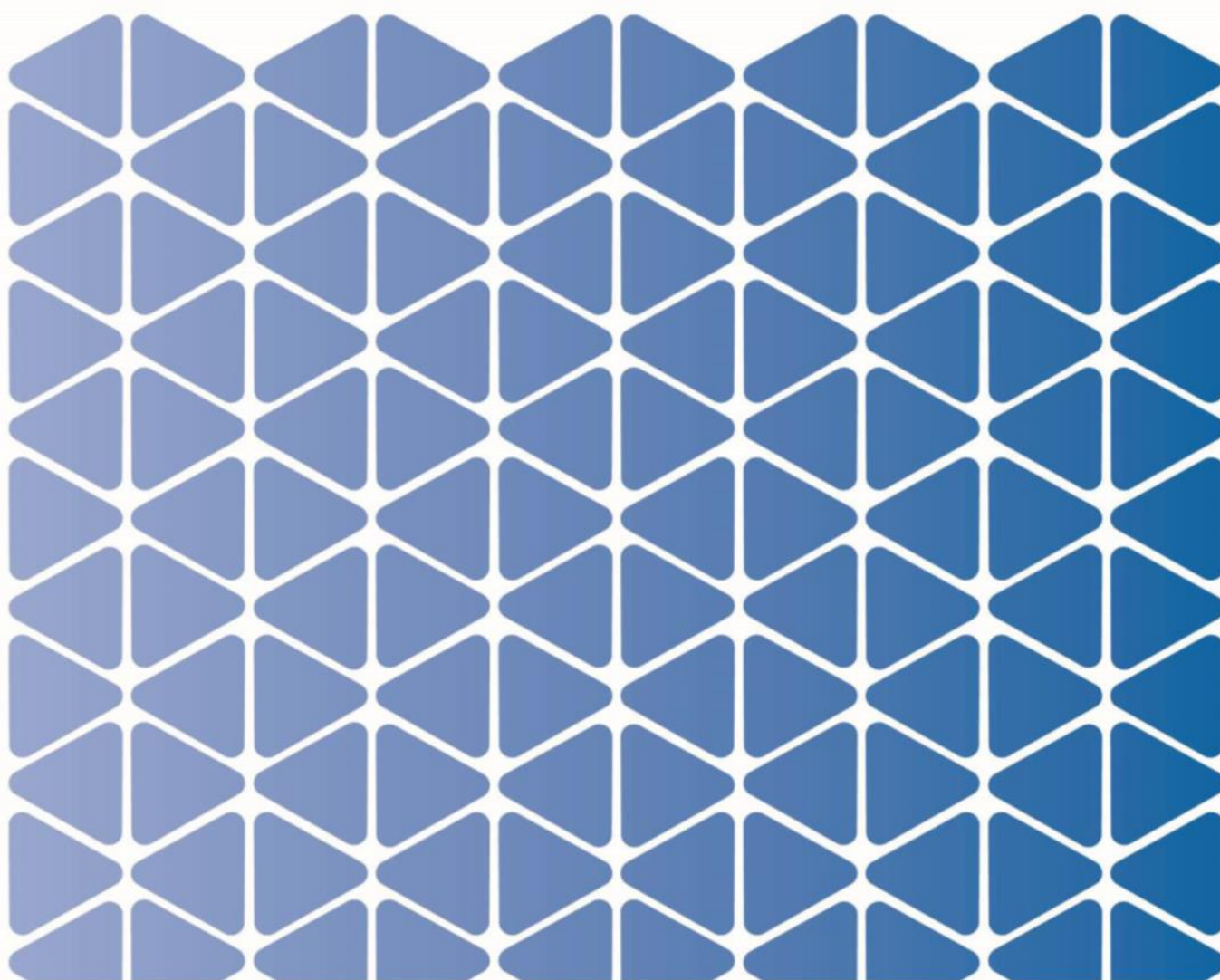




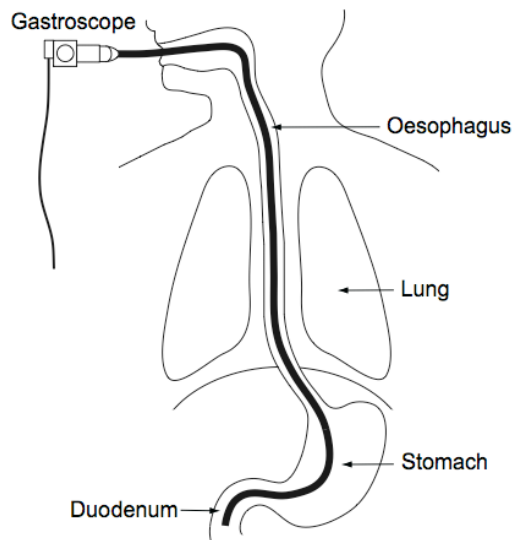
PATIENT INFORMATION
ENDOSCOPY UNIT

**GASTROSCOPY AND
COLONOSCOPY**



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.

