Having a Gastroscopy and Colonoscopy – information for patients

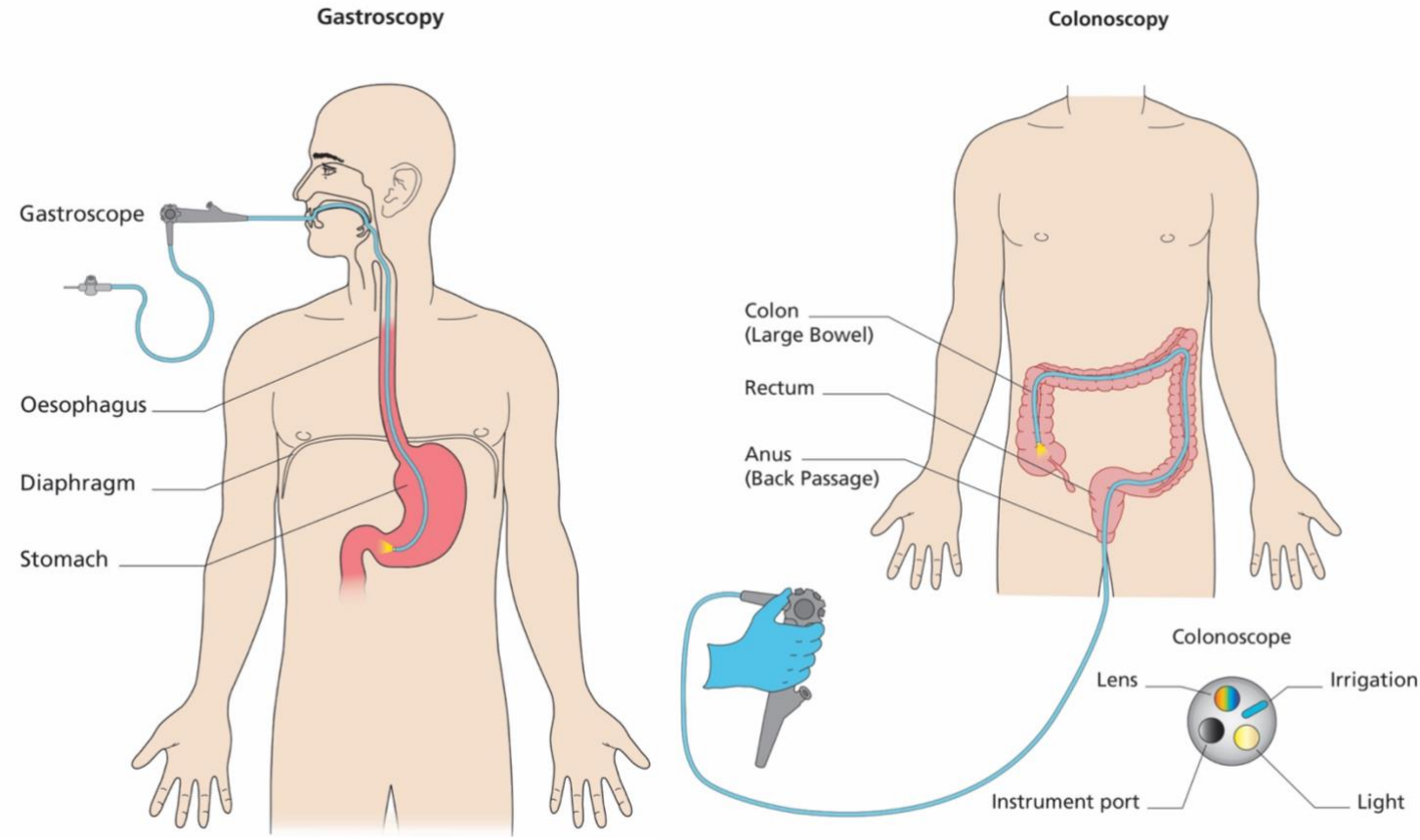
You have been advised to have both a gastroscopy and colonoscopy dual procedure, to help find the cause of your symptoms.

What are a Gastroscopy and Colonoscopy?

