

Endoscopy Unit

GASTROSCOPY and COLONOSCOPY (with Picolax)

**THIS PROCEDURE REQUIRES YOU TO MAKE DIETARY CHANGES,
TAKE LAXATIVES, FAST AND STOP SOME MEDICATIONS UP TO
14 DAYS BEFORE YOUR PROCEDURE.**

**This document contains essential information about your upcoming
investigation and should be read IMMEDIATELY.**

Please contact the nurse helpline if you:

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

Endoscopy Nurses: 020 8934 6614 (2 P.M. – 4 P.M. ONLY)

**Endoscopy Bookings Team (To Reschedule or Cancel Appointments):
020 8934 2099 option 2 (9AM – 5PM ONLY)**

We strongly advise to read carefully this information leaflet BEFORE calling the advice line. The answers to your questions may already be contained here.

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Kingston Hospital NHS Foundation Trust GASTROSCOPY and COLONOSCOPY

Please read this information carefully, including the enclosed information for pain relief and bowel preparation for the test.

We will be happy to answer any questions 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. However, this may not always be possible. We will keep you informed of any significant delays. **Please allow up to 3 hours in total for your visit.**

The procedure will be performed by or under the supervision of a Consultant/Nurse Endoscopist.

WHAT IS GASTROSCOPY AND COLONOSCOPY?

Gastroscopy and Colonoscopy can be performed during the same appointment.

A **Gastroscopy** is a procedure that first pass through the mouth 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)

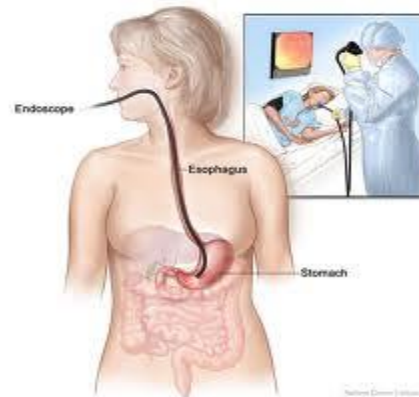


Figure 1

A **Colonoscopy** is a procedure to look at the lining of large bowel (or colon), using a flexible telescope. (See Figure 2)

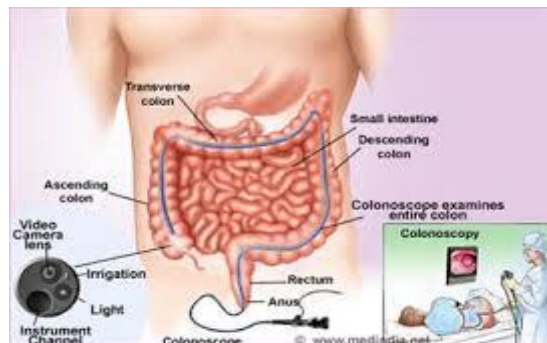


Figure 2

Both are useful for diagnosing a range of gastrointestinal conditions.

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ALTERNATIVE INVESTIGATIONS

It is possible to view the upper and lower gut using a CT scan, or the upper gut using barium studies. These tests have the disadvantage that biopsies or polyps cannot be taken/removed. If an abnormality is found using a barium or CT scan a subsequent investigation with a gastroscopy and or colonoscopy may be required.

RISKS

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

- The gastroscope or colonoscope may cause damage known as a perforation (a tear/hole in the lining of the gullet/stomach/duodenum or colon). This is a serious complication. The risk of this is 1:3000 for gastroscopy, and approximately 1:1000 procedures for colonoscopy. This 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 colonoscopy or surgery, and or transfusion 1:100 for large polyps, 1cm or larger.
- Sedatives can affect your breathing, heart rate and blood pressure. If any of these problems occur, they are normally short lived and easily managed by the endoscopy unit staff. Sometimes these complications are more serious and may need more intensive management.
- It is not possible to complete the colonoscopy procedure in approximately 1:10 cases.
- There is a 10% risk that a polyp or other abnormality may be missed.
- The gastroscope may cause damage to teeth or dental work.
- 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, therefore it is important to follow the fasting instructions before the procedure.

