

Endoscopy department

Understanding gastroscopy and colonoscopy

Information for patients

Name:

Hospital number:

Your appointment is on:at:

at: Charing Cross / Hammersmith / St. Mary's Hospital

If you have any questions or concerns about your appointment or regular medication, please do not hesitate to contact the patient service centre on **020 3312 6010**.

Introduction

This is designed to help you prepare for your gastroscopy and colonoscopy and answer any questions you may have. **Please read this at least one week before your appointment and follow the instructions carefully.**

If you do not attend your appointment we will refer you back to the healthcare professional who requested this investigation for you.

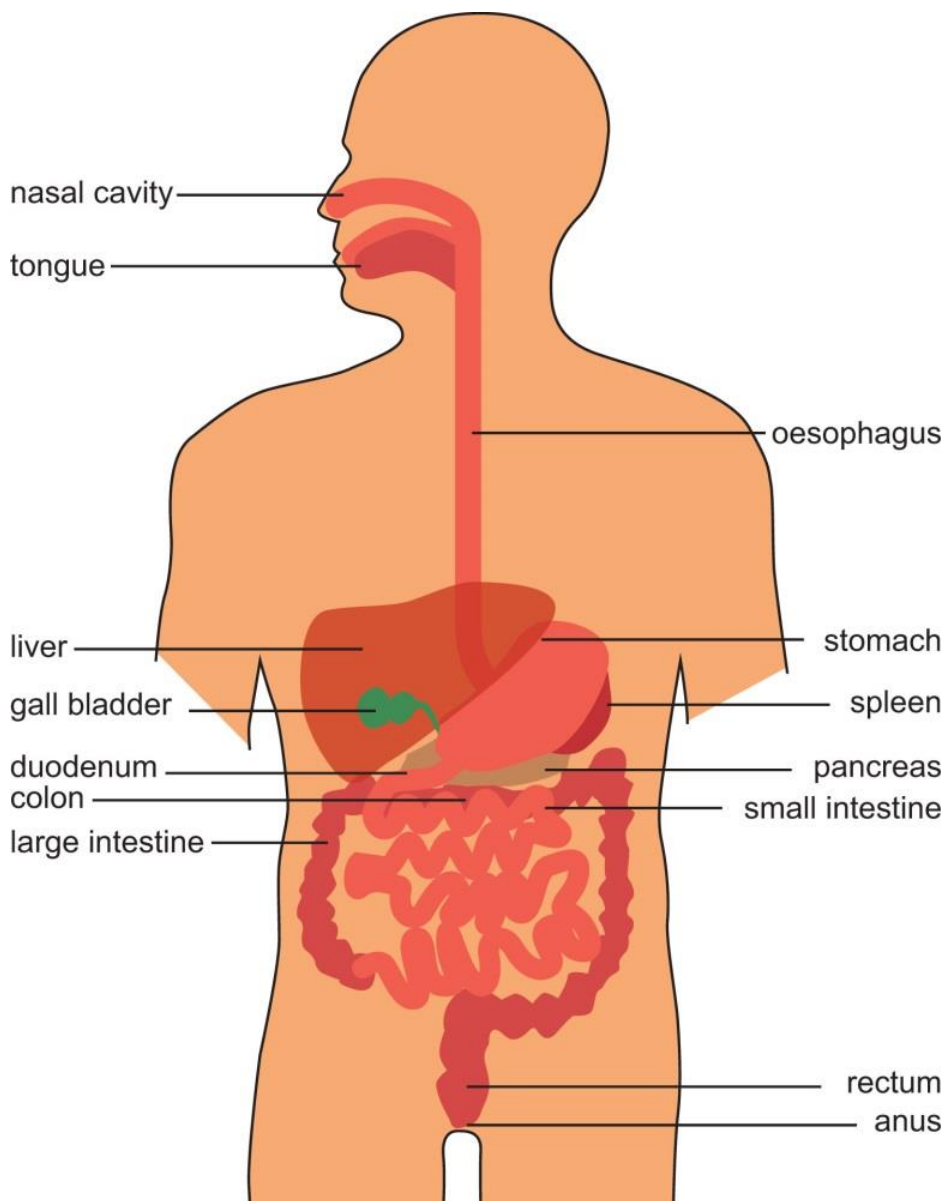
Checklist

Before your appointment please read this information sheet carefully:

Please follow the instructions below to make sure your bowel and stomach are both empty when you have a gastroscopy and colonoscopy. **If you do not follow the instructions your appointment will be cancelled.**

Take the bowel preparation as instructed on page 6 the day before the test and then **do not eat any food**, but do drink plenty of clear fluids (water, black tea, black coffee, squash, strained fruit juice (without bits), tonic water or fizzy lemonade and clear soups).