A gastroscopy is a technique to look directly into your gullet (oesophagus), stomach and first part of the small bowel (duodenum) and a colonoscopy is a technique to look directly at the lining of the large bowel (colon) using endoscopes.

Both procedures allow samples of tissue (biopsy) or removal of small warty growths (polyps) to be taken painlessly for testing later.

Endoscopes are thin, flexible tubes with a bright light on the end that are passed through the mouth and down into the stomach (gastroscopy) and through the back passage to examine your bowel (Colonoscopy). Different endoscopes are used for each examination.



What are the benefits of these procedures?

These procedures are to help diagnose your problem. Like all tests, they are not guaranteed to demonstrate all abnormalities and on rare occasions conditions are not identified.

What are the alternatives?

This is the best form of examination of both your stomach and large bowel lining. For looking into your stomach, sometimes a barium swallow or barium meal is the alternative investigation ordered. For looking into your bowel other forms of examinations include a barium enema, computed tomography (CT) scan and a newer technique called a virtual colonoscopy.

What are the risks associated with these procedures?

- Bloating and abdominal discomfort is not unusual for a few hours
- You may have a sore throat for 24 hours
- Perforation (hole) of the oesophagus, stomach, duodenum or bowel is an uncommon complication. The risk is increased if a polyp needs to be removed (on average 1 in 300 cases). This may require an operation to repair the damage
- Bleeding can be a complication, particularly during polyp removal (severe bleeding occurs in less than 1 in 300 cases). Rarely, this may require a blood transfusion and less commonly surgery
- Using sedation can cause breathing complications in up to 1 in 200 procedures, which usually are not serious
- No test is 100% accurate and abnormalities may be missed, including cancers
- Damage to dental work

The person doing the test will discuss with you any worries you have about the risks associated with this procedure.

A video recording and /or photographs may be taken for your records.

Pre assessment appointment

Patients attending for both a gastroscopy and Colonoscopy procedure are seen by a pre assessment nurse prior to the date of their procedure. At this appointment the pre assessment nurse takes information from you and advises you how to prepare for the procedures. He/she will also give you the bowel cleansing medication and discuss your consent. At this appointment you are able to ask questions concerning the procedures, your medications and so forth. Failure to attend this appointment may mean your Gastroscopy and Colonoscopy procedures are cancelled.

If you have any queries following your pre assessment appointment, please contact the unit where you will be having your procedure.

Medication

If you are **diabetic, on warfarin, clopidogrel, rivaroxaban, apixaban, or dabigatran** please inform the pre assessment nurse. For those patients who DO NOT have an appointment with the pre assessment nurse, please contact the unit, as your appointment may need to be altered and you may need additional information.

If you **have not** had a gastroscopy examination recently (within 6 months) and you are currently taking any stomach tablets e.g.

- Ranitidine (ZANTAC)
- Cimetidine (TAGAMET)
- Nizatidine (AXID)
- Omeprazole (LOSEC)
- Lansoprazole (ZOTON)
- Pantoprazole (PROTIUM)
- Rabeprazole (PARIET)
- Esomeprazole (NEXIUM)

You should **stop taking** them for **two weeks** before your gastroscopy if time allows**.**

You may continue to take antacids i.e. Gaviscon or Asilone if required but not within three hours of your test. You may continue to take any other medication.

GLP1 Agonists (Mounjaro/Wegovy/Ozempic)

- If you take these medications prescribed by your GP as part of treatment for diabetes please continue
- If they are taken as part of a weight loss programme, or through a private service, please stop them for 2 weeks prior to the procedure, or as early as is possible

Important – if you take medication for your blood pressure, please make sure you take this as usual prior to your procedure with small sips of water (at least 2 hours before).

Please bring any medication you are currently taking (including sprays and inhalers) with you to your appointment. If you are taking a number of tablets please bring in your repeat prescription sheet.

Remember on the day of the procedure - Please stop drinking **2 hours** before your procedure.

Please also bring with you a bag to keep your personal items in for whilst you are here.

When you arrive at the hospital

Please report to the reception desk where a receptionist will check your details and direct you to the waiting area.

Please be aware the appointment time you have been given, will be your admission time. Your procedure will be carried out as near to this time as possible however on occasions due to emergency patients being seen, this may be delayed.

