

## Endoscopy Department

# Gastrosocopy and Flexible Sigmoidoscopy

### Important Information

#### Before your appointment

- If you are taking **Warfarin** please read the '**Alert for patients on Warfarin**' carefully as you may need to have an INR test 7 days before.
- Stop taking iron tablets two days before the procedure. All other medication should be taken as normal.
- People with **diabetes** should have additional instructions (contact the department on 01223 216546 immediately if missing).
- If you have any queries about the procedures or find that you cannot keep this appointment, please contact the Endoscopy Office between 0900 and 1700 Tel: 01223 216546.

#### On the day

- Have **nothing to eat for 6 hours and nothing to drink for 4 hours** before your appointment
- Follow the enclosed bowel preparation instructions carefully because your lower bowel must be completely empty of waste material to allow the endoscopist to have a clear view of your bowel.

#### At the hospital

- If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure.
- Please come to the Endoscopy Department, which is on Level 3 of the Addenbrooke's Treatment Centre (ATC).
- Use **Car park F**, situated opposite the main entrance to the centre, take the 'visitor' parking ticket issued at the car park entrance to the reception desk in the Treatment Centre to have it changed to the concession for outpatients' version. Bring your appointment letter with you.
- Please note that the appointment time is for your pre procedure check, not the time of your examination. You may be here for up to 2 hours.

Your doctor has requested these procedures to help investigate and manage your medical condition.

## What is gastroscopy and flexible sigmoidoscopy?

These procedures allow the endoscopist to look directly at the lining of both the upper (gastroscopy) and lower gut (flexible sigmoidoscopy). The lower gut is the sigmoid colon, this is part of the large intestine (or colon) closest to the rectum (back passage).

The upper gut consists of the oesophagus (gullet), stomach and duodenum (part of the small intestine joining the stomach).

Long flexible tubes called endoscopes are used to perform these procedures. The endoscope is about the thickness of your index finger, with a light at the end. To examine the upper gut an endoscope is passed into your mouth and on down the gullet (oesophagus) and stomach into the duodenum. To examine the lower gut the endoscope is passed through the anus (back passage) and into the colon (large bowel). The lining of the gut can be checked to see there are any problems such as ulcers or inflammation or polyps (a polyp is a bit like a wart). The procedures usually take about 10 minutes but times vary considerably. If it takes longer, you should not worry.

Sometimes it is helpful to take a biopsy – a sample of the lining of the gut. This is done by passing a small instrument called forceps through the endoscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead) which is sent to the laboratory for analysis. In a similar way it is also possible to remove polyps (abnormal pieces of tissue that look like skin warts), this is painless.

Together the procedures usually take about 20 minutes but times vary considerably. If it takes longer, you should not worry.

## Getting ready for the procedure

### **Bowel preparation to be completed three hours before leaving home.**

1. Use the enclosed enema.
2. Remove the tip of the enema nozzle. Insert the nozzle into your anus (back passage) and squeeze in the liquid.
3. Hold the liquid inside you for as long as possible, preferably 5 minutes.
4. After 5 minutes (or as long as you have been able to hold the enema) go to the toilet and allow the enema liquid to flush away by opening your bowels as usual.

On arrival, the procedure will be explained and you will be asked to sign a consent form. We want to make sure that you understand the procedures and their implications. Remember, you can change your mind about having the procedure at any time.

## Sedatives

There are two options for these procedures

1. **No sedation option:** However, for the gastroscopy, which will be done first you will be given a local anaesthetic spray to the back of your throat. This will make it numb so that you cannot feel the endoscope. The numbness will last for about half

an hour. The advantage is that you can leave as soon as you have talked to the endoscopist and resume your normal activities eg working, driving. You will be fully aware of the procedures most patients find this acceptable and not too unpleasant.

**2. Intravenous sedation option:** An intravenous injection is given into a vein to make you feel relaxed and sleepy but not unconscious (this is **not** a general anaesthetic). This option means you may not be aware of the procedures.

The disadvantages of this option are

- (1) You will need to stay whilst you recover which may take up to an hour or more.
- (2) You will need to be escorted home.
- (3) The injection will continue to have a mild sedative effect for up to 24 hours and may leave you unsteady on your feet for a while.

If you choose sedation you **must** arrange for a responsible adult to come with you, wait with you and then take you home. You will not be able to drive. Altogether, you and your escort may be in the department for up to two hours. If you come without someone, the procedure will be cancelled. If you are using hospital transport, an escort is not required.

