

## Endoscopy Unit

# Patient information Gastrosocopy and Flexible sigmoidoscopy under General Anaesthetic

**THIS PROCEDURE REQUIRES YOU TO FAST AND STOP SOME  
MEDICATIONS FOR 14 DAYS BEFORE YOUR PROCEDURE**  
This document contains important information about your upcoming  
investigation and should be read immediately.

**Please contact the nurse helpline straight away if you:**

- **May be pregnant,**
- **Have a pacemaker or implantable cardiac defibrillator.**
- **Take Rivaroxaban, Apixaban, Edoxaban or Dabigatran**

**Useful contact numbers:**

**Endoscopy Nurses: 020 8934 3633/2363/3011 (2pm. – 4pm.)**

Call for questions relating to your procedure/medication/preparation for your test, which is not included in this leaflet and needs to be answered before you attend your appointment.

**To re-schedule/cancel appointments only.**

Your appointment is valuable, if you need to re-schedule your appointment, please give as much notice as possible, preferably a minimum of 10 days' notice; this allows us to offer this appointment to another patient.

Please note the booking team cannot answer clinical questions relating to your procedure. Endoscopy Booking Team: 020 8934 2099 option 2. Calls taken 09:30-11:30 only

**Kingston Hospital NHS Foundation Trust  
Gastroscopy and flexible sigmoidoscopy  
Information for patients**

If you have any questions we will be happy to answer those when you come for your appointment, if you wish to discuss any aspect of your clinical care in private then please ask. We always endeavour to see you close to your appointment time to minimise any delays, this may not always be possible; we will keep you informed of any significant delays. Please allow up to 4 hours in total for your visit.

The procedure will be performed by or under the supervision of a trained endoscopist.

**What is a gastroscopy?**

It is a procedure to look directly at the lining of the oesophagus (gullet), the stomach and the duodenum (the first bend of the small intestine), using a flexible telescope. (see figure 1). It is useful for diagnosing a range of gastrointestinal conditions.

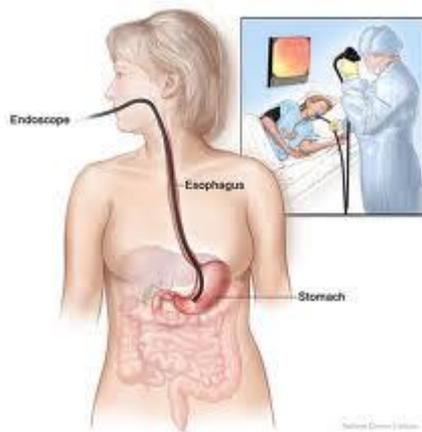


Figure 1

**Are there alternative investigations?**

Alternative investigations are possible using radiology e.g. barium studies or CT scans, however these can be less sensitive and have the disadvantage that biopsies cannot be taken for further investigation. If an abnormality is found using radiology investigations a subsequent investigation with gastroscopy may be required.

**Are there any risks?**

The investigation is safe, but there are some risks with this test. These include:

- Damage to teeth or dental work
- The gastroscope may cause damage known as a perforation (a tear/hole in the lining of the gullet, stomach or duodenum). The risk of this is approximately 1:3000 procedures. This is a serious complication and typically requires an operation to repair.
- Bleeding may occur following a biopsy.
- There is a small risk of developing a chest infection or pneumonia following a gastroscopy - this occurs mainly if there is food or fluid in the stomach, it is important to follow the fasting instructions before the procedure.

### **What is a flexible sigmoidoscopy?**

It is a procedure to look at the inside of the left, lower part of your colon (large bowel) using a flexible telescope. (see figure 2).

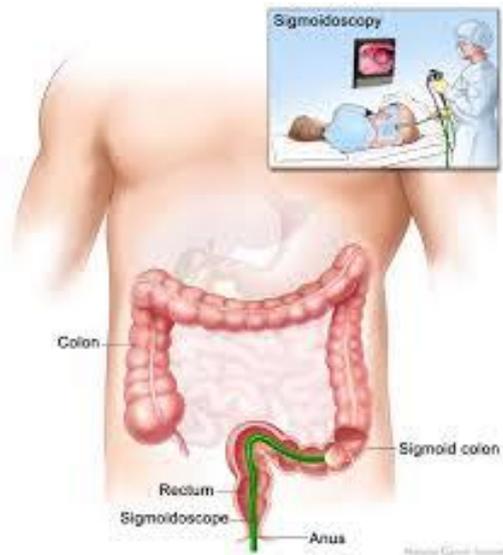


Figure 2

### **Are there alternative investigations?**

Alternative investigations are possible using radiology e.g. barium studies or CT scans, however these can be less sensitive and have the disadvantage that biopsies cannot be taken for further investigation. If an abnormality is found using radiology investigations a subsequent investigation with gastroscopy or flexible sigmoidoscopy may be required.

