

## Patient information

# Gastroscopy / Flexible Sigmoidoscopy - inpatients

You have been referred by your doctor to have a **Gastroscopy** and a **Flexible Sigmoidoscopy**. 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 **warfarin** 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.

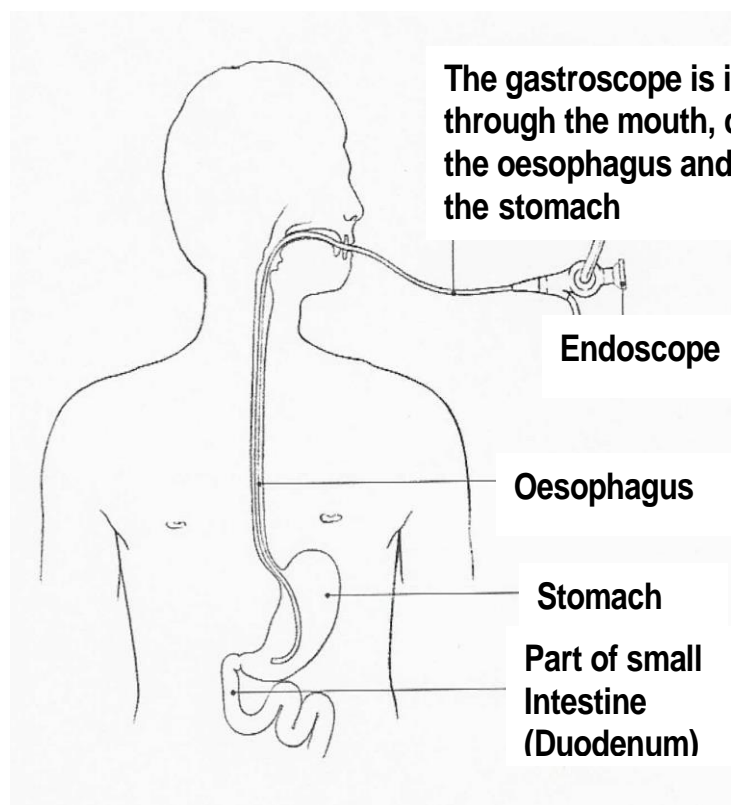
### On the day

- The ward nurse will complete a checklist before you are brought to the Endoscopy Department.
- Have **nothing to eat or drink for 6 hours** before your appointment.
- The ward nurse will administer a phosphate enema (bowel cleansing) approximately one hour before you attend the Endoscopy Unit for your procedure.
- 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 gastroscopy 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.

The test usually takes between 5 and 20 minutes.

## 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.

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 and then lay on your left side. They 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 six 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

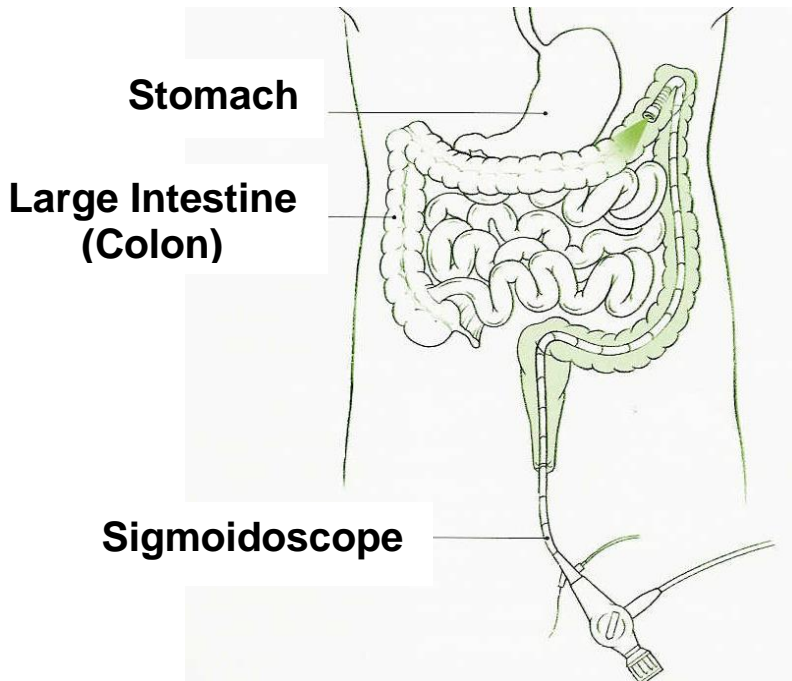
considered this very carefully. Gastroscopy is what is known as an invasive procedure and, therefore, carries risks / complications.

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 flexible sigmoidoscopy?**

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



The flexible tube 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 during the test. The test usually takes between 15 and 20 minutes but times vary considerably, if it takes longer you should not worry.

## **Why do I need a flexible sigmoidoscopy?**

Your doctor is concerned about the problems you have been having in the lower part of your digestive system. A flexible sigmoidoscopy 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 flexible sigmoidoscopy is used to investigate a variety of problems, for example:

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

## **How do I prepare for the test?**

- You will be given an enema to clear your bowel, as it must be completely empty to allow the endoscopist to have clear views. We recommend that you wear a hospital gown during the procedure.
- The medical team looking after you should discuss with you why they want you to have this procedure so that when you arrive in the department you can sign a consent form with the nurse or endoscopist. They will be happy to answer any of your questions, as we want to make sure that you understand the procedure and its implications. Remember you can change your mind about having the procedure at any time.

## **What does a flexible sigmoidoscopy 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 / CO<sub>2</sub> will be passed through the flexible tube to open up your colon, to give a clear view of the lining. This may give you some wind-like discomfort, but this will not last long. In order to make the procedure easier you may be asked to change position (for example roll onto your back). However, if you make it clear that you are too uncomfortable the procedure will be stopped.
- 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.
- The test should take about 15 - 20 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 test.

## **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. Flexible sigmoidoscopy 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 1 - 2 people in every 1,700 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 flexible sigmoidoscopy 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 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 flexible sigmoidoscopy, you may feel bloated and have some wind-like pains if some of the air remains in your bowel; this usually settles down quickly.

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

- Severe back pain
- Black tarry stool
- Persistent bleeding
- Severe abdominal pain (not cramp caused by wind)



- A firm and swollen abdomen
- High temperature or feeling feverish
- Vomiting / vomiting blood

A report will be filed in your hospital notes before you leave the endoscopy department so that the information will be readily available for the medical team looking after you.

If biopsies were taken or polyps removed, you will be told the diagnosis by the team who requested the flexible sigmoidoscopy (in the clinic or by letter to you or your GP) these results may take several weeks to come through.

## **Are there alternatives to a flexible sigmoidoscopy?**

A flexible sigmoidoscopy is the best way of looking at the lining of your large bowel. However, a Barium enema examination is one possible alternative test.

A Barium enema is an X-ray based test. It does not provide such detailed pictures of the lining of your bowel, and it does not allow treatment to be performed at the same time. Therefore, you may still need to have a flexible sigmoidoscopy.

## **Summary of important information**

Flexible sigmoidoscopy is a safe procedure and a very good way 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.

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.

**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.

*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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