Having a Combined Gastroscopy and Flexible Sigmoidoscopy

Information for patients and carers

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What is a combined gastroscopy & flexible sigmoidoscopy?

You have been advised to undergo these combined two procedures to help find the cause of your symptoms.

A Gastroscopy is a technique to look directly into your gullet (oesophagus), stomach and the first part of the small bowel (duodenum). The second procedure you will be having is called a flexible sigmoidoscopy. This is an examination to look directly at the lining of the left side of your large bowel/ intestine (colon).

The instruments used for these procedures are endoscopes. An endoscope is a thin, flexible tube. It has a bright light on the end. One will be passed through your mouth via your gullet and stomach into the duodenum. After the first procedure another similar endoscope is then passed through your back passage and into your bowel. Endoscopes allow samples of tissue (a biopsy) or removal of small warty growths (polyps) to be taken painlessly for testing later.

What are the risks associated with these procedures?

Gastroscopy

This is a very safe test but rare problems can arise:

- perforation (making a hole) of the gullet or stomach or duodenum is a very rare complication (less than 1 in 10,000). If this occurs it might require an operation to repair the damage
- bleeding is also rare but can be serious enough for you to be admitted to hospital and treated with a blood transfusion
- mechanical damage to teeth or bridgework
Flexible sigmoidoscopy
This is a very safe test but rare problems can arise:

• perforation (making a hole) of the bowel is an uncommon complication less than 1 in 900). The risk is increased if a polyp needs to be removed (on average 1 in 460 cases). If this occurs it might require an operation to repair the damage

• bleeding can complicate polyp removal (severe bleeding occurs in less than 1 in 900 cases). Rarely, this may require a blood transfusion and less commonly, surgery

Sedation
Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems occur they are usually short-lived.

Like all tests, these procedures will not always show up all abnormalities and on rare occasions, abnormalities may not be identified.

Sometimes, it may not be possible to complete the procedure. This can be for a variety of reasons, including failure of the preparation you have been given to clean the bowel sufficiently, mechanical failure or toleration of the procedure.

What are the side effects of these procedures?
You may have bloating and abdominal discomfort for a few hours as air is used to inflate your stomach and bowel. You may have a sore throat for 24 hours.
What are the benefits of these procedures?
Gastroscopy and flexible sigmoidoscopy are the only methods that allow direct inspection and sampling of the digestive tract. During flexible sigmoidoscopy, small polyps can also be removed.

What are the alternatives to these procedures?
X-ray examinations are available as 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 a gastroscopy & flexible sigmoidoscopy
Please read the following information carefully. If you have any queries, contact the unit where you will be having your procedure. Also, enclosed is a consent form. Please read the form carefully and ensure you bring it with you to your appointment. It will be completed and signed then.

To allow a clear view, the stomach and lower bowel must be empty, so follow these instructions:

Gastroscopy
• do not have anything to eat for at least four hours before the appointment time
• do not drink milk for four hours before the appointment time. This is because milk will line the stomach wall and not allow a clear view of the lining
• you may drink clear fluids (water, black tea or black coffee) up to two hours before the appointment time
Flexible sigmoidoscopy

- do not eat or drink as instructed above for the Gastroscopy

The left side of your bowel will be cleaned properly using an enema. This enema will either be enclosed with this leaflet or will be given after you arrive at the endoscopy unit. If the enema has been sent to you, the instructions for its use are printed at the end of the leaflet.

If you feel that you are unable to give yourself the enema or do not have anyone to help you, please bring it with you on the day of your appointment and the enema will be administered by the nursing staff in the endoscopy unit. If you prefer the enema to be given by nursing staff, please arrive 15 minutes earlier than your appointment time and be aware that this may cause a slight delay to your appointment.

Sedation or throat spray?

A Gastroscopy procedure can be performed with sedation or topical local anaesthetic spray.

Throat spray – local anaesthetic for gastroscopy

Throat spray will be applied to the back of the mouth to numb it and enable you to swallow the gastroscope. Many people prefer this as you can stay awake and in full control during the procedure and leave the department as soon as the test is over. You are not allowed to eat or drink for about an hour after throat spray by which time the numb feeling has worn off.

Sedation for both gastroscopy and flexible sigmoidoscopy

Sedation helps to relax the most anxious people. If you have
sedation, it will be given through a small needle in your hand or your arm. It will make you relaxed and sleepy and you may not remember the procedure taking place. Please be aware you will not be put to sleep. After sedation, you must remain in the unit to rest for about 2 hours until we are satisfied that it is safe to send you home. If you opt for sedation it is essential that a responsible adult accompanies you home by car or taxi – public transport is not suitable.

