

Colonoscopy and Gastroscopy

This booklet contains details about your appointment, information about the examination and preparation.

PLEASE READ THIS LEAFLET CAREFULLY, AS FAILURE TO FOLLOW THE INSTRUCTIONS MAY RESULT IN YOUR PROCEDURE BEING CANCELLED ON THE DAY.

Checklist

- - Note appointment date and time.
 - Read all procedure information.
 - Stop Iron tablets 7 days before procedure.
 - Telephone the booking number straightaway
 - if you have not been advised about anticoagulation you will need to be advised by an Endoscopy health professional before your procedure
 - If you have a pacemaker.
 - If tablet controlled diabetic.
- - Contact your diabetic nurse if taking insulin.
 - Arrange for someone to drive you home and stay with you for 24 hours if having conscious sedation.
 - Bring this booklet and consent form with you to your appointment.

Your appointment

Please write in your appointment date and time here

Date:

Time:

Salisbury District Hospital, Endoscopy booking office telephone 01722 345543

(8am – 5.30pm Monday – Friday)

If we are unable to answer your call please leave a message and we will call you back.

- If after reading this leaflet you have decided not to go ahead with your procedure please telephone the booking office immediately to cancel your appointment and contact the medical professional who requested your appointment to discuss your decision. Patients who do not attend their appointments cost the NHS approximately £450 per procedure. Please help us to use our NHS resources wisely. If you fail to attend without notifying us then you may not be offered another appointment.
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- Please telephone the above number if, due to unexpected circumstances, you are unable to keep your appointment. This will enable staff to arrange another date and time for you and give your appointment to someone else.
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- Your procedure may be **observed** by students. If you prefer not to have a student involved in your care please let us know.
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- Salisbury NHS Foundation Trust is an endoscopy training centre. We regularly have trainee endoscopists working on the unit. Please discuss any concerns or issues you may have with the admitting nurse.
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- On occasion company representatives may be present in the department for development purposes. If this is the case, you will be informed by 1 nursing staff when you are admitted. If you do not wish a representative to be present during your care please tell the admitting nurse.

Introduction

You have been advised to have a colonoscopy and gastroscopy to help investigate the cause of your symptoms or as part of planned surveillance.

A formal written consent is required before we can carry out your procedure. This booklet helps explain how the procedure is carried out and what the risks are. This will help you to make an informed decision when agreeing to the procedure and about whether to choose conscious sedation or gas & air alongside throat spray. The consent form is included with this booklet.

If there is anything you do not understand or anything you wish to discuss further, please discuss this with the admitting nurse. Bring the consent form with you and you can sign it after you have spoken to the admitting nurse.

The consent form is a legal document- please read it carefully.

What are a gastroscopy and a colonoscopy?

The examinations you will be having are called a colonoscopy and a gastroscopy. This is an examination of your large bowel (colon) through your back passage and your upper digestive tract through your mouth. It is carried out by (or under the direct supervision of) a trained healthcare professional called an Endoscopist.

These examinations are a very accurate way of looking at the lining of your large bowel and upper digestive tract, to establish whether there is any disease present. The instruments used are called endoscopes and are thin flexible tubes. The scope has a light and small camera in the tip which sends live images to a screen where it is viewed by the endoscopist as the scope is passed around your large bowel and upper digestive tract. For the colonoscopy part of this test you will be facing the screen and if you would like you can view your images. It is necessary to ask you to roll onto your back or right side sometimes at which point your view of the screen may be blocked.

During the examination the Endoscopist may need to take some small tissue samples, called biopsies; this is painless. The samples will be looked at under a microscope by a special doctor called a Pathologist. The tissue sample and associated clinical information will be kept. Excess tissue may be used for teaching or research purposes aimed at improving diagnosis and treatment of bowel diseases. This may benefit other patients in the future. If you do not wish us to keep the excess tissue for this purpose or have any questions or concerns, please ask the admitting nurse before signing the consent form. Images from the examinations will be retained in your healthcare notes.

What is a polyp?

A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the bowel wall by a stalk and look like a mushroom, some are flat without a stalk. If a polyp is found, or if we already know you have a polyp, it is usually removed by the endoscopist as it may grow and cause problems later. Polyps are removed or destroyed using a high frequency electrical current. This is painless. Alternatively, the endoscopist may take some samples for further examination. If the polyp is more complex you may need to have a further endoscopy to assess or remove it. You will be informed if this is the case.

What are the alternatives to gastroscopy and colonoscopy?

An alternative to a gastroscopy is a barium swallow or meal.

An alternative to a colonoscopy is a CT scan, but the disadvantage of these is that we cannot collect tissue samples that may be important for a diagnosis. This may mean that you will still need to have a gastroscopy and colonoscopy at a later date.

If you would like to discuss this option please speak to the person that requested the procedure. This alternative will not be available on the day of your test.

What are the risks?