PREPARING FOR YOUR TEST: SPECIFIC FOR GASTROSCOPY

IT IS IMPORTANT TO FOLLOW INSTRUCTIONS CAREFULLY WHEN PREPARING FOR YOUR PROCEDURE.

14 days before the procedure	ACTIONS
If you are taking: <ul style="list-style-type: none"> • Omeprazole • Lansoprazole • Esomeprazole • Pantoprazole • Rabeprazole 	<ul style="list-style-type: none"> • <i>Stop this medication 2 weeks (14 days) before your appointment unless your doctor has advised otherwise.</i> • <i>If you are known to have Barrett's Oesophagus or if you're having this procedure again (Repeat Gastroscopy) to follow up ulceration healing. Please DO NOT STOP taking these medications.</i>

Occasionally these tests are booked at short notice.

If you do not have time to stop these meds (listed above) for 14 days because you received the appointment letter at short notice by post or phone call, please STOP this medication as soon as you receive your appointment date.

It is appreciated that some patients will find it difficult to stop this medication and may be reluctant to do so. You may take Rennie's and Gaviscon.

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PREPARING FOR YOUR TEST: SPECIFIC FOR COLONOSCOPY

IT IS IMPORTANT TO FOLLOW INSTRUCTIONS CAREFULLY WHEN PREPARING FOR YOUR PROCEDURE.

- **STOP ORAL Iron (Ferrous) 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.

Warfarin

- If you take **WARFARIN**, this may need to be stopped before your colonoscopy. You will be referred to the anti-coagulation clinic at Kingston Hospital, if required. They will make the necessary arrangements for you. If you have not heard from them 7 days before your colonoscopy is due, please contact them on **020 8934 2030/ 2041/ 3689/ 2321 option 5**.
- Please note that interrupting your anticoagulation therapy may carry a slightly increased risk of a clot forming. (You can discuss with the anticoagulation nurse on **020 8934 3576**). **DO NOT STOP WARFARIN WITHOUT MEDICAL ADVICE.**
- If you take Warfarin, we will check your **INR** with a finger prick test before your procedure.
- If you take any OTHER blood thinning medications such as Rivaroxaban, Apixaban, Edoxaban or Dabigatran, please contact the endoscopy unit 020 8934 6614, **IF** you have not been given advice regarding this. It is very important that you **do not stop these medications without medical advice.**

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. **Please see separate sheet for Diabetes leaflet.**
- If you take **Insulin**, you should have an early morning appointment, **IF NOT SO**, please contact the booking team to re-schedule. Adjust your Insulin dosage accordingly before your procedure. **Please see separate sheet for Diabetes leaflet.**

Prescribed Medication

- In order to ensure that your medicines are absorbed, take them at least 2 hours before, or 2 hours after taking the laxatives.
- On the morning of the test, please take your regular medications with a sip of water unless advised not to. **Otherwise, please refer to the next page if you are taking any of the medications listed and relevant actions to be taken.**
- **BRING A LIST OF YOUR CURRENT MEDICATIONS.** If you use asthma inhalers or angina sprays, it is important to bring these with you.

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Please check below carefully for any medicines which you are taking and follow the relevant advice. Please contact the nurse line **020 8934 6614** if you have been advised by your GP or specialist not to stop any of these drugs:

