

Patient information

Gastroscopy / colonoscopy – inpatients

You have been referred by your doctor to have a **gastroscopy** and a **colonoscopy**. This booklet has been written to explain the procedures. This will help you to make an informed decision before consenting to the investigations. Please read the booklets and consent form carefully.

Before your procedure

- All medication should be taken as normal with a little water.
- If you are taking **any medications to thin the blood** or **insulin** please remind the nurses on your ward, as these may need to be adjusted.
- If you have any queries about the procedure, please do not hesitate to ask the nursing and medical staff looking after you.
- To allow clear views during your procedures, your stomach and large bowel must be empty. Therefore, it is essential that you follow the bowel preparation instructions and eating plan at the end of this booklet.
- The day **before** your **colonoscopy** the nurses will give you two doses of Moviprep (bowel cleansing drink) 3 - 4 hours apart.

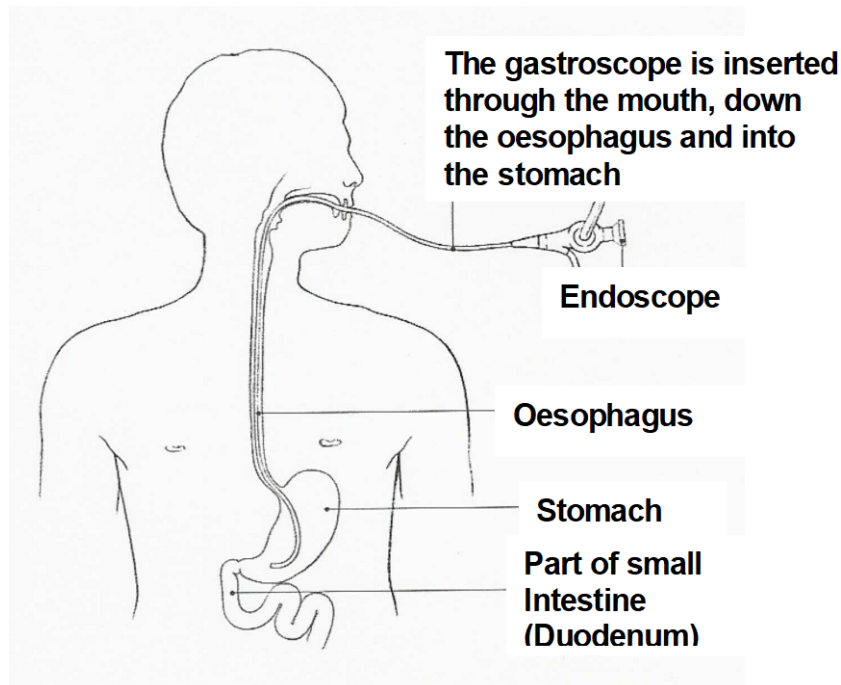
On the day

- The ward nurse will complete a checklist before you are brought to the endoscopy department.
- Have **nothing to eat for 24 hours or drink for 4 hours** before your appointment.
- Make sure you keep your dentures in, leave your hearing aid in place and bring your glasses with you.
- It is advised that you wear a hospital gown, as this is more comfortable for you during and after the test.

- You will be brought to the department on your bed.

What is a gastroscopy?

This is a test that allows the endoscopist to look at your oesophagus, stomach, and duodenum. This is done by passing a long flexible tube (gastroscope) through your mouth and gently passing over your tongue to the back of your throat and down into your gullet (oesophagus), stomach and the first part of your small intestine (duodenum).



The gastroscope is connected to a television system and has a mini camera built into the end. Pictures are then seen on a television monitor. By examining your stomach, the cause of your symptoms may be found, sometimes we are able to treat them during the test.

Why do I need a gastroscopy?

Your doctor is concerned about the symptoms you have been having with your upper digestive system. A gastroscopy is a good way of finding out whether there is a problem, or not. It also helps your doctor to decide on further treatment, if necessary.

A gastroscopy is used to investigate a variety of symptoms, for example:

- Abdominal pain
- Vomiting/vomiting blood
- Heartburn
- Inability to swallow

- Anaemia.

Are there alternatives to a gastroscopy?

A gastroscopy is the best way of looking at your oesophagus and your stomach. However, a Barium swallow/meal examination is one possible alternative test.

