

Patient information

Outpatient Gastroscopy and Colonoscopy

Digestive Disease Care Group

Your Consultant or doctor has advised you to have a Gastroscopy and Colonoscopy.

What is a Gastroscopy?

A Gastroscopy is a very accurate way of looking at the oesophagus (gullet), stomach and first part of the small intestine – the duodenum. The test usually takes no more than five minutes.

What are benefits of a Gastroscopy?

It allows your endoscopist (a doctor or nurse experienced in performing these procedures) to see if there is any disease present. It also allows if necessary a sample of tissue to be taken (called a biopsy), which is examined by the Pathology Department.

What are the risks of a Gastroscopy?

- There is a very small risk of perforation approximately 1 in 1,000 (making a small hole in the lining of your gullet, stomach or duodenum). This is rare and if it happened would require an admission into hospital for treatment.
- There is a very small risk of bleeding if samples of tissue are taken (usually minor).
- There is a small chance of a reaction to the medicines used for sedation or occasionally even from throat spray.
- You may have a slightly sore throat following the procedure, which will usually wear off within 24 hours.
- You must let the nurse know if you have any loose teeth, caps, crowns or veneers, as there is a risk they could become dislodged.

Are there any alternatives to this procedure?

Barium meal is an alternative investigation but it does not allow the doctor to view the lining of the gullet, stomach and first part of the small bowel directly or take samples of tissue in order to diagnose your particular problem. Any abnormalities found at barium meal will usually result in the doctor referring you for a Gastroscopy.

What will happen if I don't have this procedure done?

If you decide that you do not want a Gastroscopy then you can ask your doctor if you can have the alternative procedure of barium meal. However, this may result in the doctor not being able to diagnose your problem and give you the correct treatment and your symptoms may get worse.

What anaesthetic or sedation will I be given?

There are two ways that a Gastroscopy can be done.

Using a local anaesthetic spray

A local anaesthetic spray is used to numb your throat. You will be awake through the procedure. The advantage of this method are that you can talk to the endoscopist immediately after the test and then drive home, go to work etc.

Using intravenous sedation

This method involves an injection that is given into your arm via a plastic tube (cannula) which will make you slightly drowsy and relaxed. You will not be unconscious. The medicines used in sedation may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards.

For these reasons, you must have a friend or relative collect you from the Gastroenterology Unit and we recommend they stay with you.

If your appointment is in the afternoon your escort is asked to be here no later than 4.30pm.

A side effect of these medicines is to slow your breathing – this should not normally happen but sometimes patients can be oversensitive to the medicine. This is the main reason we do not give high doses of these medicines. We also will give you oxygen during the test.

If you are worried about any of these risks, please speak to your consultant or a member of their team before you are due to have this treatment.

What is a Colonoscopy?

A colonoscopy is a test to examine the lining of your large bowel through your anus (back passage) and rectum. It involves passing a very long thin tube through the bowel. The tube has a tiny camera that allows the doctor to examine your bowel.

What are benefits of a Colonoscopy?

This test is the most accurate way we have of looking at the large bowel (colon) to find out if there is any disease present. It also allows for a sample of tissue (biopsy) to be taken for examination by the pathology department and removal of polyps that can grow on the bowel wall.

What are the risks of a Colonoscopy?

Peritonitis - It is possible to damage the large bowel lining making a hole, but this happens rarely. This allows bowel contents to escape causing severe inflammation in the abdomen (peritonitis). This nearly always needs an operation to repair the hole. The risk of this happening is approximately one in every 1,000 examinations.

Bleeding - if a polyp is found, it may need to be removed because certain polyps are of the type that can turn into cancer if left untreated for a long period. Removing them when still benign (non-cancerous) removes this risk but not all polyps are in this category.

The endoscopists can decide at the time of the test if the polyp should be removed. Sometimes a biopsy may be taken and you may be rebooked for another procedure to remove the polyp. A polyp is usually removed by using a small electric current to burn through the base and remove it from the bowel wall.

