Endoscopy Department

Gastroscopy and flexible sigmoidoscopy (combined procedure)

Important information

Before your appointment

• If you are taking **Warfarin** please read the ‘Alert for patients on Warfarin’ on page 2 as you may need to have an INR test seven days before.

• Stop taking iron tablets seven days before the procedure. All other medication should be taken as normal.

• If you have **diabetes** please read the advice on page 6 and 7.

• If you have any questions about the procedures or find that you cannot keep this appointment, please contact the endoscopy office between 09:00 and 17:00 Monday to Friday on 01223 257080.

On the day

• Have **nothing to eat for six hours and nothing to drink for four hours** before your appointment.

• Follow the enclosed bowel preparation instructions carefully because your lower bowel must be completely empty of waste material to allow the endoscopist to have a clear view of your bowel.

At the hospital

• Please come to the endoscopy department on level 3 of the Addenbrooke’s Treatment Centre (ATC).

• Use the ‘Car Park 2’. Take your parking ticket and appointment letter to the ATC reception desk to obtain discounted parking.

• **Please note that the appointment time is for your pre procedure check, not the time of your examination.** The length of time you will be here will vary enormously but may be anything from two to four hours or more. Please ask your admitting nurse for further information during your admission check.

    Alert for endoscopy patients on Warfarin or Clopidogrel or other anticoagulant medication

You **must** read this guidance **before** your procedure.

If you have any questions **or do not know** whether to stop your medication before your endoscopy please phone 01223 216515.
<table>
<thead>
<tr>
<th><strong>Warfarin: for patients advised to continue medication</strong></th>
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<tbody>
<tr>
<td>• You should have an <strong>INR test SEVEN days</strong> before the endoscopy.</td>
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<tr>
<td>• If that <strong>INR result</strong> is <strong>3.0 or less</strong>, continue with your usual daily Warfarin dose.</td>
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<td>• If that <strong>INR result</strong> is <strong>more than 3.0</strong>, ask your supervising anticoagulant service for advice to <strong>reduce your daily Warfarin dose</strong> so that your INR is 3.0 or less when you have the endoscopy.</td>
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<tr>
<th><strong>Warfarin: for patients advised to stop medication</strong></th>
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<tr>
<td>• You should <strong>stop Warfarin five days</strong> before the endoscopy.</td>
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<tr>
<td>• After the endoscopy go back to your usual daily dose as soon as you are eating again (that will usually be the same evening).</td>
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<tr>
<td>• You should have your INR checked one week later to ensure you are adequately anticoagulated again.</td>
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If you have:  
• metal mitral valve  
• metal valve + previous stroke/thrombosis  
• valvular heart disease  
you may need Heparin injections instead of Warfarin. Ask your local anticoagulant service for advice.

<table>
<thead>
<tr>
<th><strong>Clopidogrel: for patients advised to continue medication</strong></th>
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<td>• Continue with your usual dose.</td>
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<th><strong>Clopidogrel: for patients advised to stop medication</strong></th>
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<tr>
<td>• You should stop <strong>Clopidogrel seven days</strong> before the endoscopy.</td>
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<th><strong>Other anticoagulant medication:</strong></th>
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<tr>
<td>Acenocoumarol, sinthrome, phenindione, dindevan: If you are taking any of these please contact the Endoscopy department 01223 216515</td>
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What is gastroscopy and flexible sigmoidoscopy?

Your doctor has requested these procedures to help investigate and manage your medical condition.

These procedures allow the endoscopist to look directly at the lining of both the upper (gastroscopy) and lower gut (flexible sigmoidoscopy). The lower gut is the sigmoid colon, this is part of the large intestine (or colon) closest to the rectum (back passage).

The upper gut consists of the oesophagus (gullet), stomach and duodenum (part of the small intestine joining the stomach).

Long flexible tubes called endoscopes are used to perform these procedures. The endoscope is about the thickness of your index finger, with a light at the end. To examine the upper gut an endoscope is passed into your mouth and on down the gullet (oesophagus) and stomach into the duodenum. To examine the lower gut the endoscope is passed through the anus (back passage) and into the colon (large bowel).

The lining of the gut can be checked to see there are any problems such as ulcers or inflammation or polyps (a polyp is a bit like a wart). The procedures usually take about 10 minutes but times vary considerably. If it takes longer, you should not worry.

