

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

Twitter.com/WhitHealth
Facebook.com/WhittingtonHealth

Whittington Health NHS Trust
Magdala Avenue
London
N19 5NF
Phone: 020 7272 3070
www.whittington.nhs.uk

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GASTROSCOPY AND COLONOSCOPY

A patient's guide



Please note:

- The time on your appointment letter is **the time you need to arrive** at the Day Treatment Centre and not the time you will have your procedure.
- **You may have to wait for several hours** from arrival to the start of your procedure. Please arrive prepared for this and it may be a good idea to bring some reading material.
- **Please inform the department** as soon as possible if:
 - you need a **translator or interpreter**.
 - you take **iron tablets, strong painkillers** (e.g. Codeine), **medication for diabetes or blood thinning medication** as we may need to stop some of these medications a few days before your colonoscopy.
 - you did not receive or collect your **bowel preparation**.
- Let the Nurse/Doctor know if you have a **pacemaker, implantable defibrillator, artificial hips or any other metal implant**.
- Let the endoscopy nurses know as soon as possible if you are **not able to find someone to take you home** after the procedure.

After the examination

The nurses will continue to monitor your breathing, heart rate and oxygen levels throughout the procedure and post procedure recovery period.

If you have had a sedative, you may rest for up to an hour and your vital signs will be monitored. Once you have recovered from the initial effects of any sedation you will be offered some refreshments (you can bring your own food if you wish to do so). You should not have any pain other than some discomfort from wind which will settle after a few hours.

Before you leave the unit, a nurse or the Endoscopist will give you a copy of the report and explain what was seen during the examination and whether you need any medicines or need to come back for further tests.

If you live alone, we recommend that you try and arrange for someone to stay with you overnight. You must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the examination. Most patients feel perfectly back to normal after 24 hours. If you still feel at all drowsy, you should wait a further 24 hours before driving.

After you go home

If you have any persistent abdominal pain, bleeding from your back passage or fever in the period up to 48 hours after your colonoscopy, please contact the endoscopy unit between 8:30 and 17:30 Monday – Friday. Outside these times contact your GP or go to your nearest Emergency department - **please take a copy of your endoscopy report with you**.

What happens during the examination?

A member of the team will bring you to a side room where the Endoscopist will explain the procedure and ask you to sign the consent form; here you can ask all the questions that you may have.

If you have sedation, the nurses will insert a cannula into your arm. If you opt for the throat spray the nurses will give it to you just before the procedure.

After all checks are done, you will be asked to lie on your left side and the nurse will ask you to bite a small mouthguard which is a protective device for the mouth that covers the teeth and gums to prevent and reduce injury to the teeth.

Carbon dioxide or air will be introduced into your stomach to help the endoscopist see - you may feel a bit bloated during the procedure. Any secretions/saliva produced during the examination will be removed using a suction tube in the mouth.

After the gastroscopy, you will then have the colonoscopy. The endoscopist will start the procedure with a rectal examination followed by the camera insertion. Carbon dioxide (gas) is gently passed into the bowel to make moving the scope around easier. You may feel some discomfort when the Endoscopist moves the scope around the natural bends in your bowel. This discomfort will be kept to a minimum.

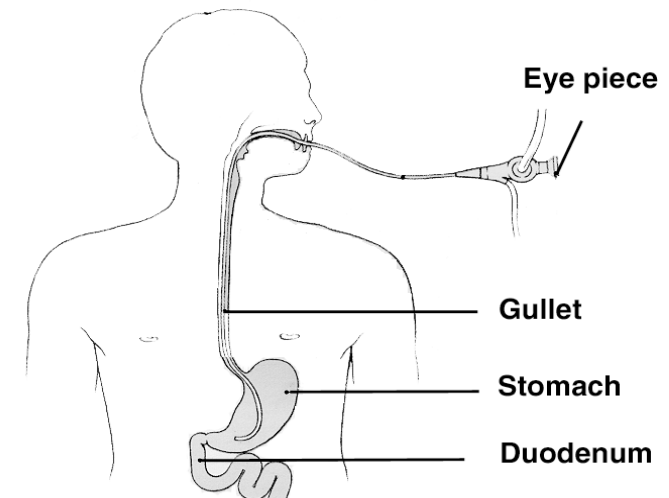
Please note: Whittington Health is a teaching hospital and sometimes a medical/nursing student can be asked to observe your procedure.

