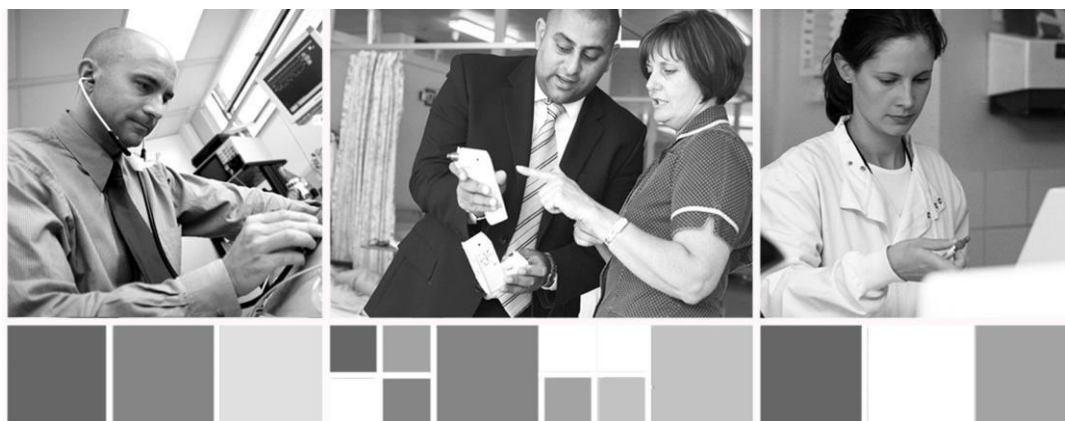




The Shrewsbury and
Telford Hospital
NHS Trust

Patient Information

Having a Gastroscopy and Colonoscopy/ Flexible Sigmoidoscopy



Endoscopy Department

This leaflet provides information about your Gastroscopy and Colonoscopy/ Flexible Sigmoidoscopy. It aims to answer any questions you may have about the procedure and explain what will happen on the day of the procedure.

Introduction

Your doctor has advised that you should have a 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.

Please note that the Endoscopy Unit often has to deal with emergency cases which may cause delays to your appointment time.

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:

Endoscopy department, The Royal Shrewsbury Hospital: 01743 261 000 ext. 1064

Monday – Friday 08:30 am – 16:30 pm Saturday 08:30 am – 12:30 pm

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.

If you are planning any foreign travel and/or flights following your procedure, please contact us for important additional information.

What is a Gastroscopy?

A Gastroscopy is a test that allows the doctor or nurse to look into your gullet (oesophagus), stomach and the first part of the small bowel (duodenum).

The endoscope 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 doctor or nurse 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.

What is a Colonoscopy/ Flexible Sigmoidoscopy?

A Colonoscopy/ Flexible Sigmoidoscopy is a test that allows the doctor or nurse to look directly at the lining of your large bowel (colon).

The colonoscope 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 Colonoscopy/ Flexible Sigmoidoscopy the doctor or nurse 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 doctor or nurse may need to remove a polyp (overgrowth of tissue). This is done through the colonoscope 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 will 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/ Flexible 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 safe and uncomplicated. However, as with any procedure there is a small chance of complications or side effects. 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 very rare. Such as:

- Drug reaction
- Bleeding
- Perforation
- 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 and possibly have an urgent operation.

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.

Patients taking blood thinning medication (antiplatelet and anticoagulants)

If there is a low risk of a person having a problem caused by a blood clot such as a stroke or a transient ischaemic attack (TIA) as a result of stopping blood thinning medication, then it is recommended that you stop your blood thinning medication before the test. This is because the risk of a serious bleed after removal of a polyp or other treatment during the camera test is believed to be higher than the risk of a stroke or TIA.

If there is a high risk of a person having a problem caused by a blood clot such as a stroke or a transient ischaemic attack (TIA) as a result of stopping blood thinning medication, then it is recommended that anticoagulation is continued for the test, using a short-acting medication such as Tinzaparin injections.

The clinician referring you for a camera test will determine if you are at a low or high risk. If you have any questions regarding this, please contact the Endoscopy Department or first point contact details you have been given.

What if I do not have a Gastroscopy?