If there are any drugs that you know you do not tolerate, or if you do not wish to have sedation, please let the person performing the procedure know.

Please bring a dressing gown & slippers for your comfort.

Please inform us if you think you have a latex allergy or think that you may be pregnant.

What about my medication?

If you are currently taking any of the following stomach tablets: Ranitidine (ZANTAC), Cimetidine (TAGAMET), Famotidine (PEPCID), Nizatidine (AXID), Omeprazole (LOSEC), Lansoprazole (ZOTON), Pantoprazole (PROTIUM), Rabeprazole (PARIET), Esomeprazole (NEXIUM) please stop taking them for two weeks before your procedure (if time allows). You may continue to take antacids i.e. Gaviscon or Asilone as an alternative or if required up to 4 hours before your appointment.

If you are on iron tablets (Ferrous Sulphate and many others) or drugs for loose stools: Fybogel, Regulan, Proctofibe, loperamide, Imodium, lomotil, co-phenotrope, codeine phosphate, you must stop these one week before your appointment.

Please telephone the unit for advice if you are taking warfarin or other drugs to reduce blood clotting: Clopidogrel (PLAVIX).

Your other routine medication can be continued but should
not be taken less than one hour before starting preparation with Picolax, Klean-Prep or Movi-prep. Please bring any medication you are currently taking (including sprays and inhalers) with you to your appointment.

**If you have diabetes**

If you use insulin or tablets, please contact the booking team on 0121 627 2209 so that you can be offered an appointment at the beginning of the list.

**When you arrive at the endoscopy unit**

Please report to the reception desk where a receptionist will check your details and direct you to the waiting area. The appointment time you have been given is the time you should arrive at the endoscopy unit:

- please do not bring any valuables with you
- please do not wear any nail varnish, lipstick or jewellery
- please note: tongue studs must be removed
- the waiting room is small, and we would like to ensure the privacy and dignity of our patients. We therefore request that should relatives and carers need to stay the number is kept to a minimum. We also request that young children are not brought to the endoscopy unit please

The procedure will be explained to you in detail to make sure you understand the benefits and possible risks as detailed in this leaflet. We want you to feel as relaxed as possible and will be pleased to answer any questions that you might have about the procedure. Provided you are satisfied for the procedure to be performed, you will be asked to sign the enclosed consent form confirming your understanding and acceptance of the procedure.
This form also asks for your consent to further procedures that may be necessary, including taking tissue samples (biopsies) that may be helpful in diagnosing your problem. Tissue may be used for research purposes but you can request that samples are not used for this purpose.

You will be taken to a private room and asked to change into a hospital gown.

**The procedures**

In turn, you will be taken into the procedure room where the Endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions. You will be asked again whether you understand the information and explanation and are willing to proceed with the test. The endoscopist will then also sign the consent form. You will be asked to remove any dentures at this point.

A small plastic cannula (tube) will be placed into a vein in your hand or arm (this may already have been done). You will be asked to lie on your left side and an oxygen-monitoring probe will be placed on your finger. This also measures your heart rate. You will be given oxygen during the procedure through small plastic tubes which sit just inside your nostrils. The sedative will be given at this time and you will become relaxed.

The gastroscopy will commonly be the first procedure undertaken, but sometimes the flexible sigmoidoscopy may be done first. There is no set rule and the order may depend on whether the endoscopist thinks it most likely that an abnormality will be found in the upper or lower bowel.
The gastroscopy

Your teeth or gums will be protected by a small plastic mouth guard, which will be inserted immediately before the procedure commences. The nurse looking after you will ask you to lie on your left side and will then place the oxygen-monitoring probe on your finger. This measures the amount of oxygen in your blood and also your heart rate.

The Endoscopist will introduce the endoscope into your mouth, over your tongue, down your oesophagus (gullet) and into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing will not be affected. Any saliva or other secretions produced during the procedure will be removed using a small suction tube, like the one used at the dentist.

During the procedure, samples may be taken from the lining of your digestive tract for analysis in our laboratories. These will be retained. Any photographs taken will be recorded in your notes. The procedure usually takes between 5-10 minutes.

Once the gastroscopy is finished, the nurse will re-position the trolley that you are on ready for the endoscopist to continue with the flexible Sigmoidoscopy. Further sedation may be given at this time.