Please contact the Booking Services team on **0207 288 3822** if this appointment time is not convenient for you or if you are unable to keep your appointment, you can also email whh-tr.endoscopy@nhs.net

If you have a question about your procedure or medications, please contact the hospital switchboard on **0207 272 3070** and ask for **bleep number 2711** from Monday to Friday 8:30 to 17:30. Alternatively you can contact **0207 288 3811/3812**. Please leave all valuables at home. The hospital cannot accept responsibility for these items and lockers are not available.

What is a gastroscopy?

A gastroscopy or commonly known as an endoscopy is a camera test to have a look at the oesophagus (the tube that carries food from your mouth to your stomach), the stomach and the duodenum (first part of your small bowel). The instrument used is called a gastroscope with the diameter of a little finger. The scope has a camera and light at the end and is introduced through the mouth.

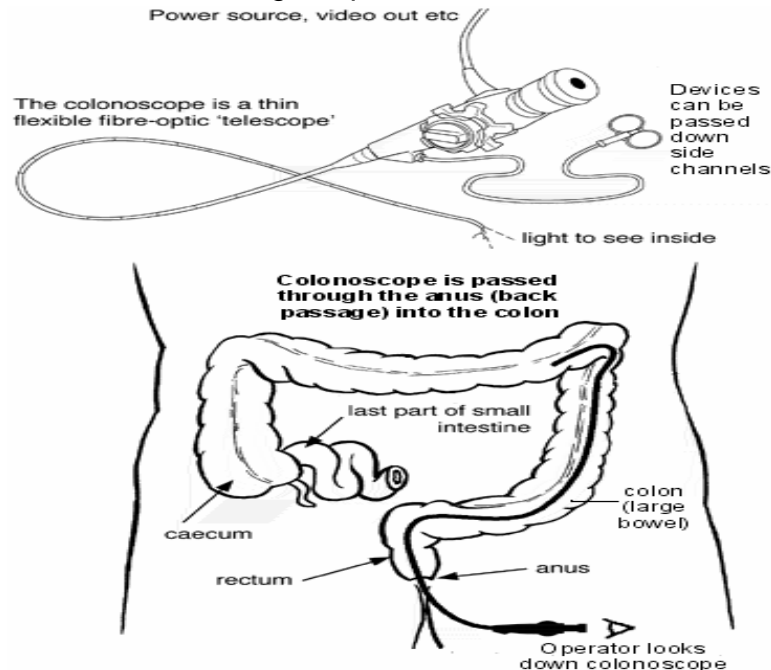


The gastroscopy normally takes around 7 minutes. The procedure is a bit uncomfortable but is not painful. If you wish you could have sedation or throat spray (local anaesthetic).

What is a colonoscopy?

A colonoscopy is a camera test to look inside your large bowel or colon. The instrument used is called an endoscope, which is a flexible tube of about 1cm diameter. The scope has a camera and light at the end, it is carefully introduced through the back passage and moved around the bowel by a specialist doctor or nurse.

The colonoscopy usually takes about 30 minutes. The procedure can sometimes be a bit uncomfortable, and it is normal to have cramping or feel bloated during the procedure. If you wish, you can have sedation or 'gas and air' to keep you more comfortable during the procedure.



What happens when I arrive in the Endoscopy Unit?

On the day of the procedure, when you arrive at the unit, you will be asked to complete a short form with personal details and information regarding your current medications. Please bring any medications that you are currently taking with you, or an up-to-date copy of your prescription. If you are unable to complete the form yourself, someone will help you.

You will be seen by a nurse who will ask you a few questions about your medical history. This is to confirm that you are fit enough to undergo the procedures. The nurse will record your heart rate, blood pressure and oxygen levels. If you are diabetic, your blood glucose level will also be checked.