MEDICATIONS	ACTIONS
<p><u>ACE inhibitors</u></p> <ul style="list-style-type: none"> ✓ Captopril, Cilazapril, Enalapril, Fosinopril, ✓ Imidapril, Lisinopril, Moexipril, Perindopril, ✓ Quinapril, Ramipril, Trandolapril 	<ul style="list-style-type: none"> • DO NOT TAKE on the day you start your laxatives i.e., the day before your procedure. • DO NOT TAKE until 72 hrs AFTER the procedure. • DO NOT STOP if you have severe heart failure. Contact the nurse advice line. Contact your GP/ Referring doctor for advice.
<p><u>Angiotensin II Receptor Blockers</u></p> <ul style="list-style-type: none"> ✓ Azilsartan, Candesartan, Eprosartan ✓ Irbesartan, Losartan, Telmisartan, Valsartan 	<ul style="list-style-type: none"> • DO NOT TAKE on the day you start your laxatives i.e., the day before your procedure. • DO NOT TAKE until 72 hrs AFTER the procedure. • DO NOT STOP if you have severe heart failure. Contact the nurse advice line. Contact your GP/ Referring doctor for advice.
<p><u>NSAID's</u></p> <ul style="list-style-type: none"> ✓ Ibuprofen, Naproxen, Diclofenac, ✓ Indomethacin, Mefenamic acid, Ketoprofen, ✓ Fenoprofen, Piroxicam, Tolfenamic acid ✓ Celecoxib, Sulindac 	<ul style="list-style-type: none"> • DO NOT TAKE on the day you start your laxatives i.e., the day before your procedure. • DO NOT TAKE until 72 hrs AFTER the procedure.
<p><u>Anti-coagulants/Anti-platelets</u></p> <ul style="list-style-type: none"> ✓ Clopidogrel, Dabigatran, Rivaroxaban ✓ Apixaban, Edoxaban, Clopidogrel, Ticagrelor ✓ Prasugrel 	<ul style="list-style-type: none"> • Continue to take these medications. UNLESS: • You are having this procedure to remove known polyps, contact the nurse advice line on 020 8934 6614. • Do not stop without medical advice.
<p>Warfarin</p>	<ul style="list-style-type: none"> • You will be referred to the anticoagulation clinic who will contact you. Please call: 020 8934 3576, 020 8934 2030/ 2041/ 3689 / 2321 option 5. • Do not stop without medical advice.
<p>Oral Contraceptive Pill</p>	<ul style="list-style-type: none"> • Do not stop the medication, but take additional precautions until your next cycle, as the pill may be less effective.
<p>Epilepsy / Anticonvulsant medication</p>	<ul style="list-style-type: none"> • Do not stop the medication, but please be aware there may be a reduced effect from your medication and therefore a higher risk of an epileptic seizure.
<p><u>DIURETICS (Water Tablets)</u></p> <ul style="list-style-type: none"> ✓ Bendroflumethiazide, Chlorothiazide (Diuril) ✓ Chlorthalidone, Hydrochlorothiazide (Microzide) ✓ Indapamide, Metolazone, Bumetanide (Bumex) ✓ Ethacrynic acid (Edecrin), Furosemide (Lasix) ✓ Torsemide (Demadex), Amiloride ✓ Eplerenone (Inspra), Spironolactone (Aldactone), ✓ Triamterene (Dyrenium) 	<ul style="list-style-type: none"> • Do not take on the day you start your bowel preparation i.e. the day before your procedure. • DO NOT STOP if you have severe heart failure. Contact the nurse advice line. Contact your GP/ Referring doctor for advice or Contact your Cardiologist for further advice.

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DIET PREPARATION

If there has been a delay between you seeing the doctor and taking this bowel prep, contact the unit. If there have been any significant changes in your health, particularly deterioration in your kidney, heart, or lung function, contact the unit.

A. Gastroscopy:

Reminder: You will be taking clear fluids/drinks only once starting your laxatives. **NO** solid food /meal.

GENERAL RULE BEFORE YOUR GASTROSCOPY APPOINTMENT TIME:	
Four (4) Hours before:	Stop all fluids, only a Glass of water is allowed.
Two (2) Hours before:	Only tiny sips of water are allowed.
YOU MUST NOT HAVE ANYTHING BY MOUTH BEYOND 2 HOURS BEFORE YOUR APPOINTMENT TIME!	

B. Colonoscopy:

YOUR LARGE BOWEL MUST BE EMPTY FOR THE COLONOSCOPY.

The Senna and Picolax (a very strong laxative) will cause multiple bowel movements and eventually diarrhoea at any time after starting the laxatives.

