

# Endoscopy Unit

## GASTROSCOPY and FLEXIBLE SIGMOIDOSCOPY (WITH HOSPITAL ENEMA)

**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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## GASTROSCOPY and FLEXIBLE SIGMOIDOSCOPY

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 FLEXIBLE SIGMOIDOSCOPY?

**Gastroscopy and Flexible Sigmoidoscopy 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)*

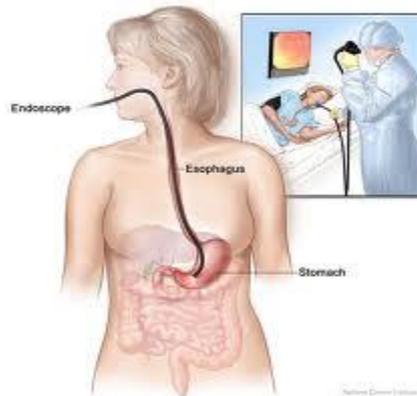


Figure 1

A **Flexible Sigmoidoscopy** 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

Both are useful for diagnosing a range of gastrointestinal conditions.

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# PATIENT INFORMATION LEAFLET

## 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 flexible sigmoidoscopy may be required.

## RISKS

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

- The gastroscope or 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 and 1:3000 for gastroscopy. 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.
- The gastroscope may damage to teeth or dental work.
- Intravenous sedatives can affect your breathing, heart rate and blood pressure; these problems are normally short lived and easily managed by the endoscopy unit staff. Rarely, these complications are more serious, and may need more intensive management.
- 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"> <li>• Omeprazole</li> <li>• Lansoprazole</li> <li>• Esomeprazole</li> <li>• Pantoprazole</li> <li>• Rabeprazole</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Stop this medication 2 weeks (14 days) before your appointment unless your doctor has advised otherwise.</i></li> <li>• <i>If you are known to have <b>Barrett's Oesophagus</b> or if you're having this procedure again (Repeat Gastroscopy) to follow up <b>ulceration healing</b>. Please <b>DO NOT STOP</b> taking these medications.</i></li> </ul>

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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# PATIENT INFORMATION LEAFLET

## PREPARING FOR YOUR TEST: SPECIFIC FOR FLEXIBLE SIGMOIDOSCOPY

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 procedure. 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.**

GENERAL RULE BEFORE YOUR GASTROSCOPY AND FLEXIBLE SIGMOIDOSCOPY APPOINTMENT TIME:	
<b>Six (6) Hours before:</b>	<i>You may have a light meal or food.</i>
<b>Four (4) Hours before:</b>	<i>Stop all fluids, only a Glass of water is allowed.</i>
<b>Two (2) Hours before:</b>	<i>Only tiny sips of water are allowed.</i>
<b>YOU MUST NOT HAVE ANYTHING BY MOUTH BEYOND 2 HOURS BEFORE YOUR APPOINTMENT TIME!</b>	

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## Prescribed Medication

- Please take your **OTHER** regular medications with a sip of water (up to 2 hours before your test), unless advised not to.
- **BRING A LIST OF YOUR CURRENT MEDICATIONS.** If you use asthma inhalers or angina sprays, it is important to bring these with you.

## 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 rectum and lower bowel must be empty for the procedure to be complete and accurate.

You will be given a **HOSPITAL (PHOSPHATE) ENEMA** before the procedure.

An enema is a liquid solution that is given into the rectum to wash out the bowel. It may take 30minutes to one (1) hour for the enema to be fully effective.

- There will be access to a toilet in the unit whilst you are waiting for the procedure.
- 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 Flexible Sigmoidoscopy**
- **Flexible Sigmoidoscopy:** The Endoscopist will examine your rectum using their finger and then insert the lubricated flexible sigmoidoscope 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 passed into the bowel may cause bloating, abdominal cramping, and pressure.
- Passing some wind is normal. Do not feel embarrassed as the staff will expect this to happen.
- A sensation of needing to go to the toilet is normal even when the bowel is empty. Remaining fluid in the bowel will be removed by the flexible sigmoidoscope.
- Biopsies (painless, small samples of tissue) may be taken for the laboratory for further tests.
- Photographs are taken and kept on your hospital records.
- Polyps (projections of tissue, a bit like warts) may be removed if found.

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# PATIENT INFORMATION LEAFLET

## 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 Flexible Sigmoidoscopy: Entonox and/or an Intravenous Sedation. But most patients undergo this procedure without any medications.**

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:

- 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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## 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.

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.**

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

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