

Gastroscopy and Colonoscopy / Flexible Sigmoidoscopy

Endoscopy Unit

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For any queries, please contact the Endoscopy Booking Office on 01743 261064

Opening times

8.00am to 5.00pm Monday to Friday and

8.00am to 12.00pm Saturday and Sunday

Introduction

Your doctor has advised that you should have a combined test called a Gastroscopy and Colonoscopy / Flexible Sigmoidoscopy.

This procedure may be undertaken at The Royal Shrewsbury Hospital or at The Princess Royal Hospital. Your appointment may be at either site.

This leaflet tells you why you need the investigation and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries when you have read this leaflet, please telephone the Endoscopy Booking Office.

What is a Gastroscopy and Colonoscopy / Sigmoidoscopy?

Gastroscopy

A Gastroscopy is a test that allows the endoscopist (the person performing the test) to look into your Oesophagus (food pipe), stomach and the first part of the small bowel (duodenum).

The camera is a long flexible tube (thinner than a finger) with a bright light at the end. It is passed through your mouth, down your oesophagus, into your stomach and duodenum.

During the test the endoscopist may need to obtain tiny pieces of tissue (biopsies) to help find the cause of your symptoms and/or assess the lining further.

All biopsies taken will be sent to the laboratories for analysis. Your endoscopist will advise you on how you will be informed of these results.

Colonoscopy / Sigmoidoscopy

A Colonoscopy / Sigmoidoscopy is a test that allows the endoscopist (the person performing the test) to look directly at the lining of your bowel.

The camera is a long flexible tube (as thick as your finger) with a bright light at the end. It is passed into your back passage and round your colon.

During the procedure the endoscopist may need to obtain tiny pieces of tissue (biopsies) from the lining of your bowel to help find the cause of your symptoms and/or assess the lining further.

Sometimes the endoscopist may need to remove a polyp (overgrowth of tissue). This is done through the camera by placing a small wire loop around the polyp and applying a small electrical charge (diathermy) to remove the polyp. Taking biopsies or removing polyps is painless.

All biopsies taken and any polyps removed may be sent to the laboratories for analysis. Your Endoscopist will advise you on how you will be informed of these results.

What are the risks of having a Gastroscopy and Colonoscopy / Sigmoidoscopy?

If you have had a flare up of Diverticulitis within the last six weeks, please contact the Endoscopy unit before you take the bowel preparation.

The majority of these procedures are straightforward. However, as with any procedure there is a small chance of complications or side effects. We have enclosed an example of our consent form(s) for you to read at the end of this leaflet.

You may suffer from:

- A sore throat
- Feel some wind in your stomach, this will settle in a few days

National studies have shown that serious complications are infrequent. These include:

- Reactions to drugs
- Bleeding
- Perforation of the bowel
- Missed lesions (unable to see an abnormality)

Bleeding: occurs in approximately 1 in 500 cases

Perforation: (a hole or tear in bowel wall) occurs in approximately 1 in 1500 cases and this is more likely if a polyp is removed.

- **If a complication occurs it may be necessary to stay in hospital**

If the bowel preparation has not worked very well and there is still stool in your bowel, it can hide abnormalities which can be missed.

What if I do not have a Gastroscopy and Colonoscopy / Sigmoidoscopy?

There are no other tests that are as good as a Gastroscopy and Colonoscopy / Sigmoidoscopy to help diagnose the cause of your symptoms.

Things you need to know before your test

If you need an interpreter, please contact the Endoscopy department before your appointment. They will make sure someone is there to interpret for you. Family members cannot do this.

Please contact the department if you have a pacemaker or defibrillator.

If you are planning to fly or travel outside of the UK within two weeks after your test, please contact us.

You may need to attend the unit for a pre-assessment. You will be contacted by a member of the team to arrange this.

How to prepare for your test

It is important to follow these instructions carefully. If these are not followed you may need to have the test again.

- For us to have a clear view during the test your bowel must be empty. Enclosed with your appointment details is the bowel preparation. The instructions will tell you when to eat and drink before your test. Please ensure you follow the instructions on the bowel preparation card **not** on the manufacturers box. For further advice on taking your bowel preparation there is a video on our website: <https://www.sath.nhs.uk/wards-services/az-services/endoscopy/>
- **Once you have completed your bowel preparation, you can drink small sips of water only up to 2 hours before the test.** This is to make sure your stomach is empty so we can have a clear view of your stomach.
- Please do not bring valuables to the hospital. We cannot accept any responsibility for the loss or damage to personal property during your time on these premises. Please remove all jewellery other than one wedding band.
- You will be asked to change prior to the procedure, please bring a dressing gown and slippers with you.

Medicine

- If you are taking a **Direct Oral Anticoagulant (DOAC)** e.g. Rivaroxaban, Apixaban, Dabigatran and Edoxaban **please do not take the morning dose on the day of your test.** If you have been advised to stop this medicine for longer, then please follow the advice you have been given. **If you have not been given any advice, contact the Endoscopy Booking Office.**
- If you take **Aspirin**, this can be taken as normal before your test.

- If you are taking **Warfarin**, please make an appointment to get your INR checked at your GP surgery. This should be 2 to 3 days before the test. If your INR is too high, you may not be able to have the test. We decide on the day of your appointment. Please ensure you bring your current Warfarin record card.
- **If you are a diabetic on tablets or Insulin**, please contact the Endoscopy Booking Office as soon as possible to discuss your diabetic treatment before the test. We will ask you for the name of the medicine you are taking. Our pre-assessment team will contact you to give you advice. This will normally be a phone call.
- **Keep taking all other medicines as normal (including blood pressure medicines).** If you have any concerns, please contact the Endoscopy department.
- Patients on oral contraceptives should take extra precautions for a week from taking the bowel preparation. This would be using condoms or abstaining from sex.

7 days before the test:

- Stop taking iron tablets. Iron makes everything inside your bowel black making it difficult to see during the test.

4 days before the test:

- Stop taking medicine that may cause you to become constipated e.g. Lomotil, Loperamide or Codeine Phosphate.

2 days before the test:

- Stop taking Fybogel or any other fibre products.

Sedation

This test can be done with or without sedation.

However, if you choose to have sedation for your test you will need to make plans for an adult to take you home and stay with you afterwards for a minimum of 12 hours. Please bring the contact details of this person with you to the appointment.

You **must not** do any of the below for 24 hours following your test:

- Drive a vehicle
- Drink alcohol
- Operate machinery
- Sign any important or legal documents
- Attend work

What should I expect during my visit?

When you arrive at the Endoscopy Unit please report to reception and you will then be asked to take a seat in the waiting area. If you feel unwell at any time, please inform the receptionist.

A nurse will invite you into an assessment room to ask you questions about your health, explain about the procedure and find out what arrangements you have made for going home. You will have the chance to ask any questions that you may have.

You will be asked to change into a gown and provided with dignity shorts after your admission.

Please bear in mind that your appointment time is not your procedure time and there may be a delay before you are taken through for your procedure. You may be in the department for up to 4 hours. The Endoscopy Unit sometimes has to deal with emergency cases which may cause delays to your appointment time.

Consent

The nurse will explain the procedure(s) to you and discuss any potential risks related to the procedure(s). You will have the opportunity to ask any further questions. You will be asked to sign the consent form confirming you understand and agree to go ahead with the procedure(s). You can change your mind about having the procedure(s) at any time.

On admission you will be required to drink pre-procedure anti-foaming drinks that have been prepared by the nurse. The purpose of these drinks is to clear any bubbles and mucous away from your oesophagus, stomach and small bowel, giving the endoscopist improved views of the lining. Studies conducted have provided evidence of the benefits of these drinks in detecting abnormalities. However, the two medications used are not licensed for this purpose and you do have the option of declining the drink.

In the procedure room

Before the procedures are done you will be asked to remove your glasses (contact lenses can stay in).

A Colonoscopy / Sigmoidoscopy is sometimes a little uncomfortable. The next section describes the options available for pain relief and / or sedation.

Local anaesthetic spray

This is sprayed to the back of your mouth and you are asked to swallow. After a few seconds it will start to make your throat feel numb.

Having the spray makes it more comfortable when the camera is passed down through your throat. After the Gastroscopy you will have to wait 1 hour before you can eat or drink. You may be able to go home sooner than this, the nurse will advise you.

