Gastroscopy and flexible sigmoidoscopy with enema bowel preparation

Important information

Before your appointment

- Stop taking iron tablets seven days before the procedure. All other medication (including aspirin) should be taken as normal.

- If you take **Warfarin, Clopidogrel or other blood thinning medication** please read the Alert for patients on page 2 as you may need to have an INR test seven days before your procedure.

- If you have **diabetes** please read the advice on page 8 and 9.

- If you have implanted cardiac device such as a Pacemaker or Implanted Cardioverter Defibrillator please contact the endoscopy unit on 01223 216515.

- If you have any questions about the procedure 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 bowel preparation instructions in this leaflet carefully because your bowel must be completely empty of waste material to allow the endoscopist to have a clear view of your bowel.

- If you want to have sedation please ensure you have arranged an escort to take you home. We cannot sedate you if you not provide details of your escort.

At the hospital

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

- Use the ‘Car Park 2’. The car park is busy early in the morning; please allow yourself enough time to arrive in time for your appointment. Take your parking ticket to the Endoscopy reception desk to have your ticket stamped; this will enable you to have discounted parking.

- **Please note you need to arrive 30 minutes prior to your appointment time for your pre procedure check.** 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

### Warfarin:
- You should **stop Warfarin five days** before the endoscopy.
- After the Endoscopy go back to your usual daily dose as soon as you are eating again (that will usually be the same evening).
- You should have your INR checked one week later to ensure you are adequately anticoagulated again.

If you have:
- metal mitral valve
- metal valve + previous stroke/thrombosis
- valvular heart disease

you may need Heparin injections instead of Warfarin. Please contact the endoscopy department for further advice.

### Clopidogrel:
- You should stop **Clopidogrel seven days** before the endoscopy.

If you have:
- coronary artery stent

Please contact the endoscopy department for further advice.

### Rivaroxaban, Apixaban, edoxaban, dabigatran:
- You should stop your medication 2 days before the endoscopy
- The nursing staff will confirm when you need to restart your medication before you are discharged home.

### Other anticoagulant medication:
Acenocoumarol, sinthrome, phenindione, dindevan: If you are taking any of these please contact the endoscopy department 01223 216515
What is gastroscopy and flexible sigmoidoscopy?

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

Gastroscopy is an examination of the upper gut, which is the oesophagus (gullet), the stomach and duodenum (part of the small intestine joining the stomach). The procedure involves passing a narrow flexible instrument through the mouth, into the gullet (oesophagus) and then into the stomach and duodenum to examine the lining. This allows us to see if there are any problems such as ulcers or inflammation.

Flexible sigmoidoscopy is an examination of the lower part of the colon also called bowel where faeces (stools) are stored before passing out of the anus (back passage). The procedure involves passing a narrow flexible instrument (endoscope) through the anus into the bowel to examine the lining. This allows us to see if there are any problems such as inflammation or polyps (a polyp is a bit like a wart). The instrument is usually inserted to the part of the colon known as the ‘splenic flexure’.

Sometimes it is helpful for diagnosis to take a sample (biopsy) of the lining of the bowel. A small instrument, called forceps, passes through the endoscope to ‘pinch’ out a tiny bit of the lining (about the size of a pinhead). This sample is sent to the laboratory for analysis. It is also possible to remove polyps in a similar way. Most people find this completely 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

**Bowel preparation to be completed three hours before leaving home.**

*If you are unable to administer the enema yourself the nurses will do this for you on the day of the test. Please contact the endoscopy unit the day prior to your appointment to organise your arrival time.*

1. Use the enclosed enema, please read the enclosed instructions.
2. Lay on your left hand side with your knees bent, you may want to place a towel underneath you.
3. Remove the tip of the enema nozzle. Insert the nozzle into your anus (back passage) and squeeze in the liquid.
4. Hold the liquid inside you for as long as possible, preferably 10 to 15 minutes.
5. 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.
On arrival to the department

Please register your arrival with the receptionist, they will ask for your pre-procedure questionnaire. Some patients may arrive after you but be seen quicker; we have seven procