Patient Information

Gastroscopy and Colonoscopy

Endoscopy Department
Shrewsbury and Telford Hospital NHS Trust
What is a Gastroscopy and Colonoscopy?

Gastroscopy and Colonoscopy is a combined procedure to help find the cause for your symptoms such as: persistent upper abdominal pain, vomiting, indigestion, anaemia, difficulty in swallowing, rectal bleeding, change in bowel habit or family history of colon cancer.

Gastroscopy is the examination of the oesophagus (gullet), stomach and the duodenum (first part of the small bowel) using an endoscope. An endoscope is a long flexible tube about the size of your little finger, with a bright light at the end. Images are seen on a television screen.

Colonoscopy is the examination that allows the endoscopist to look directly at the large bowel (colon) using a colonoscope. A colonoscope is a piece of equipment with a long flexible tube the thickness of an index finger with a bright light at the end, which is necessary to view the lining of the bowel. This is inserted via the bottom. Images seen are transmitted on to a television screen.

Biopsy: the doctor may take some biopsies (very small pinches of tissue) from the lining of the upper digestive system or the bowel. This is not painful and is removed using tiny biopsy forceps through the endoscope / colonoscope.

- **Polyps and Polypectomy:** Polyps are abnormal tags of tissue, like warts, which are found in the bowel and need to be examined more closely in the laboratory. It is possible to remove polyps during colonoscopy, this is called a polypectomy.

About your appointment

Please be aware that on occasions there can be a slight delay between your nurse admission and the time you have your procedure. The Endoscopy unit often has to deal with emergency cases which may cause delays to your appointment time. The length of time you will be here will vary but may be anything from two to four hours. The person accompanying you is welcome to stay in our waiting area or alternatively we can telephone them when you are ready to be collected. Please note car parking charges are in force. Ask your admitting nurse if you require any further information during your admission check.

Property

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.

Risks, benefits and alternatives

**What are the benefits?**

This procedure is to find the possible cause for your symptoms or condition or to exclude serious conditions such as cancer.

- Some conditions can be treated during the procedure (such as removing polyps)
Dependent on the results of this procedure, which could be normal or abnormal, further tests or treatment maybe recommended.

**Are there any risks?**

As with every medical procedure, there are some risks involved. Please be reassured that your doctor will only have recommended this procedure if the benefit to you clearly outweighs these small risks. Any complications may mean you need to stay in hospital for treatment.

- Diagnostic gastroscopy procedures carry a very small risk (one in 10,000 cases of haemorrhage (bleeding) or perforation (tear) of the gut following which surgery may be necessary.
- Bleeding may occur following treatment or, very rarely after a biopsy sample is taken. This nearly always stops on its own but it may be treated by applying heat to the bleeding point. (cautery)
- Reaction to any sedation or painkillers used. This can be resolved by the use of other drugs.
- Damages: to dental bridgework, loose or crowned teeth.

A colonoscopy is a safe procedure. Complications can occur but are rare.
- It is possible to perforate (tear) part of the bowel (approximately 1 in 1,000) and the risk is increased if a polyp is removed. On very rare occasions, this may require an operation.
- Removing a polyp can sometimes cause bleeding (1 in 100 - 250) depending on the size of polyp, although this is usually stopped during the procedure. Occasionally bleeding may occur when a patient has gone home and, even more rarely, some of these people may need a blood transfusion.
- Another rare complication is a reaction to any sedation or painkillers used (1 in 1,000). This can be resolved by the use of other drugs.
- If the bowel preparation drugs have not worked very well and there is still stool in your bowel, it can hide abnormalities which can be missed.

Severe complications are rare, but may require emergency surgery, blood transfusion or, in extremely rare circumstances, result in death.

**Are there any alternatives to a Gastroscopy?**

A barium meal or barium swallow is a possible alternative test. However, these tests provide pictures of your gullet, stomach and duodenum but do not allow samples to be taken; therefore, you may still need to have a gastroscopy.

**Are there any alternatives to a Colonoscopy?**

X-ray tests - Barium enema and CT (virtual colonoscopy) scans are alternative ways of looking at your large bowel. However, these tests provide pictures of your bowel and do not allow samples to be taken or for polyps to be removed. Therefore you may still need to have a colonoscopy. The decision is yours whether to have a colonoscopy. However, without this procedure your doctor may be unable to rule out many of the common causes of lower digestive problems.
Preparation for your procedure

What preparation is required?

**Iron tablets**
Stop taking iron tablets 7 days before your appointment.

**Diabetic**
If you are taking diabetic medication or insulin please follow the specific advice that is attached to your appointment letter.

**Medication to thin your blood**
If are taking any medication to thin your blood please follow the advice that is attached to your appointment letter.

**Things to bring**
Please bring a dressing gown and slippers with you and a list of your current medication.

Preparation for the Colonoscopy
To allow a clear view during the procedure the large bowel must be completely empty. Enclosed with this information is the bowel preparation to be used and instructions on how to take it. **Please follow the instructions on the Moviprep AM or PM card NOT the instructions on the Moviprep box.** This card will inform you of the time that you can eat your last meal before commencing clear fluids and the bowel preparation. It is important to follow these instructions carefully because otherwise the bowel may not be sufficiently emptied and areas of the colon could be obscured. This may mean having the examination repeated.

Preparation for the Gastroscopy
To allow a clear view during the procedure the stomach must be empty. **You may have sips of water only up to 2 hours prior to your procedure.**

Additional information for people with a colostomy
If you have a colostomy, you may find the bowel preparation easier to manage if you use a drainable colostomy bag before taking any medication until after your investigation. These can be obtained by contacting the stoma care nurses on (01743) 261000 Ext 1144.

