

Endoscopy Department

Gastroscopy and flexible sigmoidoscopy with full bowel preparation

Important Information

Before your appointment

- Follow the enclosed bowel preparation instructions carefully. Your lower bowel must be completely empty 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 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 8 and 9.
- 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

- After taking the first dose of bowel preparation do not eat any food but drink as much as you can up to **for four hours** before your appointment.
- If you are having sedation 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 the ATC reception to obtain discount 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 expect it to 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:

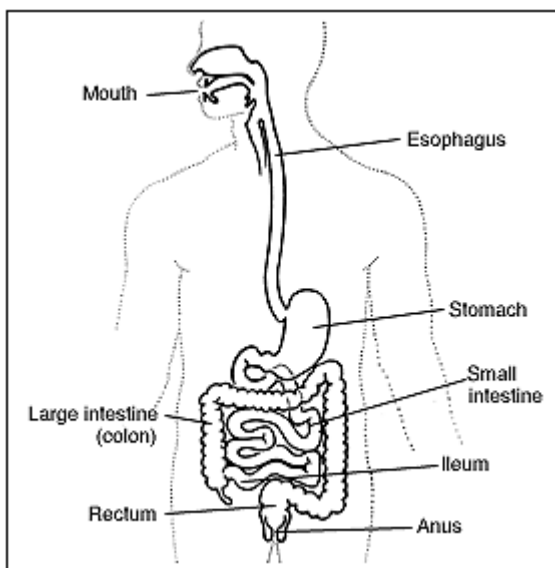
Acenocoumarol, sinthrome, phenindione, dindevan: If you are taking any of these please contact the Endoscopy department 01223 216515.

What is gastroscopy and flexible sigmoidoscopy?

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

Gastroscopy is an examination of the upper gut which includes the oesophagus (gullet) the stomach and the first part of the duodenum. A flexible sigmoidoscopy is an examination of part of the large bowel (colon), which is closest to the rectum (back passage).

These procedures involve passing a narrow flexible instrument either through the mouth into the stomach or through the anus into the bowel to examine the lining in



these areas. This allows us to see if there are any problems such as inflammation or polyps (a polyp is a bit like a wart).

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

Sometimes it is helpful for diagnosis to take a sample (biopsy) of the lining of the gut. 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 is

sent to the laboratory for analysis. It is also possible to remove polyps in a similar way. Most people find this is painless.

Getting ready for the procedure

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.

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

Sedatives

There are two options for these procedures:

1. No sedation option: However, for the gastroscopy, which will be done first we will spray local anaesthetic 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. The sedative will not put you to sleep (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 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 procedures

The first procedure will be the gastroscopy immediately followed by the flexible sigmoidoscopy. You will need to undress and put on a gown. We will ask you remove glasses, hearing aid, false teeth and made 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 procedures.

If you have chosen sedation we will give you oxygen and put a plastic 'peg' on your finger to monitor your pulse and oxygen levels.

Gastroscopy

To keep your mouth open and to stop you from biting the gastroscopy we will put a mouth guard gently between your teeth. As the tube is passed 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 this may make you burp and belch a little.

Flexible Sigmoidoscopy

An endoscope is passed 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. This is a perfectly natural reaction but as the bowel is 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. In order to make the procedure easier you may be asked to change position (for example roll onto your back).

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

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.

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

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. 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.

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 pain relief medication.

After the procedures

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

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, 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 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 can eat and drink as normal.

You may feel a little bloated and have some wind-like pains because of the air in your gut; 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
- black tarry stools
- persistent bleeding

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.

Final results from biopsies or polyps removed 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 presenting condition an alternative may be:

- a barium meal
- ultrasound.
- a Computerised Tomography (CT) scan

For more information:

- Contact the Endoscopy Office between 09:00 and 17:00 Monday to Friday, telephone: 01223 257080.
- 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 such as 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, such as 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 4 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 diabetes

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 arasınlar: 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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