Remain within easy reach of a toilet, you may find the urge to open your bowels can be sudden, resulting in little time to reach a toilet. Picolax may give you nausea, stomach cramps and bloating.

Very rarely, the patient may experience a severe reaction to this preparation, if you feel significantly unwell or collapse/fainting, please contact your GP or go to A&E. Take this information sheet with you.

3 DAYS BEFORE YOUR PROCEDURE

You should increase your fluid intake up to 200 ml (one large cup) per hour and commence a **LOW FIBRE DIET**.

DIET you should reduce the amount of fibre you eat in the days before your colonoscopy. Please follow the dietary advice below.

✓ FOODS TO CHOOSE FOR 3 DAYS BEFORE YOUR PROCEDURE	✗ FOODS TO AVOID FOR 3 DAYS BEFORE YOUR PROCEDURE
<ul style="list-style-type: none"> ✓ Tender meat, white fish ✓ Eggs, Tofu, cheese, milk, cream, ✓ butter/spread, ice cream 	<ul style="list-style-type: none"> Nuts including coconut, and seeds Nut roast
<ul style="list-style-type: none"> ✓ Smooth yogurts (no bits) 	<ul style="list-style-type: none"> Jams, pickles, chutneys, digestive biscuits, or biscuits containing bran
<ul style="list-style-type: none"> ✓ Potatoes (peeled) – boiled, mashed ✓ Cauliflower florets, marrow flesh, parsnips (peeled), courgettes (peeled), cucumber (peeled) and radish. ✓ Grapefruit (avoid pith), lychees, pears, apples, and bananas (all fruit must be peeled) 	<ul style="list-style-type: none"> Jacket potatoes All fruit and vegetables not mentioned on the 'foods allowed list' Fruit juice with 'bits'

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✓ FOODS TO CHOOSE FOR 3 DAYS BEFORE YOUR PROCEDURE	✗ FOODS TO AVOID FOR 3 DAYS BEFORE YOUR PROCEDURE
<ul style="list-style-type: none"> ✓ Rice Krispies, White bread ✓ Marmalade (no shred), honey, white pasta 	<ul style="list-style-type: none"> All breakfast cereals except Rice Krispies Oatcakes Ryvita and all crispbreads
<ul style="list-style-type: none"> ✓ White rice, Yorkshire puddings, plain biscuits, cream crackers, plain madeira cake, ice lollies, crisps, marmite, plain/milk chocolate (no nuts/fruits), clear pureed soups. ✓ A small amount of alcohol. 	<ul style="list-style-type: none"> Avoid all bread except for white bread Oatmeal, oat bran, and oat germ Rye flour Bran Beans and pulses

THIS IS VERY IMPORTANT: DO NOT EAT ANY SOLID FOOD 2 HOURS BEFORE you start your laxatives until after the procedure! ONLY PLENTY OF FLUIDS/DRINKS ARE ALLOWED.

WHEN TO TAKE YOUR LAXATIVES:

Please refer to your appointment time as to when to take the laxatives.

A. Enclosed are 10 Senna tablets and 2 sachets of Picolax. Each sachet of Picolax needs to be dissolved in 150 ml of cold water. Picolax may become hot when mixed with water. Please allow to cool before drinking it.

IF MORNING APPOINTMENT: (08:00 – 12:45)	
<p><u>THE DAY BEFORE OF YOUR TEST</u></p> <p><u>At 12 midday:</u> <u>At 2PM:</u> <u>At 8PM:</u></p>	<p>Take ALL 10 Senna tablets. Take the First (1st) sachet of Picolax. Take the Second (2nd) sachet of Picolax.</p>
IF AFTERNOON APPOINTMENT: (13:00-17:30)	
<p><u>THE DAY BEFORE OF YOUR TEST</u></p> <p><u>At 3PM:</u> <u>At 6PM:</u></p> <p><u>ON THE DAY OF YOUR TEST</u> <u>At 7AM</u></p>	<p>Take ALL 10 Senna tablets. Take the First (1st) sachet of Picolax.</p> <p>Take the Second (2nd) sachet of Picolax.</p>