A Barium swallow/meal is an X-ray based test. It does not provide such detailed pictures of your oesophagus and your stomach, and it does not allow treatment to be performed at the same time. Therefore, you may still need to have a gastroscopy. If you wish to discuss this further, please ask the doctors looking after you.

What does a gastroscopy involve?

You will be introduced to the nurses and endoscopist who will be with you throughout your gastroscopy.

The endoscopist will then check that you have a full understanding of your test and all that it means, and that you are willing to go ahead.

To monitor your heart rate and breathing, the nurse looking after you will place a probe onto one of your fingers.

A nurse will be with you at all times, giving guidance and support. You will be asked to remove any dentures and glasses and then lay on your left side. She/he will place a mouth guard in your mouth to protect your teeth and gums.

The flexible tube will then be inserted gently into your mouth and pass over your tongue to the back of your throat. We would like to reassure you that although the test can sometimes be a little uncomfortable it is not painful, and you can breathe normally.

The test should take about 5 - 20 minutes to complete. If small samples of tissue (biopsies) need to be taken, the test may take a little longer.

What is a biopsy?

A biopsy is a small piece of tissue, which is removed through the flexible tube using tiny forceps. This procedure is painless, and you will probably not be aware of it being done.

How do I prepare for the gastroscopy?

It is very important that you do **not eat, drink, or take any tablets for at least 6 hours** before your appointment, or this could lead to the cancellation of your appointment.

Choosing how to have the test

Many patients are concerned at the thought of swallowing the endoscope, we would like to reassure you that whilst you may experience some discomfort, the test is not painful.

It is the practice of this Unit to offer a choice of throat spray **or** light sedation.

- **Throat spray** – local anaesthetic will be sprayed into the back of your throat to make it numb. You will be aware of the procedure and the endoscopist and nurse will be able to explain things to you during the procedure.
- **Sedation** – a light sedation is given through an injection in your vein. It helps you to relax and will take away some of the awareness of the procedure. Please note this is not a general anaesthetic.

Are there any complications?

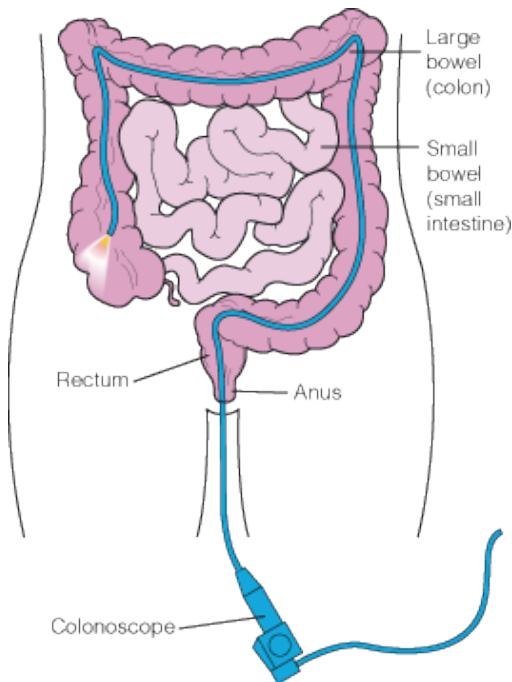
As with every medical procedure, the risk must be compared to the benefit of having the procedure carried out. The doctor who has requested the test will have considered this very carefully. Gastroscopy is what is known as an invasive procedure and therefore carries risks/complications.

The major risks/complications include:

- Bleeding from the biopsy site or from where a polyp has been removed (less than 1 in every 100 tests carried out). This usually settles down on its own.
- Small tear or damage to the lining (less than one person in every 2,000 tests carried out). This risk is slightly higher if a polyp is found and removed. You may need an operation to repair any damage.
- Disturbance of your heart rate and breathing.
- A reaction to the medication used.
- A sore throat or abdominal tenderness. As the flexible tube passes down and around, it brushes against the lining and may cause a small amount of bruising.
- Incomplete gastroscopy occurs if the test is abandoned due to technical difficulty or because it was causing you distress. A further test such as a Barium swallow/meal may be recommended in the future.

What is a colonoscopy?

This is a test that allows the endoscopists to look at the whole of the large bowel. This is done by passing a long flexible tube (colonoscope) through your back passage and gently passing it around the large bowel.