- on the day of your procedure, do not eat or drink anything for **6 hours** before your appointment time (not even water, sweets or chewing gum)
- if you think you are taking a drug to influence your clotting as a preventative measure or you have suffered a stroke or have heart disease, please contact us for advice at least **1 week** before your appointment. We need to know why you are taking this medication. If you're taking aspirin you do not need to stop this
- stop taking any iron supplement tablets **7 days** before your appointment
- please arrange for a responsible adult, 18 years or older, to collect you from the endoscopy unit after your appointment if you are having conscious sedation. We recommend that this person stays with you for 12 hours after your procedure. If you do not organise an escort, or if they are under 18 years old, we will not be able to do the test with conscious sedation on that day



What is a gastroscopy and colonoscopy?

Gastroscopy (also known as 'OGD' and upper endoscopy) is a visual examination of the lining of the oesophagus (gullet), stomach and duodenum (small intestine). An endoscope (a long, flexible tube) is passed through your mouth and down your throat into the oesophagus. Using the light on the end of the endoscope, the endoscopist can look for any abnormalities. If necessary, biopsies (small samples of tissue) may be taken during the examination and sent to the laboratory for further investigation.

Colonoscopy is a visual examination of the lining of your colon (large intestine) and rectum (bottom). A colonoscope (a long, flexible tube) is passed through the rectum and around the colon. As with endoscopy, biopsies may also be taken during this examination.

As both your stomach and bowel need to be empty for these examinations, we will give you laxatives (Klean-Prep or Citramag and Senna) to take the day before your appointment.

You must not eat anything at all after 09.00 on the day before the tests, or drink anything for six hours before your appointment. If you do not follow these instructions your procedures may be cancelled.

Polyps (abnormal growths of tissue) can also be removed during the tests. This additional procedure is known as a polypectomy. Polyps are usually benign (non-cancerous) and can vary in size. It is not always possible to tell a benign polyp from a malignant (cancerous) one by its outer appearance and so your endoscopist will send removed polyps to the laboratory for testing. As cancer begins in polyps, removing them is an important way of preventing bowel cancer.

Are there any alternatives to these tests?

The main alternative to the gastroscopy is a barium x-ray. During this procedure, you would be asked to drink a solution of barium to allow images (pictures) of your stomach to be seen using x-rays.

The main alternative to colonoscopy is a CT (computed tomography) pneumocolon scan or virtual colonoscopy. This is a CT scan of your large bowel. A small tube is inserted through the rectum and carbon dioxide gas is used to inflate the bowel so it can be seen. Scans are taken when you are lying on your back and possibly your front.

Both of these examinations allow images (pictures) of your stomach or colon to be seen using x-rays or scan images that can show up polyps and tumours but, unlike gastroscopy or colonoscopy, cannot remove them. They cannot detect tiny areas where there is bleeding, which may lead to anaemia.

A CT scan of the colon does require the same preparation as colonoscopy (please see the 'Is there anything I need to do to prepare for my appointment?' section on page 5).

Are there any risks associated with these tests?

Although complications can occur, they are rare. There is a 0.2 per cent risk of the following occurring after gastroscopy:

- bleeding - this may require a blood transfusion
- reaction to the sedatives used during the test
- perforation (tearing) of the lining of the gastrointestinal tract, which may need surgery to repair it
- aspiration pneumonia - inflammation of the lungs, caused by inhaling the contents of the stomach. This is why it is important that you follow the instructions about not eating or drinking before the test
- disturbance of crowned teeth or dental bridgework. It is important that you tell us about any crowns or bridgework before we start the test

There is a 0.4 per cent risk of the following happening after colonoscopy and polypectomy:

- perforation (tearing) of the bowel, which may need surgery to repair it
- bleeding

The risk of complications may increase if you have any pre-existing heart or lung conditions. Your doctor will discuss any increased risks with you before you have the test.

Conscious sedation or throat spray and Entonox?

For your comfort, these tests can be done using conscious sedation where a sedative and a painkiller are given intravenously (through a cannula – a thin tube – in your hand or arm) to help with any discomfort. The sedative can make you forget parts of the tests. Each patient will react differently and will experience different levels of drowsiness (sleepiness). It is different from a general anaesthetic as it does not put you to sleep, so you are able to talk to your doctor or nurse.