Pain relief and sedation

Sedation and pain relief will be offered for your procedures and your choice will be discussed during the admission process. Although we can perform the procedures without medication, most patients decide to have pain relief and sedation because it makes the procedure more comfortable and more likely to be successful. The nurse is very aware that you may be worried and anxious so do not be afraid to ask questions.

Sedation can be provided by an injection given into a vein in your hand or arm via a cannula to make you feel drowsy and relaxed. Some people do not have any memory of the procedures having been done.

Sometimes sedation may not be advisable because of other health problems.

Pain relief can again be provided by injection into a vein, or Entonox (also known as gas and air) plays an important role in overcoming the apprehension and any possible discomfort patients may experience during endoscopic procedures. Entonox is a ready-to-use medical gas mixture consisting of 50% nitrous oxide and 50% oxygen.

The procedure may involve injecting you with medication (Buscopan) to relax your bowel and make the procedure more comfortable. Buscopan carries a very small risk of inducing a rare form of Glaucoma (high pressure in the eyes) but is not known to do so in treated patients. This results in a painful red eye, decreased vision, headache, nausea and vomiting. You should attend your nearest A&E department if these symptoms occur.

The Gastroscopy and Colonoscopy / Sigmoidoscopy

The Gastroscopy

A nurse will stay with you throughout the Gastroscopy. You will be made comfortable lying on your left side on a trolley. A mouth guard will be placed between your teeth (or gums); this keeps your mouth slightly open and prevents you from biting the camera. The nurse will hold this in place. You may be given some oxygen to breathe through a small plastic tube in your nostrils. Throughout the Gastroscopy a monitor is placed on your finger to check your pulse and oxygen levels.

The Endoscopist will pass the camera over your tongue to the back of your throat and will ask you to swallow. The camera will then pass into your Oesophagus (food pipe), stomach and duodenum. The Gastroscopy only takes a few minutes.

You may feel the camera move inside you and you may feel full of air and bloated. This is because air is blown into your stomach to ensure good views are seen.

During the Gastroscopy the nurse, using a sucker similar to the dentist, will remove any saliva collecting in your mouth. Tissue samples (biopsies) may be taken painlessly during the Gastroscopy.

As soon as the camera is removed, the mouth guard is taken out of your mouth and the procedure is finished.

The Colonoscopy/ Flexible Sigmoidoscopy

A Nurse will stay with you throughout the procedure. You will be made comfortable lying on your left side on a trolley with your knees bent up.

If a sedative injection is given you will have some oxygen to breathe through a small plastic tube in your nostrils.

Throughout the procedure a monitor is placed on your finger to check your pulse and oxygen levels.

The endoscopist will examine your back passage with a gloved finger and then insert the camera. Lubricant jelly is used. The procedure can take between 15 and 60 minutes.

Air is passed through the camera into your bowel to allow clear views. This may cause you some discomfort and cramping. The air makes you feel like you want to go to the toilet. Remember your bowel is empty so all you will pass is wind. Please do not feel embarrassed, this is normal. During the procedure you are sometimes asked to change your position, to lie on your back, right side or stomach. This helps to steer the camera around your bowel.

After the Gastrosocopy and Colonoscopy / Sigmoidoscopy

If you have had sedation, you will be cared for in the recovery area on the trolley until you are fully awake and it is safe for you to go home. This may be between 1 and 2 hours. You will have some written instructions to take home and you will need to have an adult to accompany you.

If you do not have sedation, you will be advised when you can go home and you will have some written instructions to take with you.

For patients who have just received Entonox, you will only be required to remain in the department for 30 minutes and can drive home afterwards.

When will I receive the results?

The nursing staff looking after you will speak to you prior to discharge. A report of the test will be given to yourself and a copy sent to your GP. Biopsy results will take a number of weeks to be available.

An aftercare sheet will be given to you which will contain all the relevant information. If you have had sedation this can make you forgetful so it is important to have someone with you at this discussion.

Training

The Royal Shrewsbury and Princess Royal Hospitals are Regional Centre's for Endoscopy Training. Your examination may be performed by a trainee endoscopist. They are experienced specialist doctors and nurses.

