

## Patient information

# Gastroscopy and colonoscopy – Outpatients

You have been referred by your doctor to have a gastroscopy and colonoscopy. 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 on **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 endeavours 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, examples of these medications are:

- 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. Unless you have been advised to continue.

If you are taking **WARFARIN, CLOPIDOGREL, RIVAROXABAN or any other anticoagulant (blood thinning medication)**, please contact the appointment staff on 01284 713551, your GP or anticoagulation nurse for advice. If you do not seek advice, therapeutic procedures such as polyp removal, cannot be performed and you may have to undergo a repeat procedure.

If you are taking **iron tablets** (e.g ferrous sulphate) please **STOP** taking this medication **7** 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**

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

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

## How do I prepare for the procedures?

To allow us to complete your colonoscopy 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 **4 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.

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.

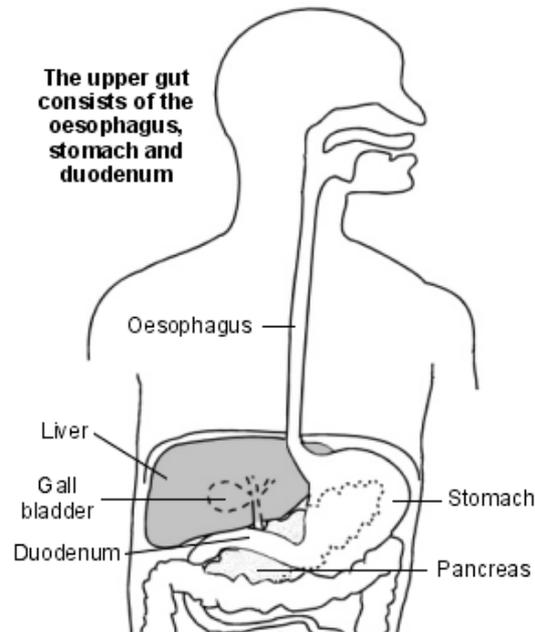
The nurse will discuss the consent form with you and answer any questions that you may have. We want to make sure you understand the procedure and its implications.

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 valuables 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.**

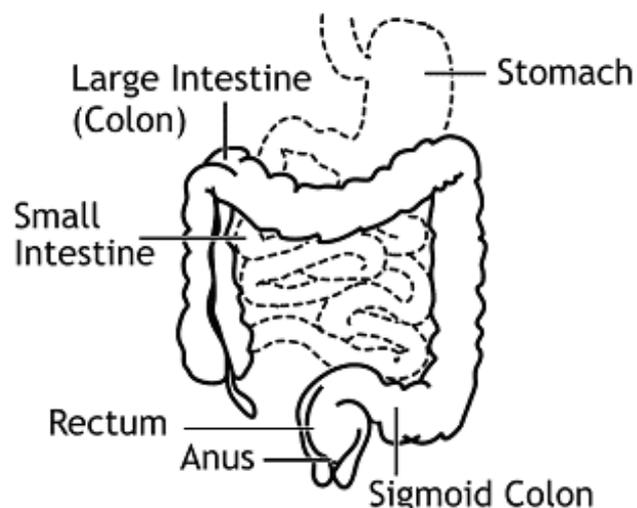
## What is a gastroscopy?

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 colonoscopy?

A colonoscopy is a procedure that allows the endoscopist to use a flexible tube called a Colonoscope to look at the entire large bowel. This is done by passing the scope through your back passage and gently passing it around the large bowel.



The gastroscopes and colonoscopes are connected to a television system, it has a light and 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 35 and 60 minutes.**

## **Why do I need a gastroscopy and colonoscopy?**

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
- Persistent diarrhoea
- 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 colonoscopy?**

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 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 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 test 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.

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

## **Medication options for the procedure**

You will usually be given sedation and pain relief for a gastroscopy and colonoscopy however in some circumstances it is not possible for these medications to be given. If this is the case for you an alternative can be given this is called local anaesthetic throat spray and entonox.

There are two options: -

**Intravenous conscious sedation and pain relief:** We will give you sedation and pain relief 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. The pain killer will help to reduce any discomfort during 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.

**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.

## **What does a gastroscopy and colonoscopy 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 blood pressure, heart rate and breathing, the nurse looking after you will place a probe onto one of your fingers and an inflatable cuff on your arm. You will be given oxygen nasally.

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 and / or a pain relief is 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 round, so that you can be positioned for the colonoscopy. 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 colonoscope. The colonoscope 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 colonoscope 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/CO<sub>2</sub> will be passed through the colonoscope 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 20 - 50 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 gastroscop or colonoscopy 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 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 nurse if you have any of these. Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and an adverse reaction to any medications used.

Colonoscopy procedures carry a small risk (1 in 1000 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 (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. Another rare complication is an adverse reaction to medications.

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.

## If you have had sedation

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, no restrictions apply, 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 1 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 effect 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

**Please contact:**

- The Endoscopy Unit which is open from 8.00am to 9.30pm Monday to Thursday and 8.00am to 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.**

**If you are on blood thinning medication, please take advice from endoscopy to avoid harm to repeat the examination.**

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**

# **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 above.

**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 1<sup>st</sup> 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, 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 above.

**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 1<sup>st</sup> 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, 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.

*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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