

Patient information

Gastrosocopy and Flexible Sigmoidoscopy – Outpatients

You have been referred by your doctor to have a gastroscopy and flexible sigmoidoscopy. This information booklet has been written to explain the procedure. This will help you to make an informed decision before consenting to the procedure. If you are unable to attend your appointment please inform us as soon as possible **01284 713551**.

Please ensure you read this booklet and the enclosed consent form thoroughly. Please also complete the enclosed health questionnaire.

You may be contacted by an endoscopy trained nurse before your procedure to go through the admission process and answer any queries you may have. If you are not contacted please come to your appointment at the time stated in your letter.

Please note your appointment time is your arrival time on the unit and not the time of your procedure.

If you have any mobility issues or if there is a possibility you could be pregnant please contact the appointment staff on 01284 713551

Please remember there will be other patients in the unit who may arrive after you but are taken in for their procedure before you, this is for medical reasons or they are seeing a different doctor.

Due to limited space available and to maintain other patients' privacy and dignity, we only allow patients (and carers) through to the ward area. Relatives / escorts will be contacted once you are ready for collection.

The Endoscopy Unit endeavors to offer single sex facilities, and we aim to make you stay as comfortable and stress free as possible.

Medication

If you are having a gastroscopy for the first time and you are taking anti-ulcer medication please stop these TWO WEEKS before your gastroscopy date:

- Lansoprazole
- Omeprazole
- Esomeprazole
- Pantoprazole
- Rabeprazole

However, if you are having a repeat gastroscopy procedure it is very important that you **do not stop** these medications prior to the procedure.

If you are taking **WARFARIN, CLOPIDIGREL, RIVAROXABAN or any other anticoagulant (blood thinning medication)**, please contact the appointment staff on 01284 713551, your GP or anticoagulation nurse, as special arrangements may be necessary.

If you are taking **Iron Tablets** (eg Ferrous Sulphate) please **STOP** taking this medication **seven** days before your appointment.

Diabetic patients should contact their diabetic nurse or GP, please inform them that you are required to follow a specific eating plan and will be without food for a long period of time. They can give you advice on adjusting any diabetic medication prior to the procedure.

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 you next period begins.

Please contact bookings if you have a **Pacemaker or ICD: 01284 713551**

If you are in any doubt whether you should stop or continue your medication, please ring 01284 712653.

Please ensure you bring your current medications with you when you attend for your procedure.

How do I prepare for the procedures?

To allow us to complete your flexible sigmoidoscopy we need a clear view of your bowel, your bowel needs to be completely empty. **Therefore, it is essential that you follow the bowel preparation instructions and eating plan at the end of this booklet.** It is important to follow the instructions carefully so your bowel is empty,

otherwise we may need to cancel your appointment.

It is also important to increase your intake of clear fluids on the day **before** your procedure. You may drink clear fluids up to **four hours before** your appointment.

The bowel preparation will result in frequent, loose, stool movements. You may wish to apply a barrier cream to your bottom to avoid any irritation or soreness.

If you **unable** to give yourself the micro enema at home, please ring the appointment staff on 01284 713551.

It is advised that you wear loose fitting clothing, as this is more comfortable for you after your gastroscopy and colonoscopy.

What happens when I arrive?

On arrival to the endoscopy unit please report to reception where the receptionist will check your personal details. You will be asked to take a seat in the waiting area until you are collected by a nurse and taken through to one of our admission rooms. Due to limited space we are unable to allow anyone to accompany you unless they are a carer. We will contact your relative/escort once you are ready to be collected.

You will be taken into the admission room where a nurse will explain the procedure and they will ask you about your health, medications and allergies. They will take your pulse and blood pressure. If you are a diabetic your blood glucose level will be checked.