**Oral contraception**
If taking oral contraception, please be aware that your contraception will almost certainly be less effective when taking bowel preparation.

**Photographs**
We do, sometimes, take photographs of the inside of your bowel during the procedure and these will be kept in your medical records.
Training
The training of doctors and other health professionals is essential to the continuation of the NHS, and improving the quality of care. Shrewsbury and Telford Hospital’s Endoscopy Units are both training units and sometimes deliver National training courses. All trainees are experienced doctors or nurses and the procedure is performed under the direct supervision of an expert consultant or nurse trainer. The trainer is there to ensure your safety and comfort. You can however, decline to be involved in the formal training of medical and other students; please inform the nursing staff on admission, this will not affect your care and treatment.

Pregnant
Please inform the unit prior to your appointment if you are pregnant.

What happens when you arrive at hospital?

On admission
After admission by reception staff a member of the nursing team will prepare you for your procedure. You will be asked some questions, including your medical history.

Sedation and pain relief
Sedation and pain relief will be offered for your procedure and your choice will be discussed during the admission process. Although we can perform colonoscopy 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 any questions.

Maintaining your dignity during the procedure
Once you have undressed and put on a gown, you will have the option to wear “modesty shorts” which will keep you well covered during your procedure to preserve your dignity.

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

The procedure

What should I expect during the procedure?

- You will be collected and escorted into the procedure room where the nurses helping the Endoscopist will introduce themselves to you.
- If you have any dentures, you will need to remove them at this point. Any remaining teeth will be protected by a small plastic mouth guard which will be inserted immediately before the examination commences.
- While you are lying comfortably on the trolley, the doctor / nurse will place a small needle into a vein. If you choose to have sedation and pain medication this will be given through
the needle to keep you comfortable and relaxed, but you will not be completely asleep (this is not a general anaesthetic). Entonox (gas and air) is available which is administered via a mouthpiece.

- You will be given oxygen through small tubes into your nostrils.
- In order to monitor your heart rate and breathing the nurse looking after you will clip a probe onto one of your fingers.
- The Endoscopist will introduce the gastroscope gently into your mouth, down your gullet into your stomach. You may gag slightly; this is quite normal and will not interfere with your breathing or swallowing.
- Your stomach will be gently inflated with air to expand it so that the lining can be seen clearly, this may make you burp and belch a little. This is quite normal but some people may find this unpleasant. Most of the air is taken out as the endoscope is removed.
- Any saliva you produce will be removed with a small suction tube, similar to that used at the dentist.
- On completion of the gastroscopy the nurse will reposition the trolley so you are ready for the endoscopist to proceed with the colonoscopy.
- The colonoscope will then be inserted into your back passage and air is used to aid viewing. Your bowel is a long tube which naturally bends. As the colonoscope is passed through the bends of the bowel it can be uncomfortable and possibly painful for a short period of time. If you experience any undue discomfort during the procedure, please inform the nurse and it will be addressed by the Endoscopist.
- You may be asked to change position occasionally to help pass the colonoscope around your bowel.
- Once the colonoscope has been passed all the way around your bowel, the Endoscopist will slowly withdraw the instrument making a close inspection of the lining of your bowel to look for any abnormalities. Some of the air blown into the bowel will be removed as well, which will ensure you remain comfortable.
- A nurse will be with you throughout your procedure giving you guidance and support. You may also choose to hold the hand of the nurse.
- We will ensure that you are well covered throughout the procedure.
- The procedure usually takes approximately 45 minutes.

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**After your procedure**

**What happens afterwards?**

Once completed, the nurse caring for you during your procedure will take you to the recovery area where you will rest until fully recovered.
Maintaining the privacy and dignity of our patients is important to us. The recovery area is divided into separate areas for male and female patients.

If you have had sedation you will be monitored until you are discharged home. You will be allowed to rest for as long as necessary. For patients who have just received Entonox, you will only be required to remain in the department for 30 minutes. You may resume your regular diet and medication after the procedure.

**Discharge arrangements**

**What happens when I am ready for discharge?**

The nursing staff looking after you will speak to you prior to discharge. A report of the examination will be given to yourself and a copy sent to your GP. An aftercare sheet will be given to you prior to leaving the unit which will contain all relevant information. If you have had sedation this can sometimes make you forgetful so please have someone with you at this discussion. Biopsy/polyp results will take a number of weeks to be available.

**Please remember:** Sedation may affect your judgment and reflexes for the rest of the day. Therefore it is important that you have a responsible adult to take you home following the procedure and remain with you for the next 12 hours. You must not drive a vehicle, drink alcohol, operate any machinery or sign any important or legal documents for 24 hours following your procedure.

**Contact details for more information**

If you are worried or have any questions please do not hesitate to contact the hospital where you have been offered your appointment. Endoscopy Units

- Royal Shrewsbury Hospital   Tel: 01743 261064 / 492395
- Princess Royal Hospital, Telford   Tel: 01952 565700 / 565701

Further information is available from;

- **Patient Advise 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   Tel: 01743 261000 Ext 1691
  Princess Royal Hospital, Telford   Tel: 01952 641222 Ext 4382
Useful Website

- **CORE - Digestive Disorders foundation**
  Provides information leaflets on a wide range of digestive disorders. For patient information leaflets, send a stamped addressed envelope stating any information you require to the following address:

  Address: CORE, 3 St Andrews Place  
  LONDON, NW1 4LB  
  Telephone: 020 7486 0341 (this is not a helpline)  
  Website: [www.corecharity.org.uk](http://www.corecharity.org.uk)

- **Patient UK**
  Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self help groups and a directory of UK health websites.

  Website: [www.patient.co.uk](http://www.patient.co.uk)

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.

Website: [www.sath.nhs.uk](http://www.sath.nhs.uk)

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