Having a Combined Gastroscopy and Colonoscopy
Information for patients and carers

*Important*

If you are unable to keep your appointment, please telephone the appropriate number as soon as possible, so that the appointment can be allocated to another patient.

Delivering the best in care
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What is a combined gastroscopy & colonoscopy?

You have been advised to undergo these combined 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 colonoscopy. This is an examination of the large bowel (colon).

The instruments used for these procedures are endoscopes. The endoscope is a thin, flexible tube. It has a bright light on the end. It allows 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?

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

Gastroscopy

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

- perforation of the gullet or stomach or duodenum (making a hole) is a very rare complication (less than 1 in 10,000). The risk is increased if a polyp needs to be removed (on average 1 in 460 cases). This may 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
• aspiration of fluid into the chest, causing a cough

Colonoscopy
This is a very safe test but rare problems can arise:
• perforation of the bowel (making a hole) 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). This may 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.

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 Colonoscopy are the only methods that allow direct inspection and sampling of the digestive tract. During colonoscopy, 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 & colonoscopy

Please read the following information carefully. If you do have any queries, contact the unit where you will be having your procedure. Also enclosed is a consent form. Please read this carefully and ensure you bring it with you to your appointment, it will be filled in and signed then.

Instructions about how to take your bowel preparation have also been sent. To make sure your bowel is clean for the procedure, please follow the instructions carefully. Please ensure that you have not had anything to drink for two hours before the appointment time.

Please bring a dressing gown and slippers for your comfort. Please inform us if you think you have a latex allergy or if you 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 prior to 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.

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 in the endoscopy unit where a receptionist will check your details.

• do not bring any valuables with you
• do not wear any nail varnish, lipstick or jewellery

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.

**Sedation**

A combination of intravenous sedation & painkilling drugs is usually given through a small needle in your hand or arm. Sedation will make you relaxed and you may not remember the procedure taking place. You will not be put to sleep. 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.

**Entonox**

For colonoscopy we are able to offer an alternative to sedation in the form of Entonox (Gas and Air). Entonox is a gas that can help relieve pain. It is used by inhaling the gas through a mouthpiece. It means that you have control over how much or how little you take. One of the advantages of Entonox is that it is quickly expelled from the body. This means that you should be able to drive within 30 minutes of the procedure and do not need anyone to stay with you overnight. There are some unusual medical conditions that contraindicate the use of Entonox. You will be asked a series of questions by the nurse to make sure you are suitable to receive the gas. Alternatively, if you are thinking you would like to have Entonox but would like more information before you attend for your appointment, please call 0121 371 3838.
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 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. 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 though 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 colonoscopy 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 proceed with the colonoscopy. Further sedation may be given at this time.

The colonoscopy
The back passage will be lubricated and examined using a finger before the endoscope is inserted. Once 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 20–40 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 biopsies 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. Emergencies 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 accompanies 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 can not 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 is sometimes 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 and stay with you overnight
• 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.

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

Queen Elizabeth Hospital Birmingham
Endoscopy unit 0121 371 3838