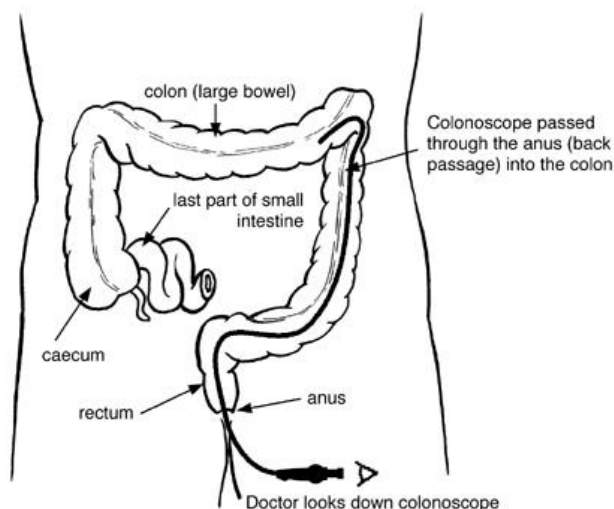


What is a Gastroscopy?

- 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 gastroscopy through your mouth over the back of your tongue, and into your oesophagus.
- The gastroscopy 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 colonoscopy through your anus into your large bowel. The colonoscopy 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. Please bring with you a list of any medications you are taking and any medication you may need to take after your procedures.
- **Blood thinning medication:** If you are taking blood thinning drugs, these can cause a risk of excessive bleeding when we perform your camera test or take any tissue samples. Please be aware that if we find any pathology during your test and this requires additional intervention, then you will be advised at the time of your test how best to manage your blood thinning medications. Please follow this instruction:
- **Warfarin**

If you are taking Warfarin, please continue to take your normal medication but please ensure that your INR level is below 3. This needs to be checked two days prior to the day of your procedure. Please don't stop taking this unless you have been advised directly to stop

- **Phenindione, Rivaroxaban, Apixaban, Dabigatran, Edoxaban, Prasugrel, Ticagrelor or Clopidogrel**

IF YOU TAKE LONG TERM STEROIDS OR HYDROCORTISONE FOR ADRENAL INSUFFICIENCY PLEASE RING THE RELEVANT DEPARTMENT AND SPEAK TO A NURSE IF THIS HAS NOT ALREADY BEEN ADDRESSED.

Please do not take any of these drugs on the morning of your procedure, unless you have been given specific instructions otherwise.

Antacid tablets, you should stop taking them for **two weeks** before your gastroscopy (unless you are known to have Barrett's.) You may continue to take liquid antacids (for example, Gaviscon or Asilone) if you need to but **NOT** within three hours of your procedure. If we are repeating your gastroscopy, you may **continue** taking your antacid tablets. Example of antacids:

- Ranitidine (Zantac)
- Cimetidine (Tagamet)
- Nizatidine (Axid)
- Omeprazole (Losec)
- Lansoprazole (Zoton)
- Pantoprazole (Pariet)
- Esomeprazole (Nexium)

Iron tablets.

- If you are taking you must stop taking these 7 days before the procedure. You will be able to start taking them again once the procedure is done.
- Please bring a list of any medications you are taking and any medication you may need to take after your procedure.

Oral contraceptives

- Patients taking should take alternative precautions during the week after the administration of the oral bowel cleansing agent.
- 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.

If you are diabetic

Please follow the instruction on page 9-10

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 the procedure you will be welcomed and assessed by an Endoscopy Nurse. Please bring your medicines or prescription. You may have been given a patient health questionnaire to fill in at home. We will need to know if you suffer from any other medical conditions, allergies or past operations etc. Alternatively, you will be asked to complete this with a nurse on arrival. The nurse will discuss the procedure with you, take your pulse, blood pressure and confirm that you wish to go ahead with the procedure. Your appointment time takes into account the time required to admit you to the unit by the nurse. You should expect to be with us for 1-3 hours including waiting and recovery time.

Making your procedure more comfortable:

For Gastroscopy, you have an option to either have sedation or local anaesthetic throat spray (numbing your throat).

For Colonoscopy, you have an option to either have sedation or Entonox gas or no medication- more details below:

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, the sedative will not put you to sleep but helps to relax you; it is known as conscious sedation and as such you should be able to respond to verbal commands.

Please be aware you cannot have sedation unless you have a responsible adult who will accompany you home and care for you for a minimum of 12 hours. 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 or offered gas and air or discuss the option of not having any medication for your procedure or you will be offered throat spray only.

Throat Spray:

- We usually use a local anaesthetic for your procedure; this will be sprayed at the back of your throat to make the area numb.
- Using throat spray also means that you can leave the Endoscopy Unit as soon as the procedure is over.
- You will be able to make your own way home or back to work.
- You should not have anything to eat or drink for about an hour after the procedure, you will be given advice on this prior to your discharge.

Entonox:

Entonox (50% Oxygen and 50% nitrous oxide) is 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 procedure, not everyone is suitable. **Entonox is available on all sites.**

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 blood pressure machine and a small device to your finger to monitor your pulse rate and oxygen saturation in your blood. 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?

- A nurse will attach blood pressure machine and a small device to your finger to monitor your pulse rate and oxygen saturation in your blood. 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.

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.

What will happen after my colonoscopy?