- Please do not bring any valuables to the hospital
- Please do not wear any nail varnish, lipstick or jewellery
- Please bring a dressing gown and slippers for your comfort
- Please bring a contact number of a relative or friend

A nurse will then explain the procedures to you, to make sure you understand the benefits, and possible risks as detailed in this leaflet. The staff will want you to be as relaxed as possible for the test, and will not mind answering your questions. If you have not already, you will be asked to sign your consent form. For those who have already signed, the nurse will ask you to confirm your agreement and they will also sign your consent form.

You will be taken to a room and asked to change into a hospital gown, your slippers and dressing gown.

If you are deaf and require a sign language interpreter on the day of either your pre assessment visit or procedure, please contact the unit where you will be having the test, as soon as possible.

Please note relatives/friends or children should not be used as interpreters when you are required to sign your consent form.

Information for patients arriving by ambulance

To ensure you do not miss your appointment and arrive home in a timely fashion, please when booking your transport, give the following instructions:

For morning appointments – please arrange for the ambulance to collect you at 9am.

For afternoon appointments – please arrange for the ambulance to collect you at 12noon.

Privacy and dignity

Delivering same-sex accommodation is a long standing commitment in the NHS as part of the drive to deliver the best possible experience for all patients (DOH 2007). Endoscopy Units within the Heart of England NHS Foundation Trust, maintain these standards either by operating single sex areas or single sex days.

Eliminating mixed sex accommodation is our priority except where it is in the overall best interests of the patient, i.e. in an emergency (they have a life threatening condition) or where delays to that patients treatment would mean deterioration in their condition. Should a patient of the opposite sex require such urgent care during your visit, we will ensure your privacy and dignity is maintained by screening off the patient of the opposite sex

On occasions medications are used during this procedure, which are known as ‘off shelf’. This means medicines that are used for clinical situations which fall outside of the terms of their Summary of Products Characteristics. The use of medicines in this way is seen as a legitimate aspect of clinical practice and is often necessary in many areas of medicine. For further information concerning the use of ‘off shelf’ drugs, please log onto the Medicines and Healthcare product Regulatory Agency (MHRA) website.

Sedation or non sedation
Both procedures can either be done with or without sedation. If you choose to have sedation, you will require a responsible adult to collect you from the unit after your procedures and stay with you overnight. In most cases, patients who have the procedure done without sedation are allowed to go home on their own and continue with their daily activities without restriction.

Sedation

The procedures are normally done with sedation and a painkilling injection is also often used. If you know of drugs that you do not tolerate, please tell the person doing the test. Sedation will be given through a small needle in the back of your hand or in your arm. Sedation will make you slightly drowsy and relaxed, but not unconscious. You will be in a state called co-operative sedation. That means that although drowsy you will still hear what is said to you and therefore will be able to follow simple instructions during the procedure.

Please note that if you do not have an accompanying responsible adult to take you home and stay with you overnight following your procedure, we may not be able to do your procedures and they may be cancelled.

Non sedation

Gastroscopy procedure - If you choose not to have sedation we will perform your gastroscopy using a throat spray, which will be sprayed onto the back of the throat to numb it. As the gastroscopes have become thinner, many patients are happy for this procedure to be carried out without sedation and to have throat spray instead.

You will not be able to have anything to EAT or DRINK for about an hour, until the effects of the spray have worn off. After this you will be able to eat and drink normally.

Colonoscopy procedure – If you choose not to have sedation for your colonoscopy procedure you will be offered Entonox gas to breathe in during the procedure. Entonox is an analgesic gas highly effective in controlling pain. Please note Entonox is not suitable for all patients. The nitrous oxide constituent of Entonox is rapidly eliminated and providing you feel capable, you should be allowed to drive home following your recovery.

The benefit of choosing non sedation is that you are fully conscious and aware, and you can go home unaccompanied almost immediately after the procedures. You are permitted to drive and carry on your day as normal.

Further information

Training doctors and other health professionals is essential to the continuation of the NHS, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can, however, decline to be involved in the formal training of medical and other students - this won't affect your care and treatment.