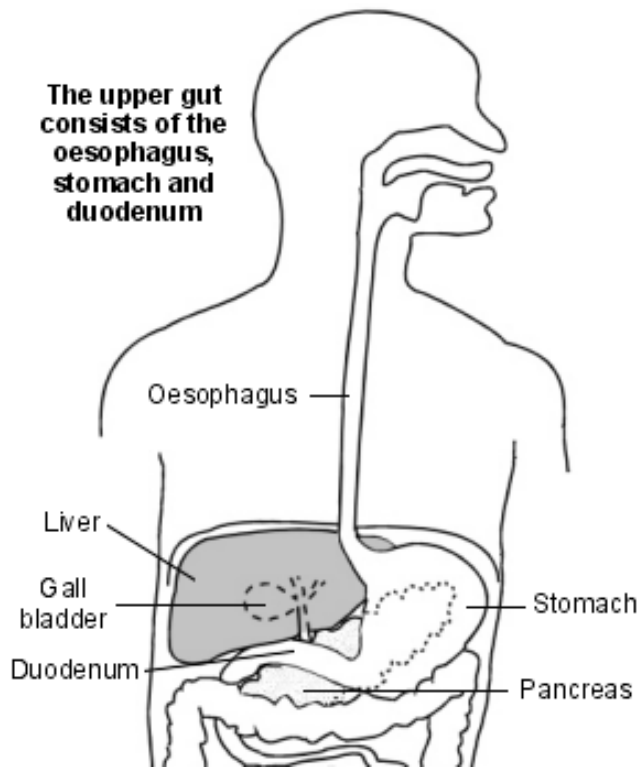
The nurse will discuss the consent form with you and answer any questions that you may have. We want to make sure you understand the procedure and its implications.

You will be asked to undress and put on a hospital gown. Please bring your own dressing gown and slippers if you have them. We offer dignity pants should you wish to wear them, please ask the nurse for these. You will be asked to remove all jewellery (except your wedding ring). You may wish to leave any valuable at home, as we cannot be responsible for any valuables lost whilst you are in the unit.

You can expect to be on the unit **2 - 4 hours**.

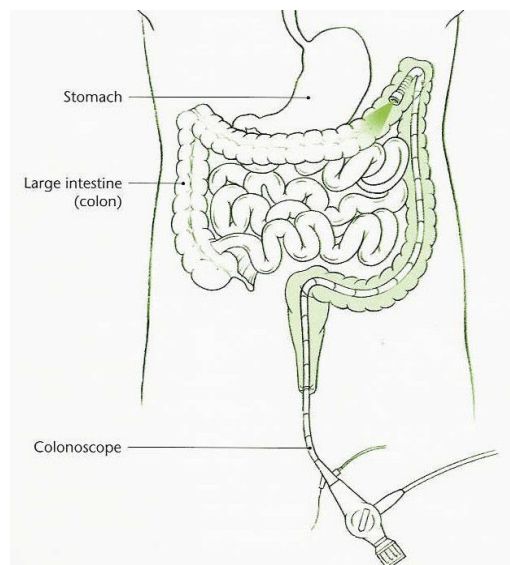
What is a gastroscopy?

A gastroscopy is a procedure that allows the endoscopist to use a thin, flexible tube called an endoscope to look inside the oesophagus (gullet), stomach and first part of the small intestine (duodenum).



What is a flexible sigmoidoscopy?

This is a procedure that allows the endoscopist to look at the lower part of your large bowel. This is done by passing a long flexible tube (flexible sigmoidoscope) through your back passage and gently passing it around the lower part of your large bowel.



The gastroscope and flexible sigmoidoscopy are connected to a television system; it has a light and mini camera built into the end. Pictures are then seen on a television monitor and photographs are taken which will be stored on your medical record.

This examination may identify the cause of your symptoms. Sometimes we can treat them during the procedure.

Combined, both procedures will take between 20 and 45 minutes.

Why do I need a gastroscopy and flexible sigmoidoscopy?