It is not unusual to experience some symptoms of bloating or wind pain despite the sedative and painkiller. The sensation of gagging or retching may be felt as with anything touching the back of the throat.

If you have conscious sedation you cannot go home by yourself – a friend or relative must escort you home. We recommend that someone stays with you for 12 hours after your procedure. Please make sure that you have access to a telephone when you return home. If you have not been able to make these arrangements, please speak to the nursing staff. We cannot do the test on this day with conscious sedation if you do not have an escort.

Alternatively, you may have the option to have the test using throat spray for the gastroscopy and Entonox for the colonoscopy.

- **Local anaesthetic throat spray** is sprayed onto the back of your throat and helps to numb it, often reducing the gagging and retching that can be experienced with anything touching the back of the throat. It wears off after 30 minutes and you are able to eat and drink again.
- **Entonox** is a half and half mixture of nitrous oxide and oxygen which is inhaled (breathed in). It is a quick acting painkiller that also wears off quickly. It is most commonly used by women having a baby. You will be given a mask or mouthpiece before the colonoscopy starts and asked to inhale the Entonox. Its effects are noticeable within a matter of breaths. You can continue to inhale the Entonox during the procedure.
- **If you have the throat spray and Entonox** you can drive home 30 minutes afterwards, if a healthcare professional says it is safe for you to do so and you feel able to drive.
- **We are unable to offer Entonox to people who** have had traumatic or spontaneous pneumothorax, air embolism, emphysema / chronic obstructive pulmonary disease (COPD), people with a low vitamin B12 or those who have been diving within the previous week.

Is there anything I should do to prepare for my appointment?

Preparation for the test involves not eating any food the day before the test and taking the prescribed laxative. This laxative is meant to give you diarrhoea.

Let us know about any other medical conditions

- If you have diabetes, please contact your GP or your diabetes nurse specialist for advice before your appointment. Alternatively, you can contact us using the telephone number on the front of this leaflet for further advice.
- If you are taking any medication to thin your blood, please contact us for advice at least one week before your appointment. We need to know why you are taking this medication. If you're taking aspirin you do not need to stop this.

Timeline

Two weeks before your appointment

If this is your first gastroscopy to investigate a new symptom and you are taking antacids then stop taking these. Examples of antacids are:

- Losec (Omeprazole)
- Zoton (Lansoprazole)
- Protium (Pantoprazole)
- Pariet (Rabeprazole)
- Nexium (Esomeprazole)
- Tagamet (Cimetidine)
- Zantac (Ranitidine)
- Axid (Nizatidine)
- Pepcid (Famotidine)

Seven days before your appointment

Stop taking iron tablets.

Four days before your appointment

Stop taking any medication which causes constipation, such as codeine phosphate or loperamide. Contact us for advice if you are not sure. Continue with all your other medications, including laxatives, unless you have been told otherwise.

Two days before your appointment

- **Only eat a low residue diet**, which means foods from the following list only: Cheese, eggs, grilled or poached white fish (such as cod, haddock or plaice), skinless chicken, boiled potatoes (without skin), white bread, butter, margarine.
- **Do not eat any high fibre foods** such as red meat, pink fish (such as salmon or trout), fruit, vegetables (including tomatoes and onions), lentils, seeds, nuts, sweetcorn, mushrooms and wholemeal bread.

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- It is important that you drink at least 2 litres / 3.5 pints of fluid / liquid during the day to avoid dehydration. This will improve the effect of the bowel preparation.

24 hours / one day before your appointment

- Have a good breakfast, only choosing items from the low residue diet list on page 6.
- After this, do not eat any solid food at all, but do drink plenty of clear fluids – water, black tea, black coffee, squash, strained fruit juice (without bits), tonic water or fizzy lemonade and clear soups.
- It is essential that your bowel is empty when you come for your colonoscopy. If you do not follow the instructions your appointment will be cancelled.
- **You must then take the laxatives**
You will have been prescribed either Moviprep or Klean-Prep. The laxative preparation will cause diarrhoea so we recommend that you stay close to a toilet after you have taken it. Soreness around your bottom will be reduced if you apply some barrier cream (such as Vaseline®) before taking the laxatives.
- If you are using oral contraceptives (the 'pill') the laxative may stop them from working. Do not stop taking your pill, but you should use additional methods of contraception during this time.

If you feel unwell on this day and think that you may not be able to tolerate the bowel preparation or the test, please contact us for advice before starting to take the preparation. If you have not received other specific advice regarding your regular medications you should continue to take them as normal. You may need to change the time you take them to avoid taking them less than one hour either side of the laxative.

