

Patient Information

Gastroscopy + Colonoscopy

Endoscopy Unit - Investigative procedure information leaflet

Why is this leaflet important?

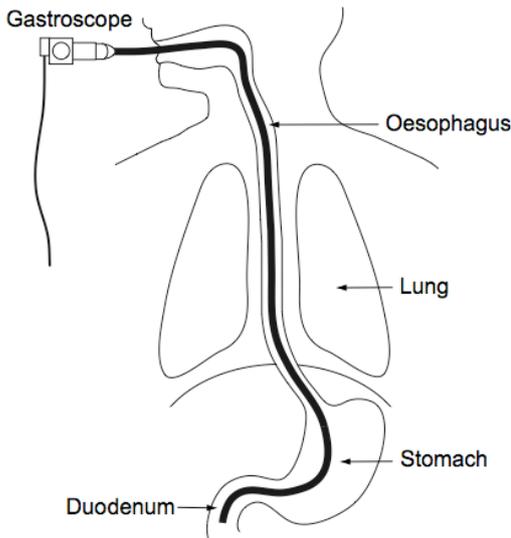
- **We recommend that you read this leaflet carefully.**
- It will explain some of the benefits and risks of the procedure.
- **Your preparation details are included on page 2.**
- **If you have diabetes, please read pages 5- 6 carefully.**
- We want you to have all the information you need to make the right decision.
- You will need to record that you agree to have the procedure by signing a consent form.

Why do I need a Gastroscopy and Colonoscopy?

It has been recommended for you to have both a gastroscopy and colonoscopy to help find the cause of your symptoms. The aim of the procedures is to assess the lining of your upper intestine and the lining of the large bowel to see if there are any problems and decide if further treatment is necessary.

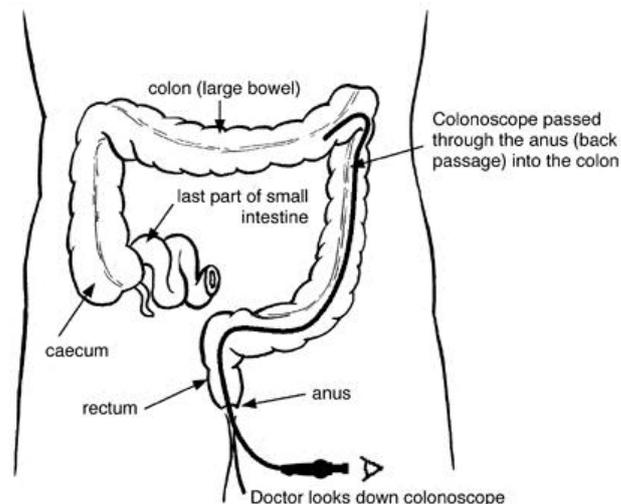
What is a Gastroscopy?

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



What is a colonoscopy?

- A colonoscopy is a procedure which allows us to assess the lining of your large bowel (your rectum and colon).
- In order to perform this procedure, we will gently pass a colonoscope through your anus into your large bowel. The colonoscope is a long flexible tube with a bright light at the end, which is about the thickness of your index 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 gastroscopy or colonoscopy.

What do I need to do to prepare?

Eating/drinking:

- For a successful procedure, it is important that your stomach and bowel are completely empty of food and waste material.
- If your stomach and bowel are not clear, the Endoscopist might miss something important or have to repeat the examination.
- To clear your bowel of waste material, your doctor has decided that you should take the laxatives that have been sent to you. **Please follow the instructions enclosed with the laxative drugs carefully.**
- **You must not eat, chew gum or suck boiled sweets for six hours before the examination.**
- **Please drink sips of clear fluids only up to two hours prior to the planned time of your procedure.**
- Please **avoid** seeded bread products for **one week** before your procedure.
- You **should not** eat **red** jelly for **one week** before your procedure as this may colour the lining of your bowel.

Medication:

- Continue to take your normal medicines up to and including the day of your procedure.
- **Patients taking oral contraceptives should take alternative precautions during the week after the administration of the oral bowel cleansing agent**
- **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, **Phenindione, Rivaroxaban, Apixaban, Dabigatran, Prasugrel, Ticagrelor or any other blood thinning agents Please contact the unit as our Doctors may decide that it is necessary for you to stop taking your tablets for a limited time before your procedure**
- If you are taking any antacid tablets, for example:
 - Ranitidine (Zantac)
 - Cimetidine (Tagamet)
 - Nizatidine (Axid)
 - Omeprazole (Losec)
 - Lansoprazole (Zoton)
 - Pantoprazole (Pariet)
 - Esomeprazole (Nexium)

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

If we are repeating your gastroscopy you may continue taking your tablets

- If you are taking iron tablets, you must **stop** taking these **7 days** before the examination. You will be able to start taking them again once the procedure is done.

- **Please bring with you a list of any medications you are taking and any medication you may need to take after your procedures.**
- We will need to know if you feel unwell when you are due to come into hospital for your procedures. Depending on your illness and how urgent your investigation is, your procedures may need to be postponed.

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 these procedures, you may find wearing loose-fitting casual clothes more comfortable to travel home in.
- Please note your procedures 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 procedures can vary; delays are possible with some procedures; acutely unwell/emergency patients may need to have their procedures performed in advance of planned patients. All of these issues can cause some delays.

What will happen on the day of my procedure?

Before your procedures you will be welcomed and assessed by an Endoscopy 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 procedure with you, take your pulse, 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. If you are sedated

You must be accompanied home from the hospital by a responsible adult. If you fail to make appropriate arrangements for someone to accompany you home, we may have to cancel your procedure, or you will be offered throat spray only.

