

Endoscopy Department

Pouchoscopy

for outpatients

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 procedures 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

- 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 of your bowel.
- You may eat and drink as normal.

At the hospital

- Please come to the Endoscopy department, which is 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 a Pouchoscopy?

Your doctor has requested these procedures to help investigate and manage your medical condition.

Pouchoscopy is a procedure that allows the endoscopist to look directly at the lining of your ileoanal pouch (small bowel) made at the time of your operation.

We use a flexible tube called an endoscope to perform this procedure. The endoscope is put through the anus (back passage) and into the pouch. This allows us to see if there are any problems such as ulcers, inflammation or polyps (a polyp is a bit like a wart). The procedures usually take about 10 minutes but times vary considerably. If it takes longer, you should not worry.

Sometimes it is helpful for diagnosis to take a sample (biopsy) – a sample of the lining of the pouch. A small instrument called forceps passes through 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 painless.

Getting ready for the procedure

Bowel preparation to be completed three hours before leaving home.

Use the enclosed enema.

Follow the instructions enclosed with the enema.

Hold the liquid inside you for as long as possible, preferably five minutes.

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

There are two options for this procedure:

No sedation option: 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.

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 procedures.

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

You will need to undress and put on a gown. We will ask you if you want to remove any glasses and make you comfortable on a couch lying on your left side with your knees bent. For your comfort and reassurance, a trained nurse will stay with you throughout the procedure.

A plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels during the procedure. We will give additional oxygen through a facemask if a sedative is used.

The endoscopist will then gently insert the endoscope through your anus into your pouch. Air is passed into your pouch to give a clear view of its lining. You may experience some wind like pains but they should not last long. You may also feel as if you need to go to the toilet, this is perfectly natural but as your pouch is empty there is no need to worry.

There may be periods of discomfort as the tube goes round 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). However if you make it clear that you are too uncomfortable the procedure will be stopped.

Potential risks

Pouchoscopy procedures carry a very small risk (one in 5,000 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 (stoma) to allow the passage of waste.

Removing a polyp can sometimes cause it to 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.

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.

- severe pain,
- black tarry stools
- persistent bleeding

After the procedure: your privacy and dignity

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

Following the procedure if you had **sedation** 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 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. We also advise you 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 colon; these usually settle down quickly.

When will I know the result?

The endoscopist will 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 affect your ability to remember the discussion.

If you had a biopsy or a polyp removed, you should receive the final diagnosis either from the healthcare professional who requested the procedure or by letter. 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 pouchoscopy.

These may include:

- a barium meal and or enema,
- 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



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

Authors	Q Tuffnell, Mr J Davis
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number	01223 216515
Publish/Review date	February 2010/February 2013
File name	Pouchoscopy
Version number/Ref	1/PIN2571