### **Are there any risks?**

The investigations are safe, but there are some risks with these tests. These include:

- The sigmoidoscope may cause damage known as a perforation (a tear/hole in the lining of the gullet/stomach/duodenum or colon). The risk of this is approximately 1:5000 procedures for flexible sigmoidoscopy. This is a serious complication and typically requires an operation to repair, and may involve forming a stoma (your bowel opening onto your skin)
- The risk of perforation is 1:500 when a polyp is removed.
- Bleeding may occur following a polyp removal. Occasionally this can be excessive and require further endoscopy, surgery, and or transfusion 1:100 for large polyps 1cm and bigger.
- There is a 10% risk that a polyp or other abnormality may be missed.
- Occasionally it is not possible to complete the examination.

## **PREPARATION FOR FLEXIBLE SIGMODOSCOPY**

### **7 days before the procedure**

- Stop any iron tablets 7 days before your procedure
- Stop stool bulking (e.g. Fybogel) or anti diarrhoea (e.g Codeine, Imodium) medication 7 days before your procedure.

## PREPARATION FOR GASTROSCOPY

### 14 days before the procedure

If you are taking:

- Omeprazole
- Lansoprazole
- Esomeprazole
- Pantoprazole
- Rabeprazole)

Stop this medication 2 weeks before your appointment, unless your doctor has advised otherwise, or you are known to have Barrett's or are having this procedure to follow up ulceration healing.

**It is appreciated that some patients will find it difficult to stop this medication, and may be reluctant to do so. However, it is essential that you do so, if asked, otherwise the investigations are futile. You may take Rennie's and Gaviscon.**

### On the day of your procedure

- You must have any to eat or drink for 6 hours before your appointment.
- On the morning of the test, please take your regular medications with water (up to 2 hours before your test), unless advised not to.
- Please bring a list of any medications you are currently taking. If you use asthma inhalers or angina sprays it is important to bring these with you.
- **Anti-Coagulation. If you are taking Warfarin** we will check your INR with a finger prick test before your procedure.

### Diabetes

- If you have diabetes it may be necessary to adjust your treatment whilst preparing for this test. Please discuss this with your GP or Diabetes nurse specialist at least 3 days before your test.
- If you take **Insulin**, you should have an early morning appointment **do not** take your Insulin before your procedure.

### On arrival at the hospital

- Please report to the reception of the Day Surgery Unit.
- A nurse will check your details, blood pressure and pulse.
- The endoscopist will explain the procedure and check you have signed your consent form, which is attached to this information leaflet – please remember to bring these with you.
- You will be asked to remove any spectacles, contact lenses or dentures just before the investigation.
- The rectum and lower bowel must be empty for the procedure to be complete and accurate. You will be given an enema just before the procedure, which is a liquid solution that is given into the rectum to wash out the bowel.
- You will need to change into a hospital gown and you will be offered dignity shorts to wear.
- You will then be given the enema it may take up to one hour for the enema to be fully effective.

**During the procedure**

- Biopsies (small samples of tissue), which are painless, may be taken during the investigation to be sent to the laboratory for further tests. Photographs may be taken and kept for your hospital records.

**After the procedure**

- You will need to rest for up to one hour before you can go home. After recovery you can eat and drink as normal.
- You may have a mild sore throat for 24 hours after the test - this is nothing to worry about and will pass.
- You may feel bloated due to air left in the stomach- this will pass naturally.

**Going home**

- You must have a responsible adult to take you home and stay with you for 24 hours after the general anaesthetic.
- Your escort will need to be available upon us contacting them, please arrange for them to be close to the hospital whilst you are having your procedure.
- You may not travel home on public transport
- For 24 hours after the general anaesthetic you cannot drive, return to work, operate machinery (including cookers and kettles), drink alcohol, sign legal documents or be responsible for small children.

**Consent**

This procedure requires your formal consent. This booklet has been written to enable you to make an informed decision about agreeing to the procedure.

The consent form is a legal document, therefore please read it carefully.

If having read the information you do not wish to go ahead with the procedure, or want to consider alternative methods of investigation, please discuss this with your GP or hospital doctor as soon as possible before the date of your appointment