The risks of removing the polyp include bleeding. This can often be stopped straight away but may occasionally be more serious or even happen a few days later. Depending on the size of the polyp, the risk of bleeding is one in 250 when polyps are removed.

The other risk from removing a polyp is of making a hole in the bowel wall; the risk of this happening is one in 500 and may require surgery.

Are there any alternatives to this procedure?

This is the best test to examine the large bowel (colon). We use alternative tests such as barium enema or CT scans for some patients but these are not always as useful as a direct examination of the bowel which also has the advantage that samples can be taken at the same time.

What will happen if I don't have this procedure done?

Doing nothing may result in your signs and symptoms getting worse over time and may result in you needing an operation. It may also mean that you will not be getting the treatment you need.

What sedation will I be given?

You will be given intravenous sedation. This involves an injection given into your arm, which will make you slightly drowsy and relaxed. You will not be unconscious.

The drugs used in sedation may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards.

For these reasons you must arrange for a friend or relative to collect you from the unit and we recommend they stay with you afterwards.

If you have an afternoon appointment, your escort is asked to arrive no later than 4.30pm. You **must not** drive any vehicle e.g. car, scooter, ride a bike, operate machinery, drink alcohol, climb ladders or sign important documents for 24 hours following the sedation.

A side effect of these drugs is to slow your breathing – this should not normally happen but sometimes patients can be oversensitive to the drug. This is the main reason we do not give high doses of these drugs. We also will give you oxygen during the test.

If you are worried about any of these risks, please speak to your Consultant or a member of their team before you are due to have this treatment.

Getting ready for your Gastroscopy

Do not have anything to eat or drink for at least six hours before your test. This is to make sure that we can have a clear view of your stomach.

- You will be asked to remove any tight clothing, ties, dentures, spectacles and contact lenses.
- Please **do not** bring large amounts of money or valuables with you as the Trust cannot be held responsible for them

When you come to the department, please tell the doctor or nurse about any medicines you are taking and in particular, about any possible allergies or bad reactions you may have had.

Your Gastroscopy

The test involves passing a slim endoscope through the mouth and down into oesophagus and stomach and the first part of your small bowel.

After your Gastroscopy

- If you have had the anaesthetic throat spray, you will be asked to wait approximately 20 minutes until the effect of the throat spray wears off. The nursing staff will check that you are able to swallow before allowing you to go home.
- If you have had sedation, you will be taken into the recovery area. You will be given oxygen. A nurse will also record your blood pressure, pulse and in some cases your temperature.

When will I be allowed to go home?

If you have not had sedation and only the local anaesthetic throat spray, you may go approximately 20 minutes after the procedure once you have had a drink.

If you have sedation you will only be allowed home once your relative or friend arrives to collect you from the Gastroenterology Unit, you have had a drink and the nurse has discharged you. You will be advised to follow the instructions on the aftercare sheet that will be given to you before discharge.

For next 24 hours you must not:

- Travel alone.
- Drive any vehicle or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should:

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Results

Sometimes the doctor or nurse can let you know after the test what the results are. Sometimes biopsy, photography or other information is taken which may need to be assessed further and the result may not be available for a number of weeks. In this case the result will be sent to your family doctor (GP) or be available to discuss with you during your next clinic appointment.

Getting ready for your Colonoscopy

- You will have received an instruction leaflet and bowel preparation in the post.
- Please remember if you are taking iron tablets to stop them one week before your appointment.
- **If you are unwell while taking the bowel preparation, please contact the Gastroenterology Unit on 0151 706 2726 for advice.**
- To get ready for the examination you will be asked to undress and wear a gown. You may bring a dressing gown and slippers if you wish.
- **Please do not bring in large amounts of cash or valuables, as the Trust cannot be held responsible for them.**

When you come for your Colonoscopy, it is important to tell the doctor or nurse about any medicines you are taking and whether you need to take antibiotics for your heart and in particular, about any allergies or bad reactions you may have had.