After the procedure is over, you will be taken back to the recovery area and you will need to recover on the Endoscopy Unit for about an hour, (sedation only). 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 procedure with you and the person taking you home.

Leaving the hospital;

After Sedation only

- 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 must have a responsible adult who will accompany you home and care for you for a minimum of 12 hours. You must not drive yourself for 24 hours, sign any legally binding documents, take sleeping tablets, work at heights – including ladders, use machinery or drink alcohol

The effects of the procedure 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.

After Entonox or No sedation

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

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:

What are the risks of having a Colonoscopy?

A colonoscopy is usually safe but in rare cases it can cause harm to the bowel. According to our national guidance there is a risk of:

- Bleeding which occurs about 1 person in every 400 or from where polyp has been removed (less than 1 in every 150 tests for polyps larger than 1cm) has bleeding after their colonoscopy but it is usually easy to stop. Rarely, the bleeding is more difficult to stop and means that the person needs to be admitted to hospital. This happens to about 1 in every 2000 people having a colonoscopy.
- Perforation which occurs even more rarely, colonoscopy can cause a small tear in the bowel. For a diagnostic procedure, this happens to about 1 in 2000 and to about 1 in 500 after polypectomy. This is treated conservatively with hospital admission and antibiotics however some people will need surgery to repair their bowel.
- Risk to life occurs approximately 1 in 15,000.
- Missed polyps, growth or bowel disease
- Not completing the procedure on some occasions, this is due to technical difficulties, such as bowel preparation not working effectively making it difficult for the endoscopist to examine.
- Side effects such as bloating and abdominal discomfort (this is not unusual for a few hours following the procedure), reactions to the laxatives given, loose bowel actions for 24 hours after the procedure and reactions to medications given.

What are the risks of having a Gastroscopy?

- Bleeding may occur on site where the specialist has taken biopsies and nearly always stops on its own. Major bleeding from the stomach can occur in 1 in 1000.
- Perforation (punctures or tears of the stomach or oesophagus), nationally this happens to approximately 1 in 3000 patients. This can be treated with antibiotics and intravenous fluids. There are cases you may need surgery to repair the hole.
- There is a risk the specialist may miss small pathology.
- Very rarely patient have allergic reaction to equipment or medicines used for the procedure.
- Very rarely patient have disturbance of the heart rate and breathing from the sedation medications.
- In some occasion we may not be able to complete your test.
- Risk to your life is very rare.
- Occasionally there can be side effects such as bloating and abdominal discomfort (this is not unusual for a few hours following the test), the back of your throat may feel a little sore for 24 hours after your procedure and possible damage to any teeth which are loose in your mouth.

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:

If you monitor your blood glucose, please monitor it every 2 hours on the day of your procedure up to admission where it will be checked by a member of the nursing team

Patients with Insulin Treated Diabetes

Basal-bolus regimen (injections 3 or more times a day)

Instructions for the day before the colonoscopy:

Give half the usual rapid acting insulin doses with each meal (e.g. Novorapid®, Humalog®). Continue the usual dose of long acting insulin (e.g. Lantus®) if taken in the morning, but reduce the dose by 20% if taken in the evening.

If on a once or twice daily insulin regimen, take half the usual dose of insulin.

The instructions for bowel preparation should be followed. Some of the oral fluids contain glucose e.g. apple juice, Lucozade or squash (not sugar-free).

Instructions for the day of colonoscopy:

Basal-Bolus regimens (Injections 3 or more times a day)

Before the procedure:

For those taking long-acting insulin (e.g. Lantus®, Levemir®) in the morning, reduce the usual dose by 20%. For those taking rapid acting insulin (e.g. Novorapid®, Humalog®) with breakfast, omit this before the test.

After the procedure:

Give the rapid acting insulin with the first meal following the procedure. The usual basal dose of insulin should be given in the evening.

Insulin: Twice daily regimens

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

Before the procedure: Half the usual morning dose of insulin should be given.

After the procedure: The usual evening dose of insulin should be given.

Insulin: Once daily regimens (Injections once a day, e.g. Insulatard®, Humulin I®)

A 20% reduction of the usual dose of insulin should be given if taken in the morning. The usual dose should be given if the insulin is taken in the evening.

If there is any doubt or concern, the local diabetes specialist nurse or consultant should be contacted for advice.

If more than one meal is to be missed, or there are two consecutive blood glucose levels above 15mmol/l, consider commencing CVRIII.

Patients with Diabetes Treated With Tablets and/or a GLP-1 Agonist

The day before the test

The usual diabetes treatment should be omitted.

The instructions for bowel preparation should be followed. Some of the oral fluids contain glucose e.g. apple juice, lucozade or squash (not sugar-free).

The day of the test

The usual diabetes treatment should be omitted in the morning. Fluids (including some that contain glucose) should be drunk. It is recommended that blood glucose is checked every 2 hours from waking until the test.

After the test

Usual diabetes treatment should be resumed.

If there is any doubt or concern, the local Diabetes Specialist Nurse or consultant should be contacted.

Adapted from **WAHT-END-012- Guideline for the Management of diabetes for patients undergoing Endoscopy Procedures 2020**

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

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.