In certain circumstances, your doctor may suggest that a Barium Swallow or Barium Meal x-ray could be done. This involves drinking a fluid which shows up on x-ray. A barium test does not allow the Doctor to take a specimen of tissue for investigation, so a Gastroscopy is performed when this is necessary. If there are any abnormalities, it is usual to have a Gastroscopy so that biopsies can be taken.

What if I do not have a Colonoscopy/ Flexible Sigmoidoscopy?

A Colonoscopy/ Flexible Sigmoidoscopy has been recommended because you have symptoms, or have had other investigations, which suggest disease of the large bowel. Alternatively you may have known bowel disease which needs assessment. If you do not have the Colonoscopy/ Flexible Sigmoidoscopy then important bowel disease may be missed. Alternative investigations of the bowel can be performed, but a Colonoscopy/ Flexible Sigmoidoscopy may still need to be done to confirm the diagnosis or to deliver treatment within the bowel.

What should I expect?

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.

A nurse will invite you into an office 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.

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 you understand and agree to go ahead with the procedure. You can change your mind about having the procedure at any time.

Please bear in mind that there may be a delay before you are taken through for your procedure.

You will be asked to change into a gown and provided with dignity shorts after your admission. Please bring a dressing gown and slippers with you.

In the examination room

Before the procedure is done you will be asked to remove your glasses (contact lenses can stay in) and to remove any false teeth (a denture pot is provided). The procedure is sometimes a little uncomfortable. The next section describes the options available for pain relief and / or sedation.

Pain relief and sedation

Local anaesthetic 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 endoscope is passed down through your throat.

Sedation and pain relief will be offered for your procedure and your choice will be discussed during the admission process. Although we can perform the procedure 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 is provided by an injection given into a vein in your hand or arm to make you feel drowsy and relaxed. Some people do not have any memory of the procedure 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 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 endoscope. 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 doctor or nurse will pass the endoscope over your tongue to the back of your throat and will ask you to swallow. The endoscope will then pass into your gullet, stomach and duodenum. The gastroscopy only takes a few minutes.

You may feel the endoscope 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 endoscope 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 Colonoscopy/ Flexible Sigmoidoscopy. You will be made comfortable lying on your left side on a trolley with your knees bent up.

Throughout the Colonoscopy/ Flexible Sigmoidoscopy 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 colonoscope. Lubricant jelly is used. The Colonoscopy/ Flexible Sigmoidoscopy can take between 15 and 60 minutes.

Air is passed through the colonoscope 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 Colonoscopy/ Flexible Sigmoidoscopy you are sometimes asked to change your position, to lie on your back, right side or stomach. This helps to steer the colonoscope around your bowel.

After the Gastroscopy and Colonoscopy/ Flexible Sigmoidoscopy

If you have had sedation and pain relief, 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. 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. Recovery may take between 1 and 2 hours. You will be given something to eat and drink before you go home. You will have some written instructions to take home with you.

If you have had sedation it is very important that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. Sedation may affect your judgment and reflexes for the rest of the day. You must not drive a vehicle, drink alcohol, operate any machinery or sign any important or legal documents for 24 hours following your procedure. We do not recommend that you attend work for 24 hours if you have had sedation.

When will I receive the results?

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. If you have had sedation this can sometimes make you forgetful so please have someone with you at this discussion. An aftercare sheet will be given to you which will contain all the relevant information. Biopsy/ polyp results will take a number of weeks to be available.

Training

The Royal Shrewsbury and Princess Royal Hospitals are Regional Centres for Endoscopy Training. You may be asked if you would be willing to be examined by a Trainee Consultant or a Trainee Nurse Endoscopist.

All trainees are under the direct supervision of an expert Consultant Trainer until they are fully competent; the Consultant 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.

Additional information is available from:

If you are worried or have any questions please do not hesitate to contact the Endoscopy unit

Tel: 01743 261064

Useful websites:

For further information on a patient's journey and taking your Moviprep (bowel preparation) please refer to the link below:

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

- **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)
Fax: 020 7224 2012
Email: info@corecharity.org.uk
Website: www.corecharity.org.uk

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 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.info

Self Help & Support Groups

A selection of websites providing access to good quality patient and consumer health information, covering specific age groups and conditions.

Also includes Shropshire Community Directory which contains up-to-date information on community groups, clubs, societies, organisations, support groups and self-help groups covering Shropshire and its borders.

Website: www.library.sath.nhs.uk/find/patients/

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.

Website: www.sath.nhs.uk

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