Your doctor is concerned about the symptoms you have been having with your digestive system. A combined procedure 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. These procedures are used to investigate a variety of symptoms, for example:

- Abdominal pain
- Vomiting / vomiting blood
- Heartburn
- Inability or difficulty swallowing
- Anaemia
- Weight loss
- Passing black motions
- Change in bowel habit
- Bleeding from the back passage

They can also treat some conditions such as:

- Polyps
- Haemorrhoids (piles)

Are there alternatives to a gastroscopy and flexible sigmoidoscopy?

A gastroscopy is the best way of looking at your oesophagus and your stomach. However, a Barium Meal is an alternative examination, it is X-ray based. It does not provide such detailed picture of your oesophagus and stomach; it also does not allow treatment to be performed or biopsies to be taken. Therefore, you may still need a gastroscopy.

A flexible sigmoidoscopy is the best way of looking at the lining of your large bowel. However, an X-ray examination called CT colonoscopy is one possible test; this involves having a detailed CT scan which provides pictures of the lining of your bowel. Another alternative is a Colon Capsule which involves swallowing a small disposable capsule the size of a large vitamin pill, the capsule contains a small wireless camera which when swallowed takes multiple pictures. Neither of the 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 flexible sigmoidoscopy.

If you wish to discuss these alternative tests, please contact your GP or your hospital

doctor.

Medication options for the procedures

For many people a gastroscopy is only minimally uncomfortable and sedation is not required. If you are worried about potential discomfort or would like sedation for other reasons then please ask for it. Patients do not necessarily require any medications for a flexible sigmoidoscopy. However some patients may require some mild pain relief during the procedure.

There are two options:

Option 1

Entonox : This is a fast-acting form of pain relief which wears off very quickly. It is administered via a hand-held mouthpiece which you will be shown how to use prior to your procedure. You do not need to have anybody at home with you and you can drive after 30 minutes.

Local anaesthetic throat spray: We will numb your throat by spraying a local anaesthetic to the back of your throat. It will make numb it so you cannot feel the gastroscopy. The numbness will last for about an hour.

Option 2

Intravenous conscious sedation: We will give you sedation through a cannula to make you feel relaxed. The sedative will make you sleepy and relaxed however it will not put you to sleep (this is not a general anaesthetic). This option may take away some awareness of the procedure.

With this option you will need a responsible adult with you for **24 hours**. They will need to collect you from the endoscopy unit and stay with you for at least 24 hours. You will not be able to drive yourself home, go back to work, operate machinery, drink alcohol or sign any legal documents for the 24 hours period following the procedure.

What does a gastroscopy and flexible sigmoidoscopy involve?

You will be escorted to the procedure room and introduced to the team in the room. The endoscopist will then check that you have a full understanding of your procedure and all that it means, and that you are willing to go ahead.

The gastroscopy is done first.

In order 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. If you are having throat spray this will be given at this point. You will be asked to lie on your left side; the nurse will place a mouth guard in your mouth to protect your teeth and gums.

If you are having sedation this will be given at this time, through the cannula in your hand.

The gastroscope will then be inserted gently into your mouth and passed over your tongue to the back of your throat. The gastroscope is passed down the oesophagus, into your stomach and then to the duodenum. 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. Any saliva or other secretions produced during the procedure will be removed using a small suction tube, rather like the one used at the dentist. The test should take about 5 - 10 minutes to complete. If small samples of tissue (biopsies) need to be taken, the procedure may take a little longer.

The trolley will be turned around, so that you can be positioned for the flexible sigmoidoscopy. You will stay lying on your left side with your knees slightly bent.

If you are having Entonox, you will be shown how to use this.

The endoscopist will then examine your back passage with a gloved finger to make sure that it is safe to pass the flexible sigmoidoscope. The flexible sigmoidoscope will then be inserted gently up your back passage and progressed to the large bowel.

If you have an end colostomy, the endoscopist will need to pass the flexible sigmoidoscope into the stoma to check the colon and you will be asked to lie on your back. If you have any concerns about this, please contact your stoma nurse.

Air will be passed through the flexible sigmoidoscope to open up your colon, to allow a clear view of the lining of your large bowel. This may give you some wind like discomfort, this will not last long. 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.