B. Ensure you have a supply of the drinks you will need before starting your laxatives.

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CHOOSE: Sugary drinks to maintain a source of energy and savoury drinks to replenish the salt levels, otherwise you may find yourself feeling weak or dizzy and you may possibly faint.	AVOID:
<ul style="list-style-type: none"> ✓ Squashes, Fizzy drinks, Apple juice ✓ Orange juice, Black tea, or coffee (sugar is allowed) ✓ Oxo/Bovril/Marmite, Horlicks – made with water ✓ Ovaltine – made with water ✓ Hot chocolate- made with water ✓ Consommé, Water ✓ Lemon or lime Jelly, Sorbet – no fruit bits 	<ul style="list-style-type: none"> • Milk/milkshakes • Smoothies • Red coloured drinks • Fruit juice contain ‘bits’ • Alcohol • Soups • Ice cream

C. Then, stop all fluids apart from water 4 hours before your appointment.

You may SIP WATER ONLY up to 2 hours before your appointment.

Reminder: Don't forget to fast for your Gastroscopy – stop all fluids apart from water 4 hours before your appointment. You may sip water only up to 2 hours before your appointment

On arrival at the hospital

- Your details, blood pressure and pulse will be checked by your nurse.
- You will be asked to remove jewellery, spectacles, contact lenses or dentures just before the investigation - **ideally leave jewellery and valuables at home.**
- You will change into a hospital gown and offered dignity shorts to wear.
- The Endoscopist will see you before your investigation to discuss and sign the legal consent form

During the procedure

- Your blood pressure, heart rate and oxygen levels will be monitored through a probe attached to your finger or ear.
- You may be given oxygen via a small sponge in your nostril.
- You will lay on your left side for both procedures.
- **Gastroscopy:** You will be given a small plastic mouth guard to bite on. The Endoscopist will insert the gastroscope through this into your mouth and down into your stomach and duodenum. This is not painful and will not make breathing or swallowing difficult, but it may feel uncomfortable and unpleasant.
- **Once the Gastroscopy is completed, we will turn the trolley around and perform the Colonoscopy.**
- **Colonoscopy:** The Endoscopist will examine your rectum using their finger and then insert the lubricated telescope into your back passage and pass it around the lower bowel.
- There are some bends in the bowel and passing the scope through these may be uncomfortable and cause some pain for a short period of time.
- Air will be passed into the bowel this may make you feel bloated, and you may experience abdominal cramping and pressure. You may pass some wind, this is normal and there is no need to feel embarrassed, as the staff will expect this to happen.
- You may feel as if you want to go to the toilet, even though the bowel is empty. Most of the remaining fluid in the bowel will be removed by the telescope.
- 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.
- Polyps (projections of tissue a bit like warts) may be removed if found.

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Will I need pain relief?

The discomfort/pain experienced during these procedures varies greatly from person to person.

Some patients do not feel any discomfort; others feel pain to the extent that the procedure has to be stopped. To help minimise discomfort and pain, we offer either:

For Gastroscopy: Local Anaesthetic Throat Spray and/or an Intravenous Sedation
For Colonoscopy: Entonox and/or an Intravenous Sedation and Pain Killer.

A nurse is with you during both tests. If you find the discomfort/pain unmanageable, the nurse can help you discuss this with the Endoscopist.

- A. Local Anaesthetic Throat Spray** will numb the back of your throat and numb the nerve-endings that cause gagging. It helps to reduce the sensation of the scope in the throat, although **IT DOES NOT TAKE AWAY ALL THE FEELING AND YOU MAY STILL GAG A LITTLE.**

Following Throat Spray:

- You can drink and eat as soon as your swallowing is back to normal, usually within one (1) hour.

