

Endoscopy Department

Enteroscopy

with and without Argon Plasma Coagulation (APC)

Important information

Before your appointment

- If you are taking **Warfarin** please read the 'Alert for patients on Warfarin' overleaf as you may need to have an INR test seven days before.
- If you have **diabetes** please read the advice for patients with diabetes on page six and seven.
- All other medication should be taken as normal.
- If you have any questions about the procedure or find that you cannot keep this appointment please contact the Endoscopy Office between 09:00 and 17:00 on 01223 257080

On the day

- Have **nothing to eat for six hours and nothing to drink for three hours** before your appointment.

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.

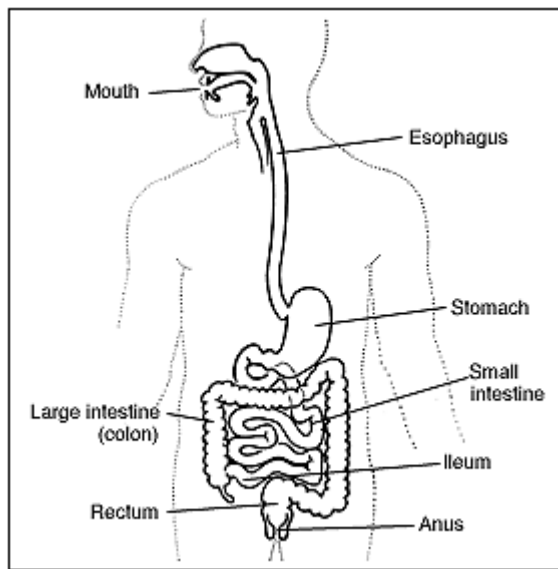
Other anticoagulant medication :

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

What is an enteroscopy?

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

An Enteroscopy is a procedure that allows the endoscopist to look directly at the lining of the upper gut in particular the area beyond the stomach known as the small bowel or small intestine. The procedure involves passing a narrow flexible instrument through your mouth, into the gullet (oesophagus) and then into the stomach,



duodenum and beyond to examine the lining. This allows us to see if there are any problems such as ulcers or inflammation. The procedure can take between 5 and 15 minutes.

Sometimes a more specialised instrument called a 'balloon enteroscope' is required. It looks almost identical to other enteroscopes; but has a special attachment to allow the enteroscope to be passed further into the small intestine; this procedure takes longer. Enteroscopy is useful in treating bleeding problems with Argon Plasma Coagulation (APC), which is like a laser, dilating strictures (stretching parts of the small

bowel that have narrowed) and removing polyps.

Sometimes it is helpful to take a sample (biopsy) of the lining of the gut. A small instrument, called forceps, passes through the enteroscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead) which is sent to the laboratory for analysis. Most people find this completely painless.

Getting ready for the procedure

Wear loose fitting washable clothing and leave valuables and jewellery at home.

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 procedure at any time.

Before the procedure, we will give you a sedative by intravenous injection to make you feel relaxed and sleepy. The sedative will not put you to sleep (this is **not** a general anaesthetic – although occasionally one is necessary for a particular type of enteroscopy which will have already been discussed with you).

The sedative will continue to have a mild sedative 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.

During the procedure

We will ask you to remove false teeth and glasses and make you comfortable on a couch lying on your left side. To keep your mouth open so that you do not bite the enteroscope, a plastic mouth guard will be put gently between your teeth. We will put a plastic 'peg' on your finger to monitor your pulse and oxygen levels. A sticky pad will be placed on your upper thigh to connect you to the APC equipment if required. For your comfort and reassurance, a trained nurse will stay with you throughout.

When the endoscopist gently passes the enteroscope through your mouth you may gag slightly, this is quite normal and will not interfere with your breathing. During the procedure some air is put into your stomach so that the endoscopist will have a clear view and this may make you burp and belch a little. Some people find this unpleasant. The air is removed at the end of the procedure.