If you have been prescribed Moviprep:

- **At 14.00** dissolve the contents of one Moviprep 'Sachet A' and one 'Sachet B' in one litre of water. This solution should be drunk over a period of one to two hours. (Try to drink a glassful every 10 to 15 minutes). Once you have finished the solution, have at least a two-hour break before drinking any more Moviprep. **Please make sure it is Moviprep, sachets A and B and not Movicol which some people take for constipation.**
- **At 18.00** make up a second litre of Moviprep in the same way as before. Again, this should be drunk over a period of one to two hours.

If you have been prescribed Klean-Prep:

- **At 12.00 (noon)**, mix one sachet of Klean-Prep in a jug with 1 litre of water (1000mls). Drink one glass every 15 minutes until you have finished the jug.
- **At 14.00** mix one sachet of Klean-Prep in a jug with 1 litre (1000mls) of water. Drink one glass every 15 minutes until you have finished the jug.

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- **At 16.00** mix one sachet of Klean-Prep in a jug with 1 litre (1000mls) of water. Drink one glass every 15 minutes until you have finished the jug.
 - **At 18.00**, mix one sachet of Klean-Prep in a jug with 1 litre (1000mls) of water. Drink one glass every 15 minutes until you have finished the jug.

As Klean-Prep has very little taste, it is better drunk cold from the fridge. You may wish to add clear fruit cordial, such as orange or lime squash, to make it more pleasant to drink.

If you experience nausea, vomiting or abdominal (tummy) pain, please contact the endoscopy department using the number on the front of this leaflet and ask to speak to one of the endoscopy nursing staff.

To avoid dehydration when taking the bowel preparation, please drink 2 litres / 3.5 pints of water / clear fluids.

What happens on the day of the test?

If you regularly take medicines in the morning, you should take them before 07.00 on the day of the test, with a small sip of water if necessary, unless you have been advised otherwise.

You must not have anything to eat or drink for at least six hours before your appointment time.

We advise you to wear loose-fitting clothes to your appointment, as during the procedure, the doctor will introduce air into your bowel / stomach (see the following page) which may cause bloating afterwards. The bloating will go down but wearing tight-fitting or tailored clothes will make you more uncomfortable.

The investigations will be done as close to your appointment time as possible. Every effort is made to keep waiting times to a minimum, but it is not possible to predict how long individual procedures will take. You may wish to bring something to read with you.

In the pre-assessment room we will ask you to change into a hospital gown and dignity shorts. Your endoscopist will discuss the procedure, any treatment, possible risks, expectations and side effects before asking for your written consent. This written consent should not feel rushed. We will then take you into the examination room.

We will ask you to remove any glasses and dentures and lie on your left side on a trolley.

If you are having conscious sedation, the endoscopist will then give you a sedative and a painkiller through an intravenous cannula in your hand or arm which will make you more comfortable. We will place a small probe on your finger to monitor your pulse and blood oxygen level.

If you have chosen to have local anaesthetic throat spray and Entonox the local anaesthetic will be sprayed onto the back of your throat. It works quite quickly to numb it. We will connect you to a monitor to record your blood pressure and pulse throughout the procedure. We will give you oxygen through your nose and put a small probe on your finger to monitor this.

The gastroscopy will be done first. We will give you a mouth guard to protect your teeth. The endoscopist will then place the endoscope (long, flexible tube) in your mouth and pass it down your throat and into your stomach. The introduction of air will help them to see inside your stomach and duodenum. If any saliva collects in your mouth, the nurse will clear it with a small suction tube similar to that used by dentists. It is not unusual to experience gagging or retching. This is normal when something touches the back of your throat. Please be assured that the endoscope will not interfere with your breathing.

If the endoscopist thinks an area needs further investigation, they might pass an instrument through the endoscope to take a biopsy (a sample of the lining of the gastrointestinal tract) for testing in the laboratory. These tests are used to diagnose many conditions and your endoscopist may request one even if they do not suspect cancer. For example, they may use a biopsy to test for *Helicobacter pylori*, the bacterium that causes ulcers.

Once the gastroscopy has been done, your trolley will be turned round. The colonoscopy will then begin. Again, this is done with you on your left side with your knees slightly bent. If you have chosen to have Entonox, you will be given the mouthpiece and asked to begin taking inhalations of the gas.