THIS IS VERY IMPORTANT:

If you chose an Intravenous Sedation and Pain Killer

YOU MUST HAVE A RESPONSIBLE ADULT TO TAKE YOU HOME AND STAY WITH YOU FOR 24 HOURS FOLLOWING INTRAVENOUS SEDATION.

- B. Intravenous Sedation** (Midazolam) will be given via a cannula in your vein. The sedative makes you feel relaxed and a little drowsy. However, it **DOES NOT 'PUT YOU TO SLEEP.'** A pain killing drug (Fentanyl or Pethidine) is also given. The Endoscopist measures the dose of the medications according to your response and comfort but is guided by national guidance as to how much of these drugs you may safely have. **The Endoscopist CANNOT 'KNOCK YOU OUT.'**

Side effects: Intravenous sedation and pain killers occasionally cause problems with breathing, heart rate and blood pressure. Normally short lived and can be managed by the endoscopy unit staff. Rarely, these complications are more serious, and may need more intensive management.

Following Intravenous Sedation and Pain Killer:

- You must arrange to have a responsible adult to take you home and stay with you for 24 hours.
- Your escort must be **READILY AVAILABLE** upon us contacting them, please arrange for them to be close to the hospital whilst you are having your procedure, or within 30 minutes travel time. **Nurses on the ward will help you contact your escort as soon as you are back in the recovery area.**
- You may not be allowed to travel by public transport or travel alone in a taxi.
- For 24 hours after the sedative, you CAN NOT drive, return to work, operate machinery (including cookers and kettles), drink alcohol, sign legal documents
- Allow 24 hours to rest before resuming normal activities or work. You CAN NOT be responsible for small children.

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C. Entonox also provides a mild sedative effect. Entonox is inhaled through a disposable mouthpiece, attached to a handset and tubing. The mouthpiece is held between the teeth, and the lips closed around it to ensure a good seal. The patient has complete control over how often and how much they use, although it is generally recommended that it is used continuously throughout the procedure. If you wish to use Entonox, a nurse will advise you how to use it before the procedure starts. If you are not shown, please ask.

Side effects: Entonox may make you feel drowsy and a little light-headed. Other less common side effects include dizziness, nausea, tingling fingers, and a dry mouth.

Entonox is NOT suitable if: you have or recently had an ear infection or operation, have had eye surgery with gas bubble insertion, have been scuba diving within the last 2 days, have emphysema, COPD or other chronic breathing problems or have recently had a pneumothorax.

Following Entonox:

- You will be allowed to go home within 30-60 minutes.
- If you are driving home, you will need to wait up to an hour before driving.
- You may prefer to arrange for a friend or relative to escort you home, but it is not essential.

GENERALLY AFTER BOTH GASTROSCOPY and COLONOSCOPY

- Even if you have throat spray but with Entonox or Intravenous Sedation and Pain Killer, you will still need to rest on the ward area for 30-60 minutes.
- After recovery, you can eat and drink as normal or when the throat spray wears off (if you have the throat spray as well).
- 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.
- Crampy wind pains/bloating are normal and usually settle quickly, passing wind will help.
- A small amount of blood from your back passage if biopsies were taken or a polyp removed is normal.
- Wait for the copy of your report and discharge instructions. A nurse will briefly explain these reports/instructions to you.
- A copy of the report will be sent to your GP and your hospital Consultant (if you have one), biopsy results will be sent at a later date. Biopsy results can take up to 6 weeks to be processed.
- Please note: it is not possible for patients to access biopsy results from the hospital/endoscopy unit.

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 this booklet carefully. (Not reflected in COLON leaflet)

If having read this 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.**

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Useful Contact Numbers:

Endoscopy Nurses: 020 8934 6614 (2PM – 4PM ONLY)

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.

Make sure you have your hospital number ready before calling together with your full name and date of birth. Have a pen and paper ready too in case you need to write down information.

To reschedule or cancel appointments.

Your appointment is valuable, if you need to reschedule 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.

Please Call Endoscopy Bookings Team: **020 8934 2099 option 2 (9AM to 5PM)** or Email khn-tr.endoscopy@nhs.net

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