

Having a Gastroscopy and Colonoscopy

An Information Guide

Advice Leaflet
Medical Division

Please read this information leaflet carefully. It gives relevant information about your tests and how to prepare for them. Please note that the tests may also be called an endoscopy or a camera test.

This leaflet will help to explain the procedure and allay some of the anxieties that you may have about it.

If you have any concerns or questions, the endoscopist or endoscopy nurse who assesses you before the procedure will be happy to discuss them with you.

What is a Gastroscopy?

Your doctor has advised you to undergo these combined procedures to help find the cause of your symptoms. The instruments used for these procedures are endoscopes.

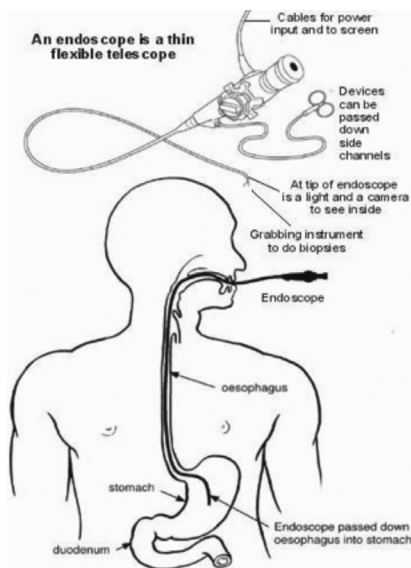
A gastroscopy is a technique to look directly into the gullet (oesophagus) stomach and the first part of the small bowel (duodenum). The second procedure you will be having is called a colonoscopy. This is an examination of the large bowel (colon).

A gastroscope is a thin flexible tube with a light at the end, which is passed into the mouth by the endoscopist and then swallowed once it is in the correct position. During the test the endoscopist may take samples (also called biopsies) for analysis or to check for infection in the lining of the stomach also known as *Helicobacter Pylori*.

The samples are removed painlessly through the endoscope, using tiny forceps. The endoscope is removed once the procedure has been completed.

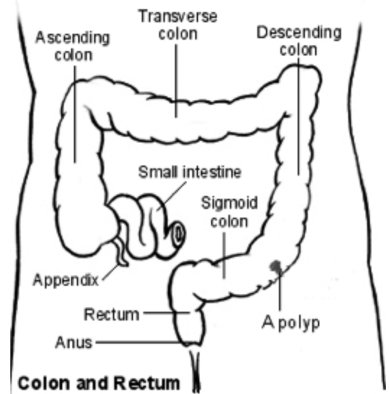
What is a Colonoscopy?

Colonoscopy is a test which allows the endoscopist to look directly at the lining of the large bowel (colon) using a colonoscope. The colonoscope is a flexible tube about the thickness of your index finger. The endoscopist gets a clear view of the lining of the bowel and can check whether or not any disease is present. Sometimes the endoscopist takes a biopsy for analysis in the laboratory.



It is possible to remove polyps during the colonoscopy. Polyps are like warty growths on the inside of your bowel which have a small risk of becoming cancerous. Usually the endoscopist will want to remove them and send them to be examined microscopically. Large polyps greater than 2.5-3cms may require more time to be treated safely and an additional procedure will be arranged.

The procedure may be uncomfortable. Some people will have either gas & air (Entonox) or sedation to help with this. Occasionally people have no sedation at all.



Photographs may be taken to assist the medical team in your treatment. If you have any objections please highlight this to the endoscopist or nurse prior to the procedure. You can be assured that all patient information is strictly confidential in accordance with the Data Protection Act 1998.

What are the benefits?

- Diagnosis / surveillance
- Reassurance
- Guide treatment
- Exclusion of some types of disease

Are there any significant risks?

Gastroscopy & Colonoscopy are generally safe procedures. Complications are rare but they can happen.

