An intravenous injection is given into a vein to make you feel relaxed and sleepy but not unconscious (this is **not** a general anaesthetic). This option means you may not be aware of the procedures.

The disadvantages of this option are:

- a) You will need to stay whilst you recover which may take up to an hour or more.
- b) You will need to be escorted home.
- c) The injection will continue to have a mild sedative effect for up to 24 hours and may leave you unsteady on your feet for a while.

If you choose sedation you **must** arrange for a responsible adult to come with you, wait with you and then take you home. You will not be able to drive. Altogether, you and your escort may be in the department for up to two hours. If you come without someone, the procedure will be cancelled. If you are using hospital transport, an escort is not required.

During the procedures

The first procedure will be the gastroscopy immediately followed by the flexible sigmoidoscopy. For your comfort and reassurance, a trained nurse will stay with you throughout the procedures. In the procedure room, you will be asked to remove false teeth, glasses and made comfortable on a couch lying on your left side.

A plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels during both procedures. If you choose the intravenous sedation option, the endoscopist will give you the injection.

Gastroscopy

To keep your mouth open so that you do not bite the endoscope during the gastroscopy, a plastic mouth guard will be put gently between your teeth.

When the endoscopist gently passes the tube through your mouth you may gag slightly, this 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. The air is removed at the end. When the procedure is finished, the tube is removed quickly and easily.

Flexible Sigmoidoscopy

Next, we gently pass a flexible endoscope through your anus into your colon (large bowel). Air is put into your colon, this can give you some wind-like pains, but they will not last long. At this time, you might feel like you need to go to the toilet. Because of the bowel preparation you gave yourself, your bowel will be empty and so you will only pass some wind.

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. 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 problems

Gastroscopy procedures carry a very small risk (1 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.

Flexible sigmoidoscopy procedures carry a very small risk (1 in 5,000 cases) of haemorrhage (bleeding) or perforation (tear) to the bowel. These are more likely to occur after the removal of a polyp. Perforations usually need to be repaired with an operation, and might require a temporary stoma (which involves the bowel being brought out through the skin of the tummy so that stool passes into a bag). Sometimes the base of a polyp can bleed; this can usually be stopped through the sigmoidoscope. Occasionally we need to admit a patient who has bled at home and requires a blood transfusion.

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.

If you have any of the following you should contact your GP, the Endoscopy department or the Accident and Emergency department.

- severe pain,
- black tarry stools
- persistent bleeding

After the procedures

If unsedated, you may go home immediately after the procedure.

If you had sedation you will be taken to a recovery area. When you are sufficiently awake, you will be given a drink before getting dressed. You can then go home; this may be up to an hour following the procedure. You are advised not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for the next 24 hours. You are also advised to have a responsible adult to stay with you for the next 12 hours.

You may feel a little bloated and have some wind-like pains because of the air in your gut; these usually settle down quickly.

When do I know the result?

The endoscopist will be able to tell you the results immediately after the procedure. If you had sedation, it is a good idea to have someone with you when you talk to the endoscopist because the sedation can make you forget what has been discussed.

If biopsies were taken or polyps removed you will be told the final diagnosis by the team who requested the colonoscopy (in the clinic or by letter to you or your GP). These results may take several weeks to come through.

Details of the results and any further treatment should be discussed with the doctor who recommended you for these procedures.

Training doctors and other health professionals is essential to the continuation of the National Health Service, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can, however, decline to be involved in the formal training of medical and other students: this won't affect your care and treatment.

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 flexible sigmoidoscopy. These may include:

- a barium meal and or enema,
- a CT scan,
- ultrasound.

For more information:

- Contact the Endoscopy Office between 0900 and 1700, telephone:01223 216546.
- See www.addenbrookes.org.uk/consent



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

Document History

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