Some patients may experience some discomfort during and after the procedure. This should pass quickly however please inform the nursing team should you have any concerns.

The procedure should take about 15 - 35 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 gastroscope or colonoscope using tiny forceps. This procedure is painless, and you will probably not be aware of it being done.

What are polyps?

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

Are there any risks or 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 procedure will have considered this very carefully.

Diagnostic gastroscopy procedures carry a very small risk of complications:

- **Sore throat:** you may experience a sore throat for a day or two.
- **Dislodge teeth, crowns or bridgework:** there is a small chance that loose teeth, crowns or bridgework can be damaged or dislodged during the procedure. Please inform the nurse prior to your procedure.
- **Haemorrhage (bleeding):** if you have biopsies there will be some bleeding at the biopsy site but this only last a few seconds. We will go through this after your test.
- **Perforation (tear):** the risk of this is small (1 in 10,000). The risk is increased if any treatment is performed.
- **Pneumonia:** there is a risk of this if you have severe breathing difficulties such as COPD etc. Therefore, you should not eat or drink for 6 hours prior to your procedure.
- **Reactions to medications given:** you may experience a reaction to the sedation given, this is rare but if this should happen, we do have medications to reverse the effects of the sedative.

Flexible sigmoidoscopy is what is known as an invasive procedure and carries a small risk of complications:

- **Haemorrhage (bleeding):** 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.
- **Perforation (tear):** the risk of this is small, the risk is increased if any treatment is performed, ie removing a polyp. On rare occasions this may require an operation which involves making a temporary opening (a stoma) in the abdomen to allow the passage of waste (faeces).

- **Reactions to medications given:** you may experience a reaction to the sedation given, this is rare but if this should happen, we do have medications to reverse the effects of the sedative.

Like all tests, this procedure will not always show up all abnormalities and, on very rare occasions, a significant abnormality may not be identified. If you have any questions about this, please ask either at the time of the procedure or the person who referred you.

After the procedure

We will tell you as much as possible about what was found after the procedure; however, biopsy results will take a few weeks to arrive.

After you have been discharged

You will be given time to recover and rest quietly until the immediate effect of sedation has worn off. You will be offered a drink and something to eat while you wait for your discharge. **Your escort must come to the endoscopy unit to collect you. You must have supervision by a responsible adult at home for 24 hours following the sedation.**

The **sedation** lasts longer than you might imagine, so it is very important that after your procedures you do not do any of the following for at least **24 hours**:

- Drive a car
- Operate machinery
- Drink alcohol or smoke
- Sign any legal documents

If you have had **throat spray** and **Entonox**, these wear off very quickly, you do not need to have anyone at home with you and you may drive after 30 minutes. You will be unable to eat or drink for one hour after the procedure.

Discharge

When you are ready to be discharged from the procedure the nurse will tell you what was seen during your procedure and what to do next. They will record your observations and answer any questions you may have.

After you have been discharged

Serious side effects from this procedure are rare, as previously stated. You may feel a little bloated if some of the air that we use for the test remains. Both these things will pass and need no medication.

If you experience any of the following symptoms:

- Severe abdominal pain (not cramp caused by wind)
- A firm and swollen abdomen
- A sudden passing of a large amount of blood from you back passage (if it is a very small amount of blood, take no action)
- High temperature or feeling feverish
- Vomiting/vomiting blood

Please contact:

- The Endoscopy Unit which is open from 8.00am - 9.30pm Monday to Thursday and 8.00am – 6.00pm Friday. Our contact number is 01284 713952. If you have any queries that you wish to discuss with an Endoscopy Nurse out of these times, please contact the West Suffolk Hospital switchboard on 01284 713000 asking to speak to the on-call Endoscopy Nurse.
- Your GP
- Or contact the A&E department at the West Suffolk Hospital

You should contact A&E if you experience severe pain in the abdomen, a fever, vomiting, passing a large amount of blood after the test. Please ensure you take you endoscopy report with you.