Gastroscopy

Perforation

There is a 1 in 2,000 risk of making a tear in the oesophagus, stomach or duodenum. The risk is higher if there is an abnormal narrowing (stricture) that is stretched. If this occurred you would require admission to hospital for further treatment with antibiotics and/or surgery.

Bleeding

There may be bleeding from a biopsy site or from minor damage caused by the endoscope. This usually stops on its own.

Discomfort / Bloating

Mild discomfort caused by air blown into the stomach to allow it to be viewed. The endoscopist will remove most of this prior to withdrawing the endoscope. You may have a sore throat for 24 hours following the procedure.

Damage to teeth and bridge work

The nurse will place a plastic mouthpiece in your mouth to help protect your teeth. If you have any loose teeth please attend the dentist for treatment before your gastroscopy. Failure to do so may result in your appointment being cancelled.

Colonoscopy

Perforation

This is a tear in the wall of the colon (risk: approximately less than 2 in 1000). The risk is higher if a polyp is removed (risk: less than 3 in 1000).

Bleeding

Bleeding from a biopsy site or from minor damage caused by the colonoscope (risk: less than 1 in 1000). If a polyp is removed bleeding may also occur, the risk is approximately 2 in 100 cases. Typically this will settle spontaneously but may need additional intervention. Rarely a blood transfusion or even an operation is necessary to solve the problem.

The risk is higher when large polyps are removed. You should be aware that bleeding can sometimes start a few days after the procedure. If this happens you will need to contact the hospital for advice.

Discomfort

Discomfort/ bloating in the abdomen is usually from air inserted during the test by the endoscopist to see where they are going.

Sedation

You may have a reaction to the sedative which causes breathing difficulties. Your oxygen levels are monitored throughout the procedure and oxygen is administered via a nasal cannula.

There is also a small risk of inhaling secretions such as saliva; this risk is reduced by the nurse using a suction device to clear any secretions.

Entonox (gas and air)

This may cause some problems with light headedness, dry mouth, tingling in your fingers or nausea.

Missed pathology

A small lesion may be missed during the procedure.

Incomplete procedure

This can happen due to a technical difficulty, food or a blockage in the upper digestive system, poor bowel preparation or narrowing in the bowel, complications during the procedure, or discomfort.

Please talk to your endoscopist before the examination if you have any worries about these risks.

The team in the endoscopy unit will make your procedure as safe as possible. However, complications can happen. Some of these can be serious and very rarely can cause death (risk 1 in 15000 procedures) for colonoscopy and (1 in 25,000) for gastroscopy.

The team in the endoscopy unit is highly trained in preventing and dealing with any complications.

Are there any alternatives?

X-ray examinations are alternative investigations but sampling and treatment of polyps is not possible. X-ray tests may still be necessary after these procedures for further information of structures outside the lining of the bowel or to clarify findings.

Preparing for both gastroscopy & colonoscopy

You should have received your bowel preparation along with instructions on how to take this. Please follow the instructions carefully to make sure your bowel is clean for the procedure. It is important to continue drinking clear fluids up until 4 hours prior to your appointment time. Medication can be taken within that 4 hour period with sips of water only. Failure to follow these instructions may lead to your procedure being cancelled.

What about my medication?

The gastroscopy may give more information if certain medication is stopped before the test, preferably for at least 2 weeks.

If you do not stop this medication, as requested, this may make the test less helpful in providing a diagnosis for your symptoms.

These medications are listed below:

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

You may take antacids or Gaviscon to control symptoms.

You should follow any specific advice you have been given with regard to your regular medications. If you have not received specific advice then you should continue to take them as normal.

However, any regular medication should not be taken one hour before or after administration of the oral bowel cleansing medication due to the possibility of impaired absorption.