Colonoscopy and gastroscopy are safe examinations for most people. Serious problems are rare. However, you need to weigh up the benefits against the risks of having the examination. There can be risks from having the examination itself as well as from the sedation. If you are elderly, frail or have certain pre-existing medical conditions these risks may be increased.

The main risks are:

- If a biopsy is taken or a polyp removed it can lead to bleeding or a perforation (a tear) of the gut. It might be necessary to admit you to hospital for treatment. This happens in less than 1 in 5,000 cases for colonoscopy and 1 in 3,000 for gastroscopy, rarely blood transfusions and/or surgery is needed. If surgery is needed it will be a major operation. This can involve a temporary stoma if in the large bowel.
- If we know before your colonoscopy that you have a large or difficult polyp, your endoscopist will discuss the risks with you in more detail.
- Aspiration – gastric juices or saliva entering the lungs. A small suction tube is used to minimise this risk during gastroscopy.

- Short term problems with breathing, heart rate and blood pressure (related to sedation or procedure). This happens to less than 1 in 200 people. We will monitor you carefully so that if any problems do occur they can be treated quickly. Older people and those with significant health problems (for example people with serious breathing difficulties or heart conditions) may be at higher risk of complications.
- Heart attack or stroke (related to sedation or procedure) – though this is rare.
- Damage to teeth or bridgework.
- The overall chance of missing something important such as a cancer is less than 1 in 2,500.
- The procedure may not be able to be completed and it may need to be repeated or other investigations arranged.

Pain relief options

We offer a choice of conscious (awake) sedation and pain relief given via a cannula or pain relief with Entonox (gas & air) and throat spray. As the gastroscopes have become thinner, many patients are happy for the examination to be carried out without conscious sedation and to have throat spray only. Throat spray is local anaesthetic which will wear off after about 1 hour. This is patient choice but if you have certain medical conditions your suitability will be assessed and discussed with you either by the admitting nurse or the endoscopist. These medications can help to keep you relaxed and more comfortable. If having conscious sedation and pain relief these will be injected into a cannula (thin tube) inserted into a vein in your hand or arm. **It will make you feel relaxed but will not put you to sleep.** You are likely to be aware of what is going on around you and will be able to follow simple instruction during the examination. Conscious sedation can affect your memory and could make you forget all or part of the procedures.

Entonox (gas and air) is an effective, quick acting pain relief which will wear off shortly after you stop breathing it in. You hold the Entonox mouthpiece during the colonoscopy procedure and can administer it to yourself as often as you wish. You will be able to drive after 20 minutes and do not need an escort, although you may prefer to have someone accompany you after your examination. We will be monitoring your breathing and heart rate throughout the examination.

If you choose conscious sedation you will not be allowed to drive home. You must arrange for a responsible adult to collect you. The nurse will need to be given their telephone number so we can contact them when you are ready to go home.

You will need a responsible adult to stay with you for 24 hrs after your procedure. However if this is not possible you may not be able to have conscious sedation and may be offered pain relief with Entonox and throat spray.

There will be the opportunity to discuss conscious sedation or Entonox and throat spray with the admitting nurse when you are booked in to the endoscopy unit.

Bowel preparation instructions

To allow a clear view during the procedure the bowel must be cleaned using a special preparation. You should have received your bowel preparation and full instructions on how to take it. This will also include what you can eat and drink before the procedure.

Please follow the instructions on the Salisbury NHS foundation Trust leaflet not the manufacturer's information.

7 days before the examination

Stop taking Iron tablet. This is because iron tablets may make it difficult to clean the bowel effectively and may affect viewing the lining clearly.

4 days before the examination

- Stop taking constipating agents e.g. Lomotil, Imodium, codeine phosphate, etc.
- Stop taking any stool bulking agents e.g. Fibrogel, Regular, Proctofibre
- Continue with all other medication until your appointment unless advised otherwise by an endoscopy nurse.
- At this point you may have received your pre admission check with a nurse, either in person or over the telephone. Please make sure, if this has been arranged, that you are available at the time specified on your letter.

What about my medicines?

You should continue to take all your routine medicines unless instructed otherwise at your pre-assessment appointment by telephone or in a letter from the endoscopy unit– **with the exception of iron tablets and stool bulking agents (as previously explained)**

Patients with Diabetes

If you use insulin please telephone your diabetic nurse for instructions about your medication

If you use tablets only, this will be discussed at your pre-admission appointment.

Taking Warfarin, Clopidogrel, Dabigatran, Rivaroxaban or Apixaban or medication you have been told thin the blood.

- You may require a blood test before your procedure.
- If you have not already been informed by telephone or letter please telephone the Endoscopy booking office at least 2 weeks before your appointment.
- You may be asked to stop these medications but this must first be checked with an Endoscopy health professional. After you have telephoned to tell us, a nurse from endoscopy will telephone you back to advise you or you may be told during your pre-assessment.
- Please do not stop your Aspirin if you take it.