The endoscopist will pass the colonoscope (long, flexible tube) through your anus and into the large bowel (colon) and introduce air to expand the bowel. This will help the endoscopist to see inside your bowel. You may experience a feeling of pressure, bloating or cramping during or after the procedure due to the air that was introduced. It is normal to want to pass wind so please do not feel embarrassed. Discomfort will settle once you have passed wind. You may also be asked to change your position during the test and a nurse will support you to do this. Gentle pressure may also be applied to your stomach to help pass the scope through your colon. If the endoscopist cannot pass the colonoscope through the entire colon, to where it meets the small intestine, an alternative examination (such as a CT scan) may be needed or your endoscopist may decide that this limited test is enough. As with the gastroscopy, biopsies may be taken.

Your endoscopist may want to treat any bleeding through the colonoscope by injecting medications or by coagulation (sealing blood vessels using heat treatment). Your endoscopist may find polyps during your colonoscopy. Tiny polyps can be destroyed by fulguration (burning). Larger polyps can be removed with a snare (wire loops) using an electric current. This is all done via the colonoscope.

The combined procedures may take 20 minutes to one hour to complete, but you should expect to be in the department for two to three hours to allow time for waiting, preparation and recovery.

Please note

Imperial College Healthcare NHS Trust supports the training of medical, surgical and respiratory registrars as well as nurse endoscopists. Your consent or procedure may be undertaken by any of these trainees who are supported and supervised by qualified trainers within the endoscopy department.

What happens after the test?

If you have had **conscious sedation**, you will be left to rest for about one hour before you can go home. You must be accompanied home by a relative or friend, who is 18 years of age or older. It is recommended that someone stays with you for 12 hours after your procedure. They must come to the unit to collect you.

If you have had **Entonox**, you will be left to rest for half an hour. You will be allowed to go home once you feel able to and a healthcare professional feels you are ready to do so. You may still feel that you need to go home and rest.

When will I get the results?

In many cases, the results are available immediately after the test, however, biopsy results may take at least one week before they are available. Details of the results and any necessary treatment should be discussed with whoever referred you for the test (either your GP or hospital doctor) at your next appointment. The endoscopy department will not be able to give you any biopsy results.

Is there anything I need to watch out for at home?

It is normal to experience bloating and mild abdominal discomfort for a few days after having a gastroscopy. It is normal to experience small amounts of bleeding from your bottom or mild abdominal discomfort for up to two weeks after having a colonoscopy. Please do not worry if you have watery motions (stools). This is normal and will pass. However, if you have any severe pain, black tarry stools or persistent bleeding after the tests (on the same day), please contact the endoscopy department at the site where you had your procedure within working hours (09.00 – 17.00) and ask to speak to the nurse in charge:

- Charing Cross Hospital: 020 3311 1057
- Hammersmith Hospital: 020 3313 2645
- St Mary's Hospital: 020 3312 6681

Outside of working hours, please phone the switchboard and ask to speak to the gastroenterology registrar on call for further advice:

- Charing Cross Hospital: 020 3311 1234
- Hammersmith Hospital: 020 3313 1000
- St Mary's Hospital: 020 3312 6666

Alternatively you can call your GP or NHS 111.

How do I get to the hospital?

You are advised to travel, if possible, by public transport when visiting Charing Cross and Hammersmith hospitals. Car parking is severely limited and you may find it very difficult to find a place to park near the hospital.

The nearest tube stations for **Charing Cross Hospital** are Hammersmith (District, Piccadilly and Hammersmith and City lines) and Barons Court (District and Piccadilly lines). Buses that stop outside the hospital are numbers 190, 211, 220 and 295.

The nearest tube stations for **Hammersmith Hospital** are East Acton and White City (both on the Central Line). Buses that stop outside the hospital are numbers 7, 70, 72, 272 and 283.

The nearest tube stations to **St Mary's Hospital** are Paddington (Bakerloo, Circle, District and Hammersmith & City lines) and Edgware Road (Bakerloo, Circle and District lines). Buses that stop on Praed Street are numbers 7, 15, 23, 36 and 436.

When can I get back to my normal routine?

For the rest of the day you must not:

- drive or operate machinery (including kitchen equipment)
- drink alcohol
- sign any important or legal documents

You should be able to return to work and all your usual activities the day after your appointment.

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at **imperial.pals@nhs.net** The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street, London W2 1NY

Email: **ICHC-tr.Complaints@nhs.net**

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:

imperial.patient.information@nhs.net

Wi-fi

We have a free wi-fi service for basic filtered browsing and a premium wi-fi service (requiring payment) at each of our five hospitals. Look for WiFiSPARK_FREE or WiFiSPARK_PREMIUM

Endoscopy department
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