Please be advised that patients are unable to donate blood for 4 months following an endoscopy procedure, as directed by the NHS Blood and Transplant Service.

Summary of important information

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 procedure will have considered this very carefully.

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.

It is everyone's aim for you to be seen as soon as possible. However, the unit can be busy, and your gastroscopy/colonoscopy may be delayed. If emergencies occur, these patients will obviously be given priority over less urgent cases.

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.

Relatives/escorts will be contacted once you are ready for collection.

Please do not bring valuables to the hospital. 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 procedure / treatment may provide an important opportunity for such training under the careful supervision of an experienced endoscopist. You can, however, decline to be involved in the formal training of medical and other students; this will not affect your care and treatment.

Checklist

Things to remember before your procedure

- Read the booklets carefully
- Fill in the questionnaire
- Follow the specified bowel preparation and **eating plan**
- Drink plenty of clear fluids up to **4 hours** before your appointment
- Check for specific medication instructions
- Transport arrangements made if you are having sedation

Bring **this booklet, questionnaire** and **consent form** with you to the appointment.

Do not sign the consent form, but please bring it with you on the day of your appointment.

Contact numbers

- Cancellation/change of appointment **Tel 01284 713551**
- Pre-assessment for medical related advice **Tel 01284 712653**
- Endoscopy Unit **Tel 01284 713952**
- Out of hours **Tel 01284 713000**

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

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



Instructions for home bowel preparation and eating plan

Please read these instructions very carefully

The success of your flexible sigmoidoscopy depends on your bowel being as clear as possible.

The procedure may need to be repeated if you do not have a clear bowel.

Two days before the flexible sigmoidoscopy

At **6.00pm** take **TWO** Bisacodyl tablets with a glass of water.

You should expect frequent loose bowel motions to start at any time after taking a dose of Bisacodyl. Please ensure that you always have access to a toilet.

You may eat and drink as normal.

The day before your flexible sigmoidoscopy

At **8.00am** take **TWO** Bisacodyl tablets with a glass of water.

At **6.00pm** take **TWO** Bisacodyl tablets with a glass of water.

Only a **small breakfast** and a **small lunch** made up of low residue foods and plenty of clear fluids are allowed – see eating plan below:

You can eat low fibre foods including the following:

- **Dairy** - milk (2 cups/day), plain yoghurt, cheese, butter, margarine
- **Fish** – white fish (boiled/steamed/grilled)
- **Meat** – chicken (boiled/steamed/grilled)
- **Eggs**
- **White pasta and white rice**
- **Bread** – white bread, white pitta, white flour chapattis
- **Potatoes** – boiled or mashed – (no skin)
- **Soups** – clear soups (no solid bits)
- **Meat extracts drinks** – Bovril®, Oxo®
- **Desserts** – clear jelly (**not red or orange**), boiled sweets, ice cream, chocolate (no fruit or nut pieces)

- **Salt, pepper, sugar, sweeteners and honey**

Have plenty to drink from tea, coffee, squash, fizzy drinks, water, clear fruit juices (e.g. apple, grape, cranberry).

Suggested meals could include for example:

Breakfast: White bread / toast with butter and honey; boiled or poached egg

Lunch: Grilled fish or chicken with white rice or boiled potatoes (no skin)

or

Scrambled eggs on white toast, vanilla ice cream

DO NOT eat high fibre foods such as:

- Red meats, pink fish (e.g. salmon)
- Fruit, vegetables, salad, pips, seeds, bran, beans, lentils
- Brown bread, brown or wild rice, brown pasta
- Pickles, chutneys
- Cereals such as bran flakes, muesli or Weetabix®

No further solid food or milk products are allowed after lunch

Drink **plenty of clear fluids**, (from drinks list), preferably water. Any tea / coffee taken after lunch should be black - **no milk**.

The day of your flexible sigmoidoscopy

No solid food or milk products.

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

Use the micro-enema one hour before you leave home.