During the test

In the examination room you will be made comfortable on the couch and have a monitor attached to your finger. You will be asked to lie on your left side. We will perform the gastroscopy first. If you are having sedation, the nurse will put oxygen up your nose via a nasal cannula and the doctor will give you the sedation via a small needle in your arm/hand called a cannula. If you have chosen not to be sedated, we will spray local anaesthetic into the back of your mouth before lying you down.

You will be asked to bite onto a mouth guard before we gently pass the camera over your tongue and down into your food pipe. You will feel an experience of bloating as we put air into your stomach so we can see the lining. During the test we may need to take small samples of tissue

(biopsies) which may need to be sent to our pathology department for testing to help with your diagnosis.

When your gastroscopy is completed (usually takes less than 5 minutes) we turn the bed around so we can begin your colonoscopy. During this time the endoscopes are changed. If you have chosen to have Entonox, the nurse with you will show you how to use it prior to the procedure starting. The back passage will be examined using a finger before the colonoscope is inserted. When the colonoscope is inserted, air is passed into the bowel to inflate it (distend), which helps to give a clearer view. This may give you wind pains which should not last too long. You may feel the sensation of wanting to go to the toilet, but as the bowel is empty this is just the feeling it gives you and not because you need to empty your bowels.

You may pass wind, although this is embarrassing for you, remember staff understand what is causing the wind. Some discomfort is usual through stretching of the bowel but this will be kept to a minimum. You may be asked to roll over onto your front or back which is normal practice.

The colonoscopy procedure may take 20 to 40 minutes or more, especially if a polyp has to be removed. If a polyp or biopsy needs to be taken, a wire snare or forceps do this. This is not painful. 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. This is not painful.

After the test

Recovery time can vary following these procedures depending on any treatment you may have been given. As a general rule if you have not had sedation we will recover you for a minimum of half an hour. If you have had sedation you will be recovered for at least one to two hours following your procedure. During the recovery phase we will continue to monitor the level of oxygen in your blood using a clip attached to a finger or ear-lobe and your blood pressure using a small cuff around your arm.

Going home

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 arrive home it is important to rest quietly for the remainder of the day with someone to look after you for 24 hours.

If you have had sedation it is essential that a responsible adult comes to pick you up from the unit and accompanies you home by car or taxi. Public transport is not suitable and it is advisable you have the following day off work. Please note the unit closes at 6pm. Your relative/friend should arrive no later than 5.30pm to collect you.

For the first 24 hours following sedation do not:

- Drive a car
- Drink alcohol
- Take sleeping tablets
- Operate any machinery or electrical items – even a kettle
- Sign any legally binding documents
- Work at heights (including climbing ladders or onto chairs)

Sedation can impair your reflexes and judgement. The effects of the sedation will have worn off by the next day and most patients will be able to resume normal activities.

If you have been given Entonox on its own for pain relief, you will have the option to drive home following your procedure however, it is important that you feel capable before considering whether to drive. You must wait at least 30 minutes after use before driving or using any machines. This will be discussed with you at your pre assessment visit.

When will I know the results?

The nurse who has been looking after you will be able to give you a brief outline of the test results, before discharge from the unit.

If a biopsy or polyp has been removed, the laboratory results will take longer, about 4 - 6 weeks. 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 written instructions on your procedure and your aftercare and a copy of your reports.

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

If you have any questions about the test, please contact the unit where you will be having your procedures.

To contact us by telephone before your appointment **(NOTE this number should NOT be used for booking enquires):**

Solihull Endoscopy Unit

Monday to Friday 8.30am to 5.30pm
Excluding Bank holidays **0121 424 5394**

An answer phone is available for you to leave your name, telephone number and message. We will return your call.

Heartlands Endoscopy Unit

Monday to Friday 8.30am to 5.30pm Excluding Bank holidays
Nursing/Medical enquiries **0121 424 0438**

Good Hope Hospital - Scoping Suite Treatment Centre

Monday to Friday 8:30am to 5:30pm
Excluding Bank holidays **0121 424 9506**

Queen Elizabeth Hospital Endoscopy Unit

Monday to Friday 8:30am to 5:30pm – Excluding Bank holidays 0121 371 3833

An answer phone is available for you to leave your name, telephone number and message. We will return your call.

Please keep this information safe in case you wish to refer to it in the future.

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