The flexible sigmoidoscopy

The back passage will be lubricated and examined using a finger before the endoscope is inserted. Once the endoscope is inserted, air is passed into the bowel to inflate (distend) it. This helps to give a clearer view. You may experience wind type pains, which should not last too long. You may also feel the sensation of wanting to go to the toilet. You may pass wind and although this may be embarrassing for you, please remember that the staff understand and expect this to happen. Some discomfort can be caused by stretching of the
bowel but the endoscopist will try to keep this to a minimum. You may be asked to roll on to your back or front during the procedure. This is normal practice and helps the passage of the endoscope.

The procedure usually takes between 5-15 minutes but can take longer if polyps have to be removed. If a polyp or biopsy needs to be taken, a wire snare or forceps will be passed through the endoscope to do this. There is no pain involved. The base of the polyp is usually cauterised (burnt) in the process. This reduces the risk of bleeding. A sample of the bowel wall may be taken to help with your diagnosis. Any photographs taken will be stored for your notes. Polypectomy and biopsy are painless.

The appointment time you have been given is the time you should arrive at the unit. It is not the time of your procedure. Sometimes a person who has arrived after you may be taken through to a procedure room before you. Do not be alarmed. We perform different procedures on various lists throughout the day and their appointment may be for a different list. It does not mean that they have been given priority over you.

How long will I be in the endoscopy department?

You should expect to be in the department between 2-4 hours depending on how you react to or whether you have sedation and also how busy the department is. Emergency patients may have to take priority. We will endeavour to keep you informed of any expected delays.
Going home after the procedure
After sedation, you will remain in the unit to rest for about 2 hours until you have recovered adequately and we are satisfied that it is safe to send you home. It is essential that a responsible adult accompany you home by car or taxi – public transport is not suitable.
The wind pains and bloating should have settled. It is important you tell the nurse if they have not, or if they are becoming worse.
When you get home, you should rest for the remainder of the day. Someone should stay with you overnight. It is advisable to have the next day off work.
During the first 24 hours following sedation you must not:
• drink alcohol
• drive any vehicles (including riding a motorcycle or bicycle)
• take sleeping tablets
• operate machinery or electrical items (including a cooker or kettle)
• sign any legally binding or important documents
• work at heights (including climbing ladders or onto chairs)
Please note that sedation can impair your reflexes and judgement for up to 24 hours even when you feel wide-awake.

When will I know the results?
Before discharge, you will be given a brief outline of the test results. If a biopsy or polyp has been removed the laboratory results will take longer, about 14–21 days. The nurse will advise you to discuss the details of the results and any necessary treatment with your GP or hospital specialist. You will be given a copy of the endoscopy report to take to your GP and a copy for your own information. You will also be offered a copy of your consent form.
General points to remember

• if you cannot keep your appointment please notify the department as soon as possible
• it is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department can be very busy and your procedure may be delayed. Emergency patients will obviously be given priority over less urgent cases
• the hospital cannot accept any responsibility for loss or damage to personal property when on these premises
• if you are having sedation, please arrange for a responsible adult to collect you directly from the endoscopy unit
• please note that the unit is a mixed sex environment. However, every effort will be made to ensure your privacy & dignity whilst you are in the department
• following the procedure, if you have any problems with persistent abdominal pain or bleeding please contact your GP immediately, informing them that you have had an endoscopy
• if you are unable to contact or speak to your doctor, you must go immediately to the Accident & Emergency department.

To contact us by telephone before your appointment:

Queen Elizabeth Hospital Birmingham, Endoscopy Unit
Monday to Friday 09:00 to 17:00 – 0121 371 3838

Please keep this information safe in case you wish to refer to it in the future.
How to administer the enclosed enema (if applicable)

Administer the enema within a short walk of a toilet.

- lie on your left side with both knees bent
- remove the protective shield. Pull the shield gently while holding the bottle upright and grasping grooved bottle cap with fingers.
- with steady pressure, gently insert the enema into the rectum with the tip pointing towards your navel. **Do not continue if resistance is felt.** Forcing the enema can result in injury
- squeeze the bottle until nearly all the liquid is expelled
- try to lie on your side for a few minutes so that the enema can reach the part of the bowel it needs to cleanse
The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk or call 0121 627 7803

Contact telephone numbers:

Booking team 0121 627 2209

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Mindelsohn Way, Edgbaston
Birmingham, B15 2WB
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