

# Endoscopy Department

## Ileoscopy

### Important information

#### Before your appointment

- If you take **Warfarin** please read the '**Alert for patients on Warfarin**' overleaf as you may need to have an INR test seven days before.
- 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 9:00 and 17:00 on 01223 257080.

#### On the day

- Do not have any food for **six hours before** but you should continue to drink anything you like 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 it 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

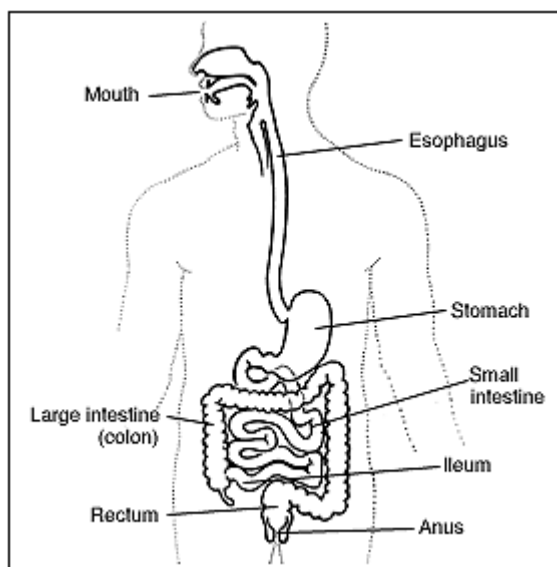
- You should stop **Clopidogrel seven days** before the Endoscopy.

## Other anticoagulant medication :

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

## What is an ileoscopy?

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



An ileoscopy is the examination of the bowel through the stoma, which was created during your operation, with a narrow flexible instrument that can be guided around the various bends. The lining of the bowel can be checked to see if there are any problems such as inflammation or polyps (a polyp is a bit like a wart). The procedure usually takes 20 minutes but times vary considerably. If it takes longer, you should not worry.

Sometimes it is helpful to take a sample (biopsy) of the lining of the bowel. A small instrument called forceps passes 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, this is painless.

## Getting ready for the procedure

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

On arrival to 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. You can choose to have the procedure with or without sedation.

**No sedation option:** Most people who have an ileoscopy do not have a sedative. The advantage is that you are awake during the procedure and can talk to the endoscopist. You will be able to leave as soon as it is completed 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.

**Intravenous sedation option:** An intravenous injection is given 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 procedure.

The disadvantages of this option are:

- You will need to stay whilst you recover which may take up to an hour or more.
- You will need to be escorted home.
- 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, 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.

## What happens during the procedure

We will make you comfortable on a couch lying on your back. For your comfort and reassurance, a trained nurse will stay with you throughout.

The endoscopist may give you the injection of sedation at this point. If so we will give extra oxygen through a facemask and put a plastic 'peg' on your finger to monitor your pulse and oxygen levels.

The endoscopist will then gently insert the enteroscope through your stoma into your bowel. During the procedure, air is put into your bowel to give a clear view of its lining. This can give you some wind-like pains, but they will not last long.

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 find the procedure more uncomfortable than you would like, please let the nurse know and you can be given **some/more** sedative or pain relief. If you make it clear that you are too uncomfortable the procedure will be stopped.

## Potential risks

Ileoscopy procedures carry a small risk (considerably less than one in 1000 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. Sometimes the base of a polyp can bleed although this is usually stopped during the procedure. Occasionally a patient who bleeds severely may require a blood transfusion. A rare complication is an adverse reaction to the intravenous sedative and analgesic drugs.

## After the procedure

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, we will give you a drink before you get dressed. We will always do our best to respect your privacy and dignity, such as with the use of curtains. If you have any concerns, please speak to the department sister or charge nurse.

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 the 24 hour period after the procedure. We also advise you to have a responsible adult stay with you for the next 12 hours.

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 have any of the following you should contact your GP, the Endoscopy Department 01223 216515 or the Accident and Emergency Department 01223 217118 for further advice.

- severe pain,
- persistent bleeding

## **When will I know the result?**

The endoscopist will be able to tell you the results immediately after the procedure. If you have had sedation it is a good idea to have someone with you when you talk to the endoscopist as the sedation can affect your ability to remember the discussion.

If biopsies were taken or polyps removed, you should receive the final diagnosis either from the healthcare professional who requested the procedure in the clinic or by letter to you or your GP. These results may 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 ileoscopy. These may include:

- a barium follow through,
- a CT scan.

## **For more information:**

- Contact the Endoscopy Office between 9:00 and 17:00 on 01223 257080.
- See [www.addenbrookes.org.uk/consent](http://www.addenbrookes.org.uk/consent)



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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) یا 01223 216032

## 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](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

## Document history

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Contact number	01223 216515
Publish/Review date	February 2010/February 2013
File name	Ileoscopy
Version number/Ref	1/PIN2570