Seven days before your test you should stop the following medicines:

- Iron containing preparations (for anaemia, such as ferrous sulphate)

Three days before your test you should stop the following medicines:

- Any medicines that contain codeine
- Any medicines that contain Loperamide

If you are taking the following medication please discontinue the day you take your oral bowel cleansing preparation:

- Diuretics ('water tablets') such as furosemide
- Non-steroidal anti-inflammatory drugs (a type of pain killer) such as Ibuprofen or Naproxen

If you have not discussed stopping the following medications with your consultant in clinic please ring the endoscopy unit immediately:

- Ticagrelor, Prasugrel, Dipyridamole and Clopidogrel
- Warfarin
- Apixaban, Rivaroxaban, Dabigatran and Edoxaban
- Any other blood thinning medication

Aspirin does not need to be stopped for the procedure.

These agents thin your blood out and you may have to discontinue them depending on the nature of the procedure that is planned.

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.

Patients taking immunosuppressants for transplanted organs should seek advice from their doctor before taking any oral bowel cleansing preparation.

A list of what your medicines contain should be featured on the patient information leaflet contained within the box. If you are unsure about whether your medicines contain iron, codeine phosphate or loperamide, please ask your pharmacist.

If you are diabetic, please bring your medication/insulin. If you have any queries regarding your medication please ring the endoscopy unit as soon as possible, as your appointment time may need to be changed.

On arrival please report to the reception

Please remember that your appointment time is not the time you will have your test carried out. There will be a waiting time between your admission and having your tests done.

A nurse will check your personal details, explain the procedure and ask you a few routine questions. They will also want to know about any previous endoscopy you may have had, or of any other medical conditions which you may suffer from and any medication which you may be taking. Your nurse will take and record your blood pressure and pulse.

Please inform the nurse if you have had any allergies or bad reactions to drugs or to other tests.

If you have any worries or questions at this stage do not be afraid to ask. The staff will want you to be as relaxed as possible for the test and will not mind answering the queries.

For the procedures you will be asked to remove your clothes and underwear, a gown will be provided. Please bring your dressing gown and slippers. You will be shown to a changing room to undress; dignity shorts are available if you wish. You will be asked to remove any jewellery, remove glasses and dentures immediately prior to the procedure. You will be asked to read and sign a consent form, so if you wear glasses for reading please bring them with you. We advise you to leave any valuables at home.

A small needle will be placed, usually in the back of the hand (intravenous access) before the procedure is performed. You will be given the opportunity to discuss the following options:

- Throat Spray

It means that you can stay awake during the procedure. Throat spray is a local anaesthetic which is sprayed onto the back of the throat to numb it. This will enable you to swallow the endoscope more easily.

- No sedation – having no medication.
- Entonox (gas and air) – self-administered pain relief which is inhaled via a mouth piece.
- Sedation – medication via intravenous access. This may make you feel sleepy and relaxed and you may not remember much about the procedure.

During the Gastroscopy

In the endoscopy room you will be made comfortable on a trolley resting on your left side. Your nurse will be with you throughout the test. To keep your mouth slightly open, a plastic mouthpiece will be put gently between your teeth. When the endoscopist passes the endoscope into your stomach it will not cause you pain, nor will it interfere with your breathing at any time.

It may take up to 15 minutes (but usually 4–7 minutes) to examine all the areas of the stomach carefully. During this time some air will be passed down the endoscope to distend the stomach and allow the endoscopist to have a clearer view. This air may cause a sensation of bloating which is short-lived. The air is sucked out at the end of the test so that you are left feeling comfortable.

If you get a lot of saliva in the mouth, the nurse will clear this for you using a small suction tube. When the examination is finished the endoscope is removed quickly and easily.

During the Colonoscopy

You will remain on your left side with your knees slightly bent. Your back passage will be lubricated and examined, by the endoscopist, using a finger before the endoscope is inserted. Once inserted air will be passed through it to distend the colon to give a clearer view of the lining. This may give you some wind-like pains but they will not last long. You may get the sensation of wanting to go to the toilet, but as the bowel is empty, there

is no danger of this happening. You may pass some wind; although this is embarrassing remember the staff do understand what is causing it. The length of the procedure varies usually taking about thirty minutes but it may be longer. When the examination is finished, the endoscope is removed quickly and easily.