Your Colonoscopy

- You will be taken to the endoscopy room, where you will be made comfortable lying on your left side with your knees drawn up
- A needle will be placed in your arm and you will be given a sedative injection to make you drowsy
- You will be given oxygen through your nose
- When you are comfortable, the telescope is passed into your anus and the examination commenced. The endoscopist views your bowel on a television monitor.

After your Colonoscopy

After the test has finished, you will be taken to a recovery area while the sedation wears off after which you will be able to get up, get dressed and have something to eat and drink. You may notice some windy pains due to the air that has been put into the bowel at the time of the examination, which is done to allow the endoscopist to get a clear view of your bowel. This should disperse once you are up and about walking around.

You may have some spotting of blood if you have had any polyps or large pieces of tissue samples removed.

Serious post procedure symptoms

If you experience any severe pain in your neck, chest or abdomen or if you are bleeding heavily you must return to the Emergency Department (A&E) and bring this, and any other information leaflet you are given with you so as to inform the staff what you have had done.

Results

Sometimes after the test, the doctor or nurse can let you know what the results are. Sometimes biopsy, photography or other information is taken which may need to be assessed further and the result may not be available for a week or two. In this case the result will be sent to your family doctor (GP) or be available to discuss with you during your next clinic appointment.

Cancellations

**If you are unable to keep this appointment, please let us know as soon as possible on Tel: 0151 706 2656
Text phone number: 18001 0151 706 2656.**

We will be able to give your appointment to another patient, and arrange a further one for you.

Further appointment

If your family doctor has sent you for your tests you should make an appointment to be reviewed.

If your appointment has been made from a clinic at the hospital then a further follow-up appointment will be made as indicated by the Gastroenterology Department before you leave. You may receive this in the post if not before you leave.

Transport

- Transport has not been arranged for this appointment so it will be necessary for you to make your own arrangements.
- Parking for patients and visitors is available at the Q-Park multi-storey car park opposite the main hospital entrance on Prescott Street. The entrance by car is on Epworth Street off Erskine Street. The car park is open 24 hours a day, seven days a week. This is a private car park and charges apply. The car park is continually monitored by parking hosts. There are ten disabled spaces on the entry level of the car park. If you need help, please speak with a parking host at the car park entrance.
- **If you have been referred to us from clinic and usually have an ambulance to bring you for your appointment, please contact us on 0151 706 2656 Text phone number: 18001 0151 706 2656 as soon as possible.**
- If you have been referred to us by your family doctor (GP) and need an ambulance please contact their surgery to arrange your ambulance.
- The Gastroenterology Department needs to be informed that this has been arranged by the surgery.

Important: If you have:

- ❖ **Diabetes**
- ❖ **Are taking: (Warfarin tablets, Clopidogrel (plavix) tablets)**
- ❖ **Anticoagulants:**
 - Warfarin
 - Heparin/Fragmin/Clexane
 - Dabigatran
 - Rivaroxiban
 - Sinthrome
 - Apixaban
 - Fondaparinux
 - Edoxaban
- ❖ **Antiplatelet therapy:**
 - Clopidogrel (Plavix)
 - Prasugrel (Efient)
 - Ticagrelor (Brilique)
 - Dipyridamole (Persantin) and aspirin
- ❖ **Are on dialysis**
- ❖ **Have suffered a heart attack within the last three months**

You must contact the Gastroenterology Unit as soon as you receive this information leaflet.

Tel: 0151 706 2656

Text phone number: 18001 0151 706 2656

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you have any questions or queries, please contact the Gastroenterology Unit during the following hours

Monday – Thursday	0800 – 2100 hrs
Friday	0800 – 1700 hrs
Saturday/Sunday/BH	0800 – 1600 hrs

Tel: 0151 706 2656/ 2819/2726

Text phone number: 18001 0151 706 2656/2819/2726

Clinic appointment enquiries

Tel: 0151 706 5555

Text phone number: 18001 0151 706 5555

The Emergency Department (A&E) is open 24 hours
Tel: 0151 706 2051/2050.
Text phone number: 18001 0151 706 2051/2050

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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