## During the procedures

The first procedure will be the gastroscopy immediately followed by the flexible sigmoidoscopy. For your comfort and reassurance, a trained nurse will stay with you throughout the procedures. In the procedure room, you will be asked to remove false teeth, glasses and made comfortable on a couch lying on your left side.

A plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels during both procedures. If you choose the intravenous sedation option, the endoscopist will give you the injection.

## Gastroscopy

To keep your mouth open so that you do not bite the endoscope during the gastroscopy, a plastic mouth guard will be put gently between your teeth.

When the endoscopist gently passes the tube through your mouth you may gag slightly, this is quite normal and will not interfere with your breathing. During the procedure, some air will be put in to your stomach so that the endoscopist will have a clear view, this may make you burp and belch a little. The air is removed at the end. When the procedure is finished, the tube is removed quickly and easily.

## Flexible Sigmoidoscopy

Next, we gently pass a flexible endoscope through your anus into your colon (large bowel). Air is put into your colon, this can give you some wind-like pains, but they will not last long. At this time, you might feel like you need to go to the toilet. Because of the bowel preparation you gave yourself, your bowel will be empty and so you will only pass some wind.

There may be periods of discomfort as the tube goes around bends in the bowel. Usually these will ease once the bend has been passed. If you are finding the procedure more uncomfortable than you would like, please let the nurse know. In order to make the procedure easier you may be asked to change position (eg roll onto your back). When the procedure is finished, the tube is removed quickly and easily.

Minimal restraint may be appropriate during either of the procedures. However if you make it clear that you are too uncomfortable the procedures will be stopped.

## Potential problems

Gastroscopy procedures carry a very small risk (1 in 10,000 cases) of haemorrhage (bleeding) or perforation (tear) of the gut following which surgery may be necessary. There may be a slight risk to teeth, crowns or dental bridgework; you should tell the nurses if you have any of these.

Flexible sigmoidoscopy procedures carry a very small risk (1 in 5,000 cases) of haemorrhage (bleeding) or perforation (tear) to the bowel. These are more likely to occur after the removal of a polyp. Perforations usually need to be repaired with an operation, and might require a temporary stoma (which involves the bowel being brought out through the skin of the tummy so that stool passes into a bag). Sometimes the base of a polyp can bleed; this can usually be stopped through the sigmoidoscope. Occasionally we need to admit a patient who has bled at home and requires a blood transfusion.

Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and an adverse reaction to the intravenous sedative and analgesic drugs.

If you have any of the following you should contact your GP, the Endoscopy department or the Accident and Emergency department.

- severe pain,
- black tarry stools
- persistent bleeding

## After the procedures

If **unsedated**, you may go home immediately after the procedure.

If you had **sedation** you will be taken to a recovery area. When you are sufficiently awake, you will be given a drink before getting dressed. You can then go home; this may be up to an hour following the procedure. You are advised not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for the next 24 hours. You are also advised to have a responsible adult to stay with you for the next 12 hours.

You may feel a little bloated and have some wind-like pains because of the air in your gut; these usually settle down quickly.

## **When do I know the result?**

The endoscopist will be able to tell you the results immediately after the procedure. If you had sedation, it is a good idea to have someone with you when you talk to the endoscopist because the sedation can make you forget what has been discussed.

If biopsies were taken or polyps removed you will be told the final diagnosis by the team who requested the colonoscopy (in the clinic or by letter to you or your GP). These results may take several weeks to come through.

Details of the results and any further treatment should be discussed with the doctor who recommended you for these procedures.

Training doctors and other health professionals is essential to the continuation of the National Health Service, 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.

## **Alternatives:**

In some cases, depending on individual factors such as the symptoms present and the condition being investigated, there may be alternatives to having a flexible sigmoidoscopy. These may include:

- a barium meal and or enema,
- a CT scan,
- ultrasound.

## **For more information:**

- Contact the Endoscopy Office between 0900 and 1700 Tel: 01223 216546.
- See [www.addenbrookes.org.uk/consent](http://www.addenbrookes.org.uk/consent)

Please ask if you require this information in other languages, large print or audio format:  
01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

## Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

## Cantonese

तमने आ माहिती वीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभजी शकाय जेवा माध्यम  
(ओडीओ डोमेट)मां जेठती छोय तो कृपा करीने पूछो.

## Gujarati

تکایہ پرسیار بکہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر . بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

## Kurdish

آگراپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پروکاروں تو ہر اے مہربانی اس کیلئے درخواست کریں۔

## Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.

For advice on quitting, contact your GP or the NHS smoking helpline free, 0800  
169 0 169

### Document history

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