The colonoscope is connected to a television system and has a mini camera built into the end. Pictures are then seen on a television monitor. By examining your bowel, the cause of your symptoms may be found, sometimes we are able to treat them. The test usually takes between 15 and 50 minutes.

Why do I need a colonoscopy?

Your doctor is concerned about the problems you have been having in the lower part of your digestive system. A colonoscopy is a good way of finding out whether there is a problem, or not. It also helps your doctor to decide on further treatment, if necessary.

A colonoscopy is used to investigate a variety of symptoms, for example:

- Haemorrhoids (piles)
- Persistent diarrhoea
- Abdominal pain
- Change in bowel habit
- Bleeding from the back passage
- Polyps.

Are there alternatives to a colonoscopy?

A colonoscopy is the best way of looking at the lining of your large bowel. However, an X-ray examination called CT colonoscopy is one possible alternative test; this involves having a detailed CT scan which provides pictures of the lining of your bowel. Another alternative X-ray test is called a Barium enema; it does not provide such detailed pictures of the lining of your bowel. Neither of the X-ray tests allow for any treatment to be performed or biopsies to be taken at the same time. Therefore, you may still need to have a colonoscopy.

What does a colonoscopy involve?

- The endoscopist will examine your back passage with a gloved finger to make sure that it is safe to pass the flexible tube.
- The flexible tube will then be inserted gently up your back passage into your large bowel. Air/CO₂ will be passed through the flexible tube to open up your colon, to give a clear view of the lining.
- You may get the sensation of wanting to go to the toilet, but as your bowel is empty, there is no danger of this happening.
- There may be periods of discomfort as the tube goes around bends in the bowel. Usually this 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.
- The test should take about 15 - 50 minutes to complete. If small samples of tissue (biopsies) need to be taken, the test may take a little longer.

What if I have polyps?

Polyps are extra growths of tissue on the bowel wall that can range in size. They are usually benign (not cancers), but if left can sometimes become cancers. Most polyps can be removed painlessly and completely during the procedure.

Are there any complications?

As with every medical procedure, the risk must be compared to the benefit of having the procedure carried out. The doctor who has requested the colonoscopy will have considered this very carefully. Colonoscopy is what is known as an invasive procedure and, therefore, carries risks/complications.

The major risks/complications include:

- Bleeding from the biopsy site or from where a polyp has been removed (less than 1 in every 100 tests carried out). This usually settles down on its own.
- Small tear or damage to the lining of the bowel (less than one person in every 500-1000 tests carried out). This risk is slightly higher if a polyp is found and removed. You may need an operation to repair any damage.
- Disturbance of your heart rate and breathing.
- A reaction to the medication used.
- A sore back passage and abdominal tenderness. As the flexible tube passes around the bowel, it brushes against the lining and may cause a small amount of bruising.
- Incomplete colonoscopy occurs if the test is abandoned due to technical difficulty or because it was causing you distress. A further test such as a Barium enema or CT Scan may be recommended in the future.

After the procedure

Following your **gastroscopy**, 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.

Following the **colonoscopy**, you will be taken back to the endoscopy ward area before being returned to your ward. You may feel bloated and have some wind-like pains if some of the air remains in your bowel; this usually settles down quickly.

If you have had throat spray

You are advised not to have anything to eat or drink until the numbness in your throat has worn off; this usually takes about one hour. After this you can eat and drink normally if your nursing team says you can.

If you have had sedation

If you are discharged from hospital within 24 hours of your procedure, you are advised not to:

- Drive
- Operate machinery
- Drink alcohol or smoke
- Sign any legal documents
- Take care of young children.

You must also have a responsible adult stay with you for the next 24 hours.

If you have any of the following problems, you should let the staff on your ward know immediately:

- Severe back pain
- Black tarry stool/poo
- Persistent bleeding
- Severe abdominal pain (not cramp caused by wind)
- A firm and swollen abdomen
- High temperature or feeling feverish
- Vomiting/vomiting blood.

If you have had sedation and are still sleepy, when taken back to your ward, the doctors looking after you will tell you the result. A report will be filed in your hospital notes before you leave the endoscopy unit so that the information will be readily available for the medical team looking after you.

If samples have been taken, the result will not be available for a couple of weeks. Details of the results and any necessary treatment should be discussed with the doctor who requested you to have the procedure.

Summary of important information

Gastroscopy and colonoscopy are safe procedures and are very good ways to investigate your symptoms.