Sometimes it is helpful to take a biopsy – a sample of the lining of the gut. This is done by passing a small instrument called forceps through the endoscope to ‘pinch’ out a tiny bit of the lining (about the size of a pinhead) which is sent to the laboratory for analysis. In a similar way it is also possible to remove polyps (abnormal pieces of tissue that look like skin warts), this is painless.

Together the procedures usually take about 20 minutes but times vary considerably. If it takes longer, you should not worry.

Getting ready for the procedure

<table>
<thead>
<tr>
<th>Bowel preparation to be completed three hours before leaving home.</th>
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<tbody>
<tr>
<td>1. Use the enclosed enema.</td>
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<tr>
<td>2. Remove the tip of the enema nozzle. Insert the nozzle into your anus (back passage) and squeeze in the liquid.</td>
</tr>
<tr>
<td>3. Hold the liquid inside you for as long as possible, preferably 10 to 15 minutes.</td>
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<tr>
<td>4. After five minutes (or as long as you have been able to hold the enema) go to the toilet and allow the enema liquid to flush away by opening your bowels as usual.</td>
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On arrival, the procedure will be explained and you will be asked to sign a consent form. We want to make sure that you understand the procedures and their implications.

Remember, you can change your mind about having the procedure at any time.

Sedatives

There are two options for these procedures:

1. **No sedation option:** However, for the gastroscopy, which will be done first you will be given a local anaesthetic spray to the back of your throat. This will make it numb so that you cannot feel the endoscope. The numbness will last for about half an hour. The advantage is that you can leave as soon as you have talked to the endoscopist and resume your normal activities for example working, driving.
You will be fully aware of the procedures most patients find this acceptable and not too unpleasant.

2. **Intravenous sedation option**: An intravenous injection is given into a vein to make you feel relaxed and sleepy but not unconscious (this is **not** a general anaesthetic). This option means you may not be aware of the procedures.

The disadvantages of this option are:

- You will need to stay whilst you recover which may take up to an hour or more
- You will need to be escorted home
- The injection will continue to have a mild sedative effect for up to 24 hours and may leave you unsteady on your feet for a while

If you choose sedation you **must** arrange for a responsible adult to come with you, wait and then take you home. You will not be able to drive yourself. **If you come without an escort we will have to cancel the procedure.** If you entitled to use hospital transport, an escort is not required.

**During the procedures**

We will do the gastroscopy first immediately followed by the flexible sigmoidoscopy. For your comfort and reassurance, a trained nurse will stay with you throughout the procedures. In the procedure room, you will be asked to remove false teeth, glasses and made comfortable on a couch lying on your left side.

We will put a plastic ‘peg’ on your finger to monitor your pulse and oxygen levels during both procedures. If you choose the intravenous sedation option, the endoscopist will give you the injection.

**Gastroscopy**

To keep your mouth open so that you do not bite the endoscope during the gastroscopy, a plastic mouth guard will be put gently between your teeth.

When the endoscopist gently passes the tube through your mouth you may gag slightly, this is quite normal and will not interfere with your breathing. During the procedure we will put some air will be put in to your stomach so that we l have a clear view; this may make you burp and belch a little. This is also quite normal but some people find this unpleasant, we will remove the air at the end of the procedure.

**Flexible sigmoidoscopy**

Next, we gently pass a flexible endoscope through your anus into your colon (large bowel). Air is put into your colon, this can give you some wind-like pains, but they will not last long. At this time, you might feel like you need to go to the toilet. Because of the bowel preparation you gave yourself, your bowel will be empty and so you will only pass some wind.

There may be periods of discomfort as the tube goes around bends in the bowel. Usually these will ease once the bend has been passed. If you are finding the procedure more uncomfortable than you would like, please let the nurse know.
In order to make the procedure easier you may be asked to change position (for example roll onto your back). When the procedure is finished, the tube is removed quickly and easily.

Minimal restraint may be appropriate during either of the procedures. However if you make it clear that you are too uncomfortable the procedures will be stopped.

**Potential problems**

Gastroscopy procedures carry a very small risk (one in 10,000 cases) of haemorrhage (bleeding) or perforation (tear) of the gut following which surgery may be necessary. There may be a slight risk to teeth, crowns or dental bridgework; you should tell the nurses if you have any of these.

Flexible sigmoidoscopy procedures carry a very small risk (one in 5,000 cases) of haemorrhage (bleeding) or perforation (tear) to the bowel. These are more likely to occur after the removal of a polyp. Perforations usually need to be repaired with an operation, and might require a temporary stoma (which involves the bowel being brought out through the skin of the tummy so that stool passes into a bag).