All trainees are under the direct supervision of an expert trainer until they are fully competent; the trainer is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Clinical Photography

Clinical Photography is the visual recording of clinical conditions for use in your patient record. They are used by Health Care Professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as x-rays, scans and blood tests, etc.

With your permission, clinical photographs can also be used for teaching Doctors, Nurses and other medical professionals, as well as research, audit and quality assurance purposes.

Example of Consent form

Please note this is a copy only and will be signed on the day of your procedure

Patient Agreement to Investigation or Treatment

Please insert patient label

➤ **Name of proposed procedure or course of treatment**

Upper Gastrointestinal (GI) Endoscopy and Lower Intestinal Endoscopy (Colonoscopy / Flexible Sigmoidoscopy)

➤ **Statement of health professional** - I have explained the procedure to the patient

• **Reason for Procedure**

To help find the cause for your symptoms such as: persistent upper abdominal pain, vomiting, indigestion, anaemia and difficulty in swallowing, rectal bleeding, change in bowel habit, anaemia, duplicated to assess the extent of some inflammatory bowel disease and assessment family history of colon cancer.

• **The Intended Benefits**

Diagnosis, assessment and/ or treatment of a variety of gastrointestinal disorders.

➤ **Serious or frequently occurring risks: -**

- Frequently occurring risks,
Sore throat
Risk to teeth or dental work
Abdominal discomfort due to bloating
- Serious risks,
Perforation
Bleeding
Adverse reaction to drugs
Missed lesion
Death

➤ **Extra procedures which may become necessary during the Endoscopy: -**

Biopsy, Dilation, Banding of Oesophageal varices, Therapeutic injections, Polypectomy, EMR, Dye spray, Argon Plasma Coagulation, Blood Transfusion, Other.....

➤ **I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.**

➤ **The following leaflet has been provided:-** Endoscopy and Colonoscopy/ Flexible Sigmoidoscopy

➤ **This procedure will involve: -** Intravenous sedation/ Fentanyl local anaesthesia Entonox

General Anaesthetic

Patient Agreement to Investigation or Treatment: -

Upper Gastrointestinal (GI) Endoscopy and Lower Intestinal Endoscopy (Colonoscopy / Flexible Sigmoidoscopy)

Please read this form carefully. If this treatment has been planned in advance, you should already have your own copy of page 1 which describes the risk and benefits of the proposed investigation. If not you will be offered a copy now.

Name (PRINT) confirm as follows:

- I understand that I am able to decide not to have this investigation.
- I have been provided with a patient information leaflet. I have read this and I was able to understand it. I have had an opportunity to ask questions about the leaflet.
- I understand that there are risks associated with this investigation. These have been discussed with me, I have had an opportunity to ask questions about them, and I have taken this information into account in deciding to proceed.
- I understand that there are alternative options, including doing nothing, but taking into account the risks and benefits I wish to proceed with the investigation listed on this consent form.
- I understand that the procedure will be undertaken by a suitably qualified Endoscopist or trainee under direct supervision but that no guarantee can otherwise be given as to the specific identity of that person.
- I do not need any additional time to consider matters before signing this form.
- I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or prevent serious harm to my health

Additional information is available from

If you are worried or have any questions, please do not hesitate to contact the Endoscopy Booking Office.

- For further information on a patient's journey please refer to the link below:

<https://www.sath.nhs.uk/wards-services/az-services/endoscopy/>

Other Sources of Information

NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.

- Telephone: 111 (free from a landline or mobile)
- Website: www.nhs.uk

Patient Advice and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns. They can also help you get support from other local or national agencies. PALS is a confidential service.

Royal Shrewsbury Hospital
Princess Royal Hospital, Telford

Tel: 01743 261000 Ext 1691
Tel: 01952 641222 Ext 4382

Disclaimer

This leaflet is provided for your information only. It must not be used as a substitute for professional medical care by a qualified doctor or other health care professional. Always check with your doctor if you have any concerns about your condition or treatment. This leaflet aims to direct you to quality websites: these are correct and active at the time of production. The Shrewsbury and Telford Hospital NHS Trust is not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information contained in this leaflet or found on web pages linked to by this leaflet.

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