

Endoscopy Unit - Investigative procedure information leaflet

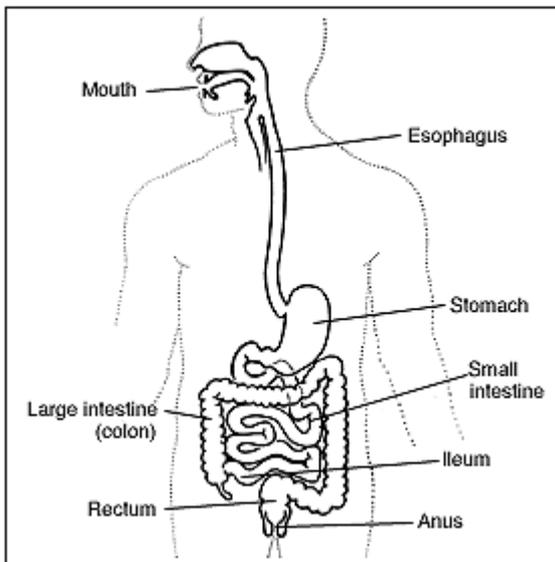
Name of procedure: **Enteroscopy**

Why is this leaflet important?

- **We recommend that you read this leaflet carefully.**
- It will explain some of the benefits and risks of the procedure.
- **Your preparation details are included on page 2.**
- **If you have diabetes, specific information is included on pages 4 to 6.**
- We want you to have all the information you need to make the right decision.
- You will need to record that you agree to have the procedure by signing a consent form and filling in the nursing assessment.

Why do I need an enteroscopy?

It has been recommended for you to have an enteroscopy to help find the cause of your symptoms. The aim of the procedure is to assess the lining of your upper intestine to see whether there are any problems, and decide if further treatment is necessary.



What is an Enteroscopy?

- An enteroscopy is an examination which allows us to assess the lining of your oesophagus (gullet), stomach, duodenum (part of the small intestine) and the first part of the small bowel.
- To perform the examination, we will gently pass an enteroscope through your mouth, over the back of your tongue and into your oesophagus. The enteroscope is a long flexible tube with a bright light at the end, which is about the thickness of your little finger.

Sometimes we will take a biopsy. This is a sample of the lining which we will examine in the laboratory. We will remove this small piece of tissue painlessly using tiny forceps through the enteroscope. It is also possible to remove polyps

during the enteroscopy. Polyps are small growths of extra tissue on the bowel wall, which we will want to examine in more detail after we remove them.

What do I need to do to prepare?

Eating/drinking:

- To allow us to see clearly inside your stomach, it must be completely empty of food.
- If your stomach is not completely empty of food, we may not be able to see certain areas of your stomach and we may have to repeat the procedure.
- As a result, you **must not eat for six hours** before the procedure.
- You may take **one or two sips of water up to two hours before the test.**

Medication:

- Continue to take your normal medicines up to and including the day of your procedure.
- **If you are taking Warfarin, please continue to take your normal medication, but please ensure that you have a blood test to check your clotting level, two**

working days prior to your procedure. Please only contact the Endoscopy Unit if your blood results are over 3.

- If you are taking any antacid tablets, for example:
 - Ranitidine (Zantac)
 - Cimetidine (Tagamet)
 - Omeprazole (Losec)
 - Lansoprazole (Zoton)
 - Pantoprazole (Protium)
 - Rabeprazole (Pariet) or
 - Esomeprazole (Nexium)

You should stop taking them for two weeks before your enteroscopy (if this is possible) unless you have been told otherwise. (If we are repeating your enteroscopy, you may continue taking your tablets). You may continue to take liquid antacids (for example, Gaviscon or Asilone) if you need to but not within three hours of your test.