If you take oral contraceptives the diarrhoea caused by the bowel preparation may reduce their effectiveness. Continue taking oral contraceptives but use other precautions for the remainder of that cycle.

What to bring with you

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Please bring a dressing gown and slippers with you. Please leave all valuables at home. The hospital cannot accept responsibility for these items. You may wish to bring a snack with you for on the way home, especially if you have special dietary requirements.

What happens when I arrive in the Endoscopy unit?

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Please book in for your procedure at the CT/MRI reception. **The time on your appointment letter is the time you will be admitted in to the Endoscopy unit. Please remember that your appointment time is not the time you will have your procedure. There will be a waiting time between your admission and having your procedure.** Soon after you arrive you will be admitted by a nurse who will go over your health questionnaire with you. This is to confirm that you are fit enough to undergo the procedure. The nurse will record your blood pressure, heart rate and oxygen levels. If you are diabetic, your blood glucose level will be checked. **If there are concerns about your health when you are admitted, your procedure may need to be postponed to reduce any risks of complications during or after the procedure.**

The nurse will check you understand the procedure and will be able to answer any further questions or concerns you have. When you are comfortable, you will be asked to sign the consent form. By signing this form you will have agreed to have the test performed and that you understand why it is needed. This does not take away your right to have the examination stopped at any time.

You will be asked about your arrangements for getting home after your procedure. If you decide to have conscious sedation, you must be accompanied home and have a responsible adult stay with you overnight (see page 4/5).

You will be asked to take a seat in the admission area. A nurse will show you where to change just before your procedure. Please remain within the changing cubical until collected by the procedure room nurse. This is to maintain your privacy and dignity and that of other patients within the unit.

What happens during the procedures?

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You will be collected from the changing cubicle. A safety checklist will be completed and you will have the opportunity to ask any final questions. If you are having conscious sedation, a cannula will be placed in a vein in your hand or arm. If having throat spray it will be administered before you lay down. You will be asked to lie on your left hand side and the sedative and pain relief will be given. A mouth guard will be placed in your mouth to guide the scope.

The Endoscopist will move the gastroscope through your mouth into your gullet, stomach and first part of the small bowel. Air is passed gently into your digestive tract to make moving the scope around easier. You may feel slightly full as the Endoscopist passes air through the scope and around your stomach. It is very important you take slow deep breaths throughout the examination. If you would like the procedure to stop at any time please raise your right arm. The endoscopist will stop and explain how much longer the examination is likely to take. If you still would like the examination to stop raise your right arm again and the examination will be abandoned. This will mean that we will not be able to give you a full diagnosis and it is likely that you will need to have the gastroscopy repeated at a later date. A gastroscopy takes about 5 minutes. The nurses will then prepare the equipment for the colonoscopy.

If having Entonox the nurse will explain how to use it. The Endoscopist will move the colonoscope through your back passage around your large bowel. Gas +/- water is passed gently into your bowel to make moving the scope around easier. You may feel some discomfort, similar to trapped wind/cramps when the Endoscopist moves the scope around the natural bends in your bowel. We will try to keep this discomfort to a minimum. Some pre-existing conditions or previous abdominal surgery can make the procedure more uncomfortable for some people. Please tell us if your discomfort increases during the procedure so we can address it. A colonoscopy usually takes 30-45 minutes

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How long will I be in the endoscopy unit?

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There are several procedure rooms within the unit carrying out different procedures. Due to this you may not be called through in the order you have arrived. **You should expect to be in the unit for several hours.**

The unit also deals with emergencies and these will take priority over people with outpatient appointments. However, we will try to keep any delays to an absolute minimum.

After the examination

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We will monitor you in the recovery area for up to an hour if you had conscious sedation. If you have had Entonox you will be in the recovery area for 20 minutes to allow the effects to wear off completely. Your blood pressure, heart rate and breathing will be monitored. If you are diabetic, your blood glucose will also be checked. You may feel a little bloated or have some discomfort in your lower abdomen after the examination. This is normal and it should start to ease by the time you are discharged. Once you have recovered from the initial effects of any sedation/Entonox you will be offered a drink and a biscuit.

Before you leave the unit, a nurse or the Endoscopist will explain what was seen during the examination and whether you need any further appointments. You will be given a copy of the endoscopy report.

If you have conscious sedation you must be collected from the Endoscopy unit and accompanied home. You must arrange for a responsible adult to stay with you for 24 hours. A nurse will ring them to ask them to return when you are ready to go home.

For 24 hours after the sedation you must not:

- Drive (This is a legal requirement)
- Drink alcohol
- Go to work
- Operate machinery
- Sign any legally binding documents
- Look after young children alone

Most people feel back to normal after 24 hours.

In order to respect the privacy and dignity of our patients, friends and relatives are unable to come onto or wait in the endoscopy unit.

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