

## Having a Double Balloon Enteroscopy

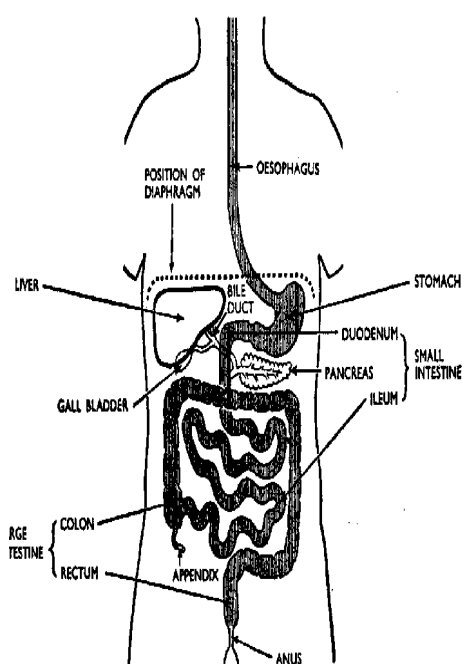
### What is an Enteroscopy?

An Enteroscopy is a technique to look directly at the lining of the small bowel to try to find out what is causing your problems.

The Enteroscope is a thin, flexible tube with a bright light on the end. This tube is passed through the Mouth or the back passage or sometimes both.

During the investigation, the endoscopist may need to take some tissue samples (biopsies) from the lining of the small bowel, or small warty growths (polyps) can be taken painlessly for testing later.

### What are the risks associated with this procedure?



- Bloating and abdominal discomfort are not unusual for a few hours following the procedure.
- Perforation of the bowel (a hole in the bowel) is an uncommon complication. The risk is increased if a polyp needs to be removed (on average 1 in 200 cases). This may require an operation to repair the damage.
- Bleeding can occur following polyp removal (severe bleeding occurs in less than 1 in 300 cases). Rarely, this may require a blood transfusion and less commonly surgery.
- Pancreatitis inflammation of the pancreas (causing pain and vomiting) has occurred in some patient's 1 in 500 cases. This would require hospital admission.
- Using sedation can cause breathing complications in up to 1 in 200 procedures, which are not usually serious.

- No test is 100% accurate and abnormalities may be missed, including cancers.

The person doing the test will discuss any questions you may have about the risks.

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

### What are the benefits of this procedure?

Your doctor has referred you for an enteroscopy in order to investigate some symptoms you have been having, such as bleeding, or to review a problem they may have found before, like crohns. Most patients having an enteroscopy have already had other tests such as x-ray's,

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scans or capsule endoscopy showing an abnormality that needs to be evaluated further. This procedure will benefit you by providing a clear diagnosis.

### What are the alternatives to this procedure?

Enteroscopy is the only method that allows direct inspection of the small bowel wall. Barium x-ray, MRI scanning and capsule endoscopy are other methods of examining the small intestine. Some of these will usually have already been performed before an enteroscopy.

### Preparation

Please read the information enclosed carefully. If you have any queries contact the unit where you will be having your procedure.

To allow a clear view the bowel must be clean. You will have been given bowel preparation, please follow the instructions carefully.

Please stop drinking 2 hours before your procedure.

**Four days before your appointment please stop all iron tablets.**

### Medication

**Please Do not** - take any other medication for **one hour** before starting bowel cleaning with Picolax or Moviprep. If you do, the medicine might be flushed out of your system before it can work. Apart from this you may continue to take your usual medication with clear fluids. 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.

If you are a **diabetic, taking warfarin, or clopidogrel** please contact the unit, as your appointment may need to be altered and you may need additional information.

### 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 procedure 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.

Provided you are happy for the procedure to be performed, you will be asked to sign the consent form to confirm your understanding of the procedure. You will be offered a copy of this when you are discharge.

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This form also asks for your consent to further procedures that may be necessary during the procedure, including taking tissue samples (biopsies) that may be helpful in diagnosing your problem. Tissue may be used for research but you can request that no removed samples be used for this purpose on your consent form.

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

Just before the procedure you will also see the person who will be performing the test and they will ask you to confirm your agreement and they will also sign your consent form.

If you need the help of an interpreter to understand any of this information, or on the day of the 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. You should contact the Endoscopy Unit who will arrange for an interpreter to be present.

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 and oxygen

The procedure is carried out with strong sedation (propofol) and a painkilling injection. 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 drowsy and relaxed, but not unconscious.

You will be given oxygen through small tubes placed gently in your nostrils. A clip will be attached to a finger or ear-lobe so that the levels of oxygen in the blood can be monitored, your blood pressure may also be measured automatically during the procedure using a small cuff around your arm.

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 enteroscopy and it may be cancelled.

### 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. You will be asked to lie on your left side. If you are having the examination via the mouth a small plastic mouthguard will be placed in your mouth immediately before the examination starts. The endoscopist will introduce the enteroscope into the mouth and pass it into the oesophagus, stomach and then small bowel.

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If you are having the examination via the anus, the back passage will be examined using a finger before the enteroscope is inserted. When the enteroscope 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 unlikely. 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.

Once the enteroscope is in place a flexible tube is slid over the enteroscope which helps maintain the position of the enteroscope in the small intestine. The enteroscope is advanced into the small intestine in short steps aided by inflating and deflating the balloons on the instrument.

The procedure may take 1 hour to 2 hours 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. 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 this procedure depending on any treatment you may have been given. As a general rule you will be recovered for at least two hours following your procedure.

### 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. **You will 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.

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.

### 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.

### 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

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your GP or hospital specialist. You will be given a Patient Centred Report with the outcome of your test written on it.

You will be given written instructions on your procedure and your aftercare. If you have any questions about the test, please contact the unit where you will be having the colonoscopy.

### **To contact the Endoscopy Unit Nursing Team by telephone before your appointment for advice:**

#### **Solihull Endoscopy Unit**

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

#### **Heartlands Endoscopy Unit**

**Monday to Friday 8.30 am to 5.30 pm – Excluding Bank holidays      0121 424 0438**

#### **Good Hope Hospital – Scoping Suite Treatment Centre**

**Monday to Friday 8.30 am to 5.30 pm – Excluding Bank holidays      0121 424 9506**

#### **Queen Elizabeth Hospital Endoscopy Unit**

**Monday to Friday 8.30 am to 5.30 pm – Excluding Bank holiday      0121 371 3833**

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

#### **Bowel Cancer Screening Patients**

**Monday to Friday 8 am to 5.30 pm      0121 424 9174**

**Or contact your screening nurse directly.**

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

**To contact us by telephone before your appointment:**

If you need the help of an interpreter to understand any of this information, or on the day of the procedure, please contact the unit where you will be having the test on receipt of this letter.

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

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email [patientexperience@uhb.nhs.uk](mailto:patientexperience@uhb.nhs.uk).