Risks and complications are rare, and the benefits outweigh the risks. However, it is your decision whether you wish to go ahead with the procedure or not and you are free to change your mind at any time.

Due to the limited space available and to maintain other patient's privacy and dignity, we only allow patients (and carers) through into the ward area.

Please do not bring valuables to the unit. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

Training doctors and other health professionals is essential to the continuation of the National Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can however, decline to be involved in the formal training of medical and other students; this will not affect your care and treatment.

Please be advised that patients are unable to donate blood for four months following an examination with a flexible endoscope as directed by the NHS Blood and Transplant service.

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

IMPORTANT: Preparing your bowel for a colonoscopy

Please read these instructions carefully. The success of your colonoscopy depends on your bowel being as clear as possible. **Please note, the procedure may need to be repeated if you do not have a sufficiently clear bowel.**

For three days before your procedure, you should make changes to your diet:

Do not eat high fibre / high residue foods including:

- Red meats, pink fish (e.g., salmon)
- Fruit, vegetables, salad, pips, seeds, bran, beans, lentils
- Brown bread, seeded bread, brown rice, brown pasta
- Pickles, chutneys
- High fibre cereals (e.g., bran flakes, muesli, Weetabix®).

You can eat low fibre foods including the following:

- Dairy – milk (2 cups/a day), plain yoghurt, cheese, butter, margarine
- Protein – white fish or chicken (boiled, steamed, or grilled), eggs
- White pasta and white rice
- Bread – white bread, pitta, white flour chapattis (avoid seeded bread)
- Potatoes – boiled or mashed (no skin)
- Soups – clear soups (no solid bits)
- Meat extract drinks - Bovril® or Oxo®
- Desserts – clear jelly (not red, purple, or orange), boiled sweets, chocolate
- Salt, pepper, sugar, sweeteners, and honey.

Please have plenty to drink including tea, coffee, squash, water, clear fruit juices

MORNING APPOINTMENT FOR COLONOSCOPY:

The day before your colonoscopy

Have **breakfast** choosing from the low residue food listed previously.

No further solid food or milk products are allowed after breakfast.

It is important to increase your intake of clear fluids:

- You may drink water, black tea or coffee, Bovril® or Oxo®

At 5.00pm – take the 1st dose of Moviprep®, following the steps below:

1. Fill up a jug with 1 litre (1¾ pints) of water.
2. Empty the contents of 1 sachet A and 1 sachet B into the water and stir until dissolved. Add squash or cordial to taste (not blackcurrant).
3. Drink one glassful (250ml) of the Moviprep® drink every 15-30 minutes until you have drunk it all. There is no need to rush.
4. Drink an additional 500mls of clear fluid (such as plain water) after finishing the Moviprep®.

You will begin to pass frequent loose motions (stool/poo), please stay near a toilet at this time.

At 8.00pm – take the second dose Moviprep®

Follow steps 1 to 4 above.

Please continue drinking **clear** fluids.

The day of your colonoscopy

No solid food or milk products are allowed. You may continue drinking clear fluids only until **4 hours** before your appointment.

Please attend your appointment on time.

AFTERNOON APPOINTMENT FOR COLONOSCOPY:

The day before your colonoscopy

Have **breakfast** and a **light lunch**, choosing from the low residue foods listed previously.

No further solid food or milk products are allowed after lunch.

It is important to increase your intake of clear fluids:

- You may drink water, black tea or coffee, Bovril® or Oxo®

At 6.00pm – take the 1st dose of Moviprep®, following the steps below:

1. Fill up a jug with 1 litre (1¾ pints) of water.
2. Empty the contents of 1 sachet A and 1 sachet B into the water and stir until dissolved. Add squash or cordial to taste (not blackcurrant).
3. Drink one glassful (250ml) of the Moviprep® drink every 15-30 minutes until you have drunk it all. There is no need to rush.
4. Drink an additional 500mls of clear fluid (such as plain water) after finishing the Moviprep®.

You will begin to pass frequent loose motions (stools/poo), please stay near a toilet at this time.

The day of your colonoscopy

At 6.00 am – take the second dose Moviprep®

Follow steps 1 to 4 above.

No solid food or milk products are allowed. You may continue drinking clear fluids only until **4 hours** before your appointment.

Please attend your appointment on time.

Please continue drinking **clear** fluids for up to **4 hours** before your appointment.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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