- **Please bring a list of any medications you are taking and any medication you may need to take after your test.**
- We will need to know if you feel unwell when you are due to come into hospital for your procedure. Depending on your illness and how urgent your investigation is, your procedure may need to be delayed.
- **If you have diabetes, please read pages 4 to 6 carefully.**

General Information:

- Please remove any body piercings and jewellery before you leave home.
- Please do not bring valuables or money with you as Worcestershire Acute Hospitals NHS Trust cannot accept responsibility for these items.
- Please do not wear any nail varnish, lipstick or false nails. Please do not use any fake tan or body lotion on the day of your procedure.
- Due to the nature of this test, you may find wearing loose-fitting casual clothes more comfortable to travel home in.
- Please note your procedure may be performed by trainee doctors or other health professionals under the careful supervision of a Senior Doctor. You can decline to be involved in the training of trainee doctors and other health professionals – this will not affect your care or treatment.
- Our aim is to run the Endoscopy lists as close as we can to time, however the time taken to complete procedure can vary; delays are possible with some procedures; acutely unwell patients may need to have their test performed in advance of planned patients. All of these issues can cause some delays.

What will happen on the day of my procedure?

Before the examination you will be welcomed and assessed by an Endoscopy Unit Nurse. You may have been given a patient questionnaire to fill in at home. Alternatively, you will be asked to complete this with a nurse on arrival.

We will need to know if you:

- Have experienced any allergies or bad reactions to drugs or tests in the past?
- Suffer from any other medical conditions, for example, diabetes or asthma?
- Are taking any medications?
- Have had any previous endoscopies?

The nurse will discuss the test with you, take your pulse and blood pressure and confirm that you wish to go ahead with the procedure.

Sedation:

We usually give you a sedative drug by injection through a small tube (venflon) in the back of your hand, to help make sure that you are relaxed and comfortable during the procedure. This is not a general anaesthetic, but will relax you and make you feel sleepy.

What will happen during my enteroscopy?

- In the Endoscopy room you will be made to feel comfortable on a trolley, resting on your left side. A nurse will stay with you throughout the examination.
- A nurse will attach a small device to your finger to monitor your pulse rate and general condition during the examination. We will then give you a sedative injection and oxygen throughout the procedure.
- A small sponge will be connected to narrow tubing will be placed in one of your nostrils so that you can be given a little oxygen during the enteroscopy. To keep your mouth in a comfortable position, we will insert a plastic mouthpiece between your teeth and gums.
- When the enteroscope has been gently passed into your stomach, air will be passed through it to expand the stomach to give a clear view of the lining. This may make you feel bloated. The feeling will pass because most of the air is removed as the enteroscope is removed from your stomach.
- The test generally takes between 10 and 20 minutes to complete.
- If necessary, we will take small tissue samples (biopsies) through the enteroscope. It is possible that we will be able to remove polyps during the procedure and send them to the laboratories for analysis. It is unusual for either of these procedures to be painful.

What will happen after my enteroscopy?

After the test is over, you will need to recover on the Endoscopy Unit for about an hour, we will take you back to the recovery area. You may feel a little bloated with wind pains but these usually settle quite quickly. A member of the Endoscopy Team will discuss the findings of this test with you and the person taking you home.

Leaving the hospital:

- Once you get home, it is important to rest quietly for the rest of the day. This is very important if you have been sedated, sedation lasts longer than you think.
- You should not be left alone for 12 hours after the procedure.
- You must be accompanied home from the hospital by a responsible adult. You must not drive yourself for 24 hours. If you fail to make appropriate arrangements for someone to accompany you home, we may have to cancel your procedure.

For 24 hours after the procedure, you should not:

- Drive a car
- Sign any legally binding documents
- Take sleeping tablets
- Work at heights – including ladders
- Use machinery
- Drink alcohol

The effects of the test and injection should wear off within 24 hours, when most patients are able to carry out normal activities again. If you work we do advise you to have the following day off.

Analysing the biopsy/polyps removed:

- We will normally send any biopsies or polyps removed to the laboratory in the hospital for tests. It can take up to 7-10 days for the results to be available.

Risks of the procedure:

Everything we do in life has risks. An enteroscopy is considered to be a safe procedure, but occasionally there can be side effects and complications. These include the following:

- Bloating and abdominal discomfort (this is not unusual for a few hours following the procedure)
- Bleeding from the biopsy site
- The back of your throat may feel a little sore for 24 hours after the procedure

- Reactions to the drugs given

And very unusually:

- The oesophagus, stomach or first part of the bowel puncturing during the procedure
- Sometimes, surgery is needed to put right these types of complications.

You will be cared for by a skilled team of doctors, nurses and other health-care workers who are involved in this type of procedure every day. If problems arise, we will be able to assess them and deal with the appropriately.