Throat spray is a local anaesthetic this will be sprayed at the back of your throat to make the area numb

You should not have anything to eat or drink for about an hour after the procedure

What will happen during my Gastroscopy?

- 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 your procedures. You will be asked to remove your glasses and dentures.
- A nurse will attach a small device to your finger to monitor your pulse rate and general condition during the examination. You may be given oxygen during your procedure.

- To keep your mouth in a comfortable position, we will insert a plastic mouthpiece between your teeth and gums.
- When the gastroscope 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 gastroscope is removed from your stomach. The procedure generally takes between 5 to 10 minutes to complete.

If necessary, we will take tissue samples (biopsies) through the gastroscope. It is unusual for this to be painful.

What will happen during my colonoscopy?

You may be offered Entonox as an alternative to sedation, this is a pain relief self-administered by the patient (gas and air) (**please read additional leaflet on Entonox**) you will be assessed for suitability on the day of your admission. Please be aware not all patients are suitable for Entonox

- A nurse will attach a small device to your finger to monitor your pulse rate and general condition during the examination. If you have not already had a sedative but have chosen this, you will be given an injection; once it has been administered you will be given oxygen throughout the procedure.
- When the colonoscope has been gently passed in your anus, air will be passed through it to expand your bowel to give a clear view of the lining. This may make you feel bloated. The feeling will pass because most of the air will be removed as the colonoscope is removed from your bowel.
- The test generally takes between 20 and 30 minutes to complete.

For 24 hours after the procedure, with sedation you MUST NOT:

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

Sedation lasts longer than you think; the effects of the sedation should wear off within 24 hours, when most patients are able to carry out normal activities. If you do work we advise you to take the following day off

If you chose/are suitable for Entonox or No Sedation you will be able to drive normally and return to work after 30 minutes of recovery time

What will happen after my Gastroscopy + Colonoscopy?

After your procedures, you may feel a little bloated with wind pains but these usually settle quite quickly and you may find that you have a sore throat for a little while. We will discuss the findings of the procedure with you before you go home. If you have had sedation, the results of your procedure will be discussed with you and the person taking you home with your consent. After the procedure, you will be offered a drink and a light snack by staff. If you wish to bring your own food, please do so.

Analysing the biopsy:

We will normally send any biopsies 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:

Gastroscopy and Colonoscopies are considered to be safe procedures, but occasionally there can be side effects and complications. These include:

- 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 your procedure
- Possible damage to any teeth which are loose in your mouth
- Possible loose stools for 24 hours after the procedure
- Reactions to the laxatives given
- Reactions to the medications given

And very unusually;

The oesophagus/stomach or 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 professionals who are involved in this type of procedure every day. If problems arise, we will be able to assess them and deal with them appropriately.

If you are attending the Endoscopy Unit at Kidderminster Hospital or Evesham Community Hospital, to deal with any problems that 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:

General instructions for patients taking medication for diabetes;

The day before your procedure, don't take any of your usual tablets for your diabetes.

Continue to **drink plenty of fluids**. Some of these may need to be sugary (e.g. apple juice, lucozade, and squash). Please follow closely the **instructions for bowel preparation** you were given.



Bring your diabetes medication with you. You may need it for after your procedure.

If you normally monitor your blood glucose, bring your **blood glucose meter**, a **record of your readings** and some **glucose tablets/sugary drink** (in case you have a hypo). You will need to monitor your glucose levels **more frequently**.



After the procedure, you will be offered a drink and a light snack by staff. If you prefer to bring your own food, please do so. You may find your blood glucose is slightly higher than normal after the test. Aim for levels of 7-11 mmol/L in the first 12 hours.

I don't normally have medication for my diabetes:

If your diabetes is treated with lifestyle measures only (diet and exercise), you don't need to take special precautions. Please follow closely the **instructions for bowel preparation** you were given.

I take TABLETS for my diabetes:

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

Before the procedure: Please do **not** take your tablets. This is because you will not be able to eat until the test is over.

After the 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® and LZXUMA

The day before your procedure: You will **not** need to take your injection.

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

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

Instructions for the day before your procedures:

If you are on a basal-bolus regimen (injections **3 or more times** a day) **don't take your short acting insulin** (e.g. Novorapid, Humalog) because you are not eating, but **do** continue to take your long acting insulin but **half** your normal dose.

Insulin: Twice daily regimen / Once daily regimen

Take only **half** your normal dose of insulin.

Instructions for on the day of your procedures:

I take INSULIN for my diabetes.

Insulin: Basal-Bolus regimens

Injections **3 or more times** a day

Before the procedure: If you normally have long-acting insulin (e.g. **Glargine®**, **Levemir®**) in the morning, take **half** of your normal dose. If you normally have short-acting insulin (e.g. **Novorapid®**, **Humalog®**) with breakfast, **don't** take it before the test.

After the procedure: Have your short-acting insulin with your first meal. If you normally have one in the evening; take it as usual.

Insulin: Twice daily regimens

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

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

After the 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 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.worcestershirehealth.nhs.uk/Acute_Trust
Information about Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information fact sheets on health and disease
- 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 Patient 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 wish to have a formal complaint investigated you should write directly to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester, WR5 1DD or contact the Patients Services Department for advice.

Please contact Patient 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 প্যাশেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

Urdu

“اگر آپ کو یہ دستی اشتہار کسی متبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایڑی ریڈ) تو پبلیشمنٹ سروس 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.