The nurse will also ask you about your arrangements for getting home after your tests. **If you have decided to have a sedative, you must be accompanied home.**

You will be escorted to a designated changing area where you will be asked to remove your lower garments and put on a hospital gown, as well as some special shorts for you to wear. If you wish you can bring your own dressing gown and slippers.

REMEMBER: The time on your appointment letter is **the time you need to arrive** at the Day Treatment Centre and not the time you will have your procedure.

What happens before the procedures?

Before you have your gastroscopy and colonoscopy it is important to follow a low fibre diet, and you will be given some laxatives to take the day before the procedure. This is to ensure your bowel is completely empty. You must follow all instructions given to you otherwise your procedure may need to be repeated or cancelled.

Remember to inform the endoscopy department if you take medication to thin your blood, iron tablets or medication for diabetes.

You will not be allowed to eat any solid food for up to 24 hours before your procedures. However you must drink lots of clear fluids. You will be able to have a **few sips of water up to 2 hours before** your test.

DO NOT STOP ANY OF YOUR REGULAR MEDICATIONS BEFORE THE PROCEDURE UNLESS TOLD OTHERWISE BY THE ENDOSCOPY NURSE OR REFERRING DOCTOR.

Intravenous Sedation

A sedative injection and a painkiller will be injected into a vein. The sedation will make you feel slightly drowsy and relaxed but will not put you to sleep. You may be aware of what is going on around you and will be able to follow simple instructions during the examination. We will monitor your vital signs throughout the examination.

If you decide to have the sedation, you must have someone to take you home. If you are having difficulties to find an escort, inform one of the endoscopy nurses using the telephone numbers provided.

Throat Spray

A local anaesthetic drug (xylocaine) is sprayed onto the back of the throat to make it numb. It has a very bitter taste but works quickly and is very helpful. The spray allows the camera to pass through your throat without you feeling it.

The benefit of having spray is that you are fully conscious and aware and can go home unaccompanied soon after the examination. The spray will numb your throat for 45 minutes and during that time you will not be able to eat or drink anything.

Entonox

Entonox is the trade name for the mixture of 50% oxygen and 50% nitrous oxide, also known as 'gas and air'. This is an alternative to intravenous sedation. It is a fairly strong painkiller and works quickly to control pain. It is breathed out of the lungs within a few minutes so wears off quickly. With Entonox you will not need an escort home.

Inform endoscopy nurses if you have any breathing problems, as Entonox can sometimes not be given in some cases.

Why do I need a gastroscopy and colonoscopy?

You have been advised to have a gastroscopy and colonoscopy to try and find the cause of your symptoms. Reasons for requesting a gastroscopy and colonoscopy include:

- Indigestion
- Anaemia
- Weight loss
- Vomiting
- Swallowing difficulties
- rectal bleeding
- diarrhea or constipation, abdominal pain
- to review a previous condition such as polyps and colitis

Having a gastroscopy and colonoscopy is a safe examination and serious complications are extremely rare. You need to read this information carefully and weigh up the benefits against the risks of having the procedure.

You will be asked to sign a consent form before your procedure is performed.

The main risks are:

- Dental damage or aspiration pneumonia occur rarely
- Perforation/tear in the lining of the bowel; this happens to approximately 1 in 1000 patients and the risk increase to 1 in 600 if a polypectomy is performed at colonoscopy. An operation may be required to repair the tear.
- Risk of bleeding happens to 1 in 1500 and the risk increases to 1 in 50 to 1 in 100 if a polypectomy is performed. Blood transfusion may be required.
- There is a risk of missed pathology at colonoscopy which is up to 10% for large polyps
- Sedation can cause breathing problems in 1 to 200 patients, but such problems are normally short lived. You will be monitored carefully during your procedure.

What are the alternatives?

- **CT pneumocolon** - scan of your large bowel, however this test has limitations
- **Flexible sigmoidoscopy** - camera test to look on the left side of your large bowel
- **Stool sample** - to check for occult blood, however if this test comes back positive you may still need a colonoscopy.
- **Barium swallow** - this is an x-ray examination of the upper GI tract but it has its disadvantages, biopsies cannot be taken and the test requires radiation.