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

Potential risks

Enteroscopy involves a very small risk (1 in 1,000 cases) of haemorrhage (bleeding) or perforation (tear) to the gut following which surgery may be necessary. This risk is higher when it is necessary to pass the enteroscope further down the small intestine and if treatments such as APC or removing polyps are necessary. There may be a slight risk to teeth, crowns or dental bridgework. You should tell the nurses if you have any of these. 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 drugs.

After the procedure

Following the enteroscopy we will take you to a recovery area while the sedation wears off. We will always do our best to respect your privacy and dignity, such as 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 go home. 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.

Afterwards, the back of your throat may feel sore for the rest of the day and you may feel bloated if some of the air remains in your stomach. Both these discomforts will pass and need no medication.

After your procedure, if you have any of the following problems you should contact your GP, the Endoscopy department 01223 216515 or the Accident and Emergency department 01223 217118

- 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.

If you had a biopsy the final result 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 or your GP.

Alternatives:

In some cases, depending on individual factors such as the symptoms present and the condition being investigated, there may be alternatives to having an enteroscopy.

These may include:

- a barium studies,
- a CT scan,

For more information:

- Contact the Endoscopy Office between 09:00 and 17:00 on 01223 257080
- See www.addenbrookes.org.uk/consent

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

Please follow these instructions if you have diabetes that is controlled with insulin or tablets.

If you have any questions related to your diabetes during this preparation, please contact your GP or the diabetes specialist nurse on 01223 245151 bleep 152078

Food and Drink

- Do not eat for six hours prior to your appointment
- Do not drink for three hours prior to your appointment
- Test your blood glucose regularly. If it drops below four, please treat with a sugary drink such as lucozade 100ml, apple or grape juice 200ml, until your level is 5.
- After your procedure you may eat and drink normally unless specifically told otherwise

Insulin please adjust your normal insulin doses as instructed below

If you take insulin **once** daily

- No change to insulin dose necessary

If you take insulin **twice** daily

- Do not have your morning insulin. Bring it with you, plus something to eat
- If you are able to eat before 11:00, have your normal morning dose with food
- If you are able to eat after 11:00, have ½ your normal morning dose with food
- Have your normal evening dose

If you take insulin **four times** daily

- Do not have your morning insulin. Bring it with you, plus something to eat
- If you are able to eat before 11:00, have your normal morning dose with food
- If you are able to eat after 11:00, omit your breakfast dose and have your normal lunchtime dose with food
- Have your normal tea time and bedtime evening doses

Tablets please adjust your normal tablet doses as instructed below

If you take **tablets** for diabetes

- Do not have your morning diabetic tablets
- After your procedure, re-start your tablets at the next dose time

Diabetes patients with afternoon appointments (after 13:00)

Please follow these instructions if you have diabetes that is controlled with insulin or tablets.

If you have any questions related to your diabetes during this preparation, please contact your GP or the diabetes specialist nurse on 01223 245151 bleep 152078

Food and Drink

- Do not eat for six hours prior to your appointment.
- Do not drink for three hours prior to your appointment.
- Test your blood glucose regularly. If it drops below four, please treat with a sugary drink such as lucozade 100ml, apple or grape juice 200ml until your level is 5.
- After your procedure, you may eat normally unless specifically told otherwise.

Insulin please adjust your normal insulin doses as instructed below

If you take insulin **once** daily

- No change to insulin dose necessary

If you take insulin **twice** daily

- Have your normal morning insulin dose unless your breakfast is smaller than usual. If so, reduce your normal dose by 1/2.
- Have your normal evening dose.

If you take insulin **four times** daily

- Have your normal morning insulin.
- Do not have your lunchtime insulin.
- Have your normal tea time and bedtime evening doses.

Tablets please adjust your normal tablet doses as instructed below

If you take **tablets** for diabetes

- Do not have your morning diabetic tablets.
- After your procedure, re-start your tablets at the next dose time.



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 کی درخواست کریں: 01223 216032 یا patient.information@addenbrookes.nhs.uk

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পেতে 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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