After the Procedure

A nurse will take you to the recovery area on a trolley and another nurse will take over your care. Your blood pressure, pulse and oxygen levels will be monitored at regular intervals for a period of time. You will be left to rest for at least 1 hour. When you are fully awake you will be given a drink and a snack. The back of the throat may feel sore for the rest of the day. You may also feel a little bloated with wind pains but these usually settle quite quickly.

If you are on a special diet for a medical condition we may not be able to meet your dietary requirements and would advise you to bring a sandwich/biscuits with you.

Results of the Procedure

In many cases the doctor or the nurse will give you the results of the test both verbally and in writing before you leave the unit. However, if a tissue sample or biopsy has been taken for examination under the microscope, the results of this will take several days.

Details of the results and any necessary treatment should be discussed with your General Practitioner or Hospital Consultant.

Going home

If you have had throat spray, you will be advised at what time you may have a drink and eat as normal.

- No sedation – no supervision required, minimum recovery time 30 minutes.
- Entonox (gas and air) –No supervision required. It is advised that you can drive home 30 minutes after the Entonox administration, provided the health care professional has judged you competent to drive and you feel happy to do so.
- Sedation – If you have sedation: It is essential that a responsible adult comes to collect you from the unit. They must stay with you for 12 hours to make sure you do not have any problems. If you have no-one to stay with you, you must contact the Endoscopy booking office on the telephone number stated on your appointment letter. Once home, it is important to rest quietly.

By the next day you should feel fine but sedation lasts longer than you think.

For twenty-four hours following sedation you should not:

- Drive a car
- Operate machinery
- Drink alcohol
- Sign any legally binding documents

You may notice that your bowels take a few days to return to normal following the procedure.

Contact numbers

If you have any questions regarding the test please ring the Endoscopy Unit at the hospital where you are going to have the test.

Burnley General Teaching Hospital
01282 804661 or 805117
Rossendale Primary Health Care Centre
01706 235360

Royal Blackburn Teaching Hospital
01254 733191

If you have problems after the procedure when you have gone home, we will provide you with contact information for advice at the time of discharge.

Our Service

If you have any further questions about your condition, treatment or procedure please telephone:

Emergency Department:	01254 734023	Royal Blackburn Teaching Hospital
Urgent Care Centre:	01254 734023	Royal Blackburn Teaching Hospital
Urgent Care Department:	01282 804050	Burnley General Teaching Hospital
Minor Injuries Unit:	01254 359036	Accrington Victoria Hospital
Main Hospital Switchboard:	01254 263555	East Lancashire Hospitals NHS Trust

If you require this document in an alternative format or language, please contact 01282 803541

Polish

W celu otrzymania tego dokumentu w innym formacie lub języku, prosimy o kontakt z

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਕਿਸੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੋੜੀਂਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ

Urdu

اگر آپ کو اس دستاویز کی ایک متبادل شکل (فارمیٹ) یا زبان میں ضرورت ہے تو براہ مہربانی رابطہ کریں

Bengali

আপনি যদি এই প্রচারপত্রটি অন্য কোন আকারে বা অন্য ভাষায় চান, তাহলে যোগাযোগ করবেন

Romanian

Dacă aveți nevoie de acest document într-un format sau limbă alternativă, vă rugăm să contactați

Lithuanian

Norint gauti šį dokumentą kitu formatu ar kita kalba, prašome susisiekti su mumis

The Customer Relations Team can be contacted by patients, carers and their families who require help with problems or have concerns about services provided by East Lancashire Hospitals NHS Trust. Please telephone: 0800 587 2586 – there is a facility to leave a message on this number.

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<https://www.elht.nhs.uk/services/endoscopy>



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