If you are attending the Endoscopy Unit at Kidderminster Hospital or Evesham Community Hospital, to deal with any problems that may arise during or after your procedure we may need to transfer you to the Alexandra Hospital in Redditch or the Worcestershire Royal Hospital in Worcester.

If you have diabetes:

If you monitor your blood glucoses, please monitor your blood glucoses every 2 hours on the day of your procedure.

If your diabetes is treated with lifestyle measures only (diet and exercise), you don't need to take special precautions.

Instructions for on the day of your Enteroscopy

I take TABLETS for my diabetes:-

E.g. metformin, gliclazide, glibenclamide, sitagliptin, pioglitazone

Before your procedure: Please do **not** take your tablets.

After your procedure: Take your tablets as you normally would. **You won't need to make up for your missed dose.**

I take injections called BYETTA® or VICTOZA®.

The day of your procedure: Once eating and drinking normally, recommence your injections.

If you are taking Bydureon please consult your diabetes specialist nurse.

I take INSULIN for my diabetes:-

Insulin: Basal-Bolus regimens

Injections **3 or more times** a day

Before your procedure: If you normally have a long-acting insulin (e.g. **Glargine®**, **Levemir®**) in the morning, take **half** of your normal dose. If you normally have one in the evening; take it as usual.

If you have a morning appointment;

If you normally have short acting insulin eg: Novorapid, Humalog with breakfast – don't take it before the test.

After your procedure: Have your short-acting insulin with your first meal.

If you have an afternoon appointment;

You should have your usual morning dose of your short acting insulin with your breakfast, breakfast should be a light meal, (one or two pieces of toast or a bowl of cereal taken before 8am)

Carry on drinking clear fluids until 8am, some of the drinks should contain several teaspoons of sugar to avoid you becoming hypoglycaemic (having low levels of sugar in your blood).

After your procedure: You can have your usual short acting insulin dose with your next meal.

Insulin: Twice daily regimens

Mixed insulin injections **twice** a day (e.g. **Novomix 30®**, **Humalog Mix 25®** or **50®**)

Before your procedure: Take **half** of your normal morning dose.

After your procedure: You can have your evening dose of insulin as normal.

Insulin: Once daily regimens

Injections **once** a day (e.g. **Insulatard®**, **Humulin I®**) Take half your usual dose if you take it in the morning and your usual dose if taken at night.

Please feel free to contact your local diabetes nurse specialist:

- If you have any questions about any of the information in this leaflet
- If your diabetes medication/regime is not mentioned in this leaflet

Worcester Diabetes Centre:

01905 760 775

Adapted from "Management of adults with diabetes undergoing surgery and elective procedures:" Improving standards 2011.

Contact Details:

If you have any specific concerns about your procedure, that you feel have not been answered and need explaining, please contact the following:

Alexandra Hospital Redditch

- **Booking Office – 01527 512013 / 01527 505751**
- **Endoscopy Nursing Staff – 01527 512014**

Evesham Community Hospital

- **01386 502443**

Kidderminster Hospital

- **Booking Office – 01562 826328**
- **Endoscopy Nursing Staff – 01562 513249**

Worcestershire Royal Hospital

- **Booking Office – 01905 760856**
- **Endoscopy Nursing Staff – 01905 733085**

Other Information:

The following internet websites contain information that you may find useful:

- www.worcsacute.nhs.uk
Information about Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information on fact sheets on health and disease (Diagram taken from website)
- www.nhsdirect.nhs.uk
On-line health encyclopaedia and best treatments website

Patient Services Department:

If you have any concerns about your care, you can contact the Patients Services Department on 0300 123 1733. The Patient Services staff will be happy to discuss your complaints/concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester, WR5 1DD, or contact the Patient Services Department for advice.

Please contact Patients Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).

Bengali

“আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাসেজ সার্ভিসের সাথে যোগাযোগ করুন।”

Urdu

“اگر آپ کو یہ دستی اشتہار کسی مُتبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایڑی ریڈ) تو پبلیشمنٹ سروسز سے 0300 123 1733 پر رابطہ کریں۔”

Portuguese

“Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler).”

Polish

“Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733.”

Chinese

“如果您需要此份傳單的其他語言選擇或其他版本 (如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733與病患服務處聯繫。”

Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet: _____

Date: _____

Comments:

Thank you for your help.