Sometimes the base of a polyp can bleed; this can usually be stopped through the sigmoidoscope. Occasionally we need to admit a patient who has bled at home and requires a blood transfusion.

Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and an adverse reaction to the intravenous sedative and analgesic drugs.

If you have any of the following you should contact your GP, the endoscopy department or the Accident and Emergency department.

- severe pain,
- black tarry stools
- persistent bleeding

Like all tests, this procedure will not always show up all abnormalities and, on very rare occasions, a significant abnormality may not be identified. If you have any questions about this please ask either at the time of the procedure or the person who referred you.

**After the procedures**

If **unsedated**, you may go home immediately after the procedure.

If you had **sedation** you will be taken to a recovery area. When you are sufficiently awake, we will give you a drink. You can then go home; this may be up to an hour following the procedure. We advise you not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for the next 24 hours. We also advise you to have a responsible adult to stay with you for the next 12 hours.

You may feel a little bloated and have some wind-like pains because of the air in your gut; these usually settle down quickly.
When do I know the result?
The endoscopist will give you information about the procedure at the bedside in the recovery area but if you would like more privacy, we will take you to a separate room. It is a good idea to have someone with you when you talk to the endoscopist because the sedation can affect your ability to remember the discussion.

Final results from biopsies or polyp removals will be given to you either by the healthcare professional who requested the procedure at a clinic appointment or by letter. These results can take several weeks to come through. You should discuss details of these results and any further treatment with that person.

The endoscopist will be able to tell you the results immediately after the procedure.

Alternatives:
In some cases, depending on individual factors such as the symptoms present and the condition being investigated, there may be alternatives to having a flexible sigmoidoscopy. These may include:

- a barium meal and or enema
- a CT scan
- ultrasound

For more information:
- Contact the endoscopy office between 09.00 and 17.00 on 01223 216546.
- See www.addenbrookes.org.uk/consent

References:
Diabetic advice - Morning Appointment

Please follow these instructions if you have diabetes controlled with insulin or tablets.

If you have any questions related to your diabetes during this preparation, please contact your GP or the diabetes specialist nurse on 01223 245151 bleep 152078.

Food and drink

- Do not eat for six hours prior to your appointment.
- Do not drink for three hours prior to your appointment.
- Test your blood glucose regularly. If it drops below four, please treat with a sugary drink such as lucozade 100ml, apple or grape juice 200ml, until your level is five.
- After your procedure, you may eat and drink normally unless specifically told otherwise.

Insulin and tablets

Please adjust your normal insulin and tablet doses as instructed below.

If you take insulin once daily

- No change to insulin dose necessary

If you take insulin twice daily

- Do not have your morning insulin. Bring it with you, plus something to eat
- If you are able to eat before 11:00, have your normal morning dose with food
- If you are able to eat after 11:00, have ½ your normal morning dose with food
- Have your normal evening dose

If you take insulin four times daily

- Do not have your morning insulin. Bring it with you, plus something to eat
- If you are able to eat before 11:00, have your normal morning dose with food
- If you are able to eat after 11:00, omit your breakfast dose and have your normal lunchtime dose with food
- Have your normal tea time and bedtime evening doses

If you take tablets for diabetes

- Do not have your morning diabetic tablets
- After your procedure, re-start your tablets at the next dose time
Diabetic advice - Afternoon Appointment

Please follow these instructions if you have diabetes controlled with insulin or tablets.

If you have any questions related to your diabetes during this preparation, please contact your GP or the diabetes specialist nurse on 01223 245151 bleep 152078

Food and drink

- Do not eat for six hours prior to your appointment.
- Do not drink for three hours prior to your appointment.
- Test your blood glucose regularly. If it drops below four, please treat with a sugary drink such as lucozade 100ml, apple or grape juice 200ml until your level is five.
- After your procedure you may eat normally unless specifically told otherwise.

Insulin and tablets

Please adjust your normal insulin and tablet doses as instructed below

If you take insulin once daily

- No change to insulin dose necessary

If you take insulin twice daily

- Have your normal morning insulin dose unless your breakfast is smaller than usual. If so reduce your normal dose by half
- Have your normal evening dose

If you take insulin four times daily

- Have your normal morning insulin
- Do not have your lunchtime insulin
- Have your normal tea time and bedtime evening doses

If you take tablets for diabetes

- Do not have your morning diabetic tablets
- After your procedure, re-start your tablets at the next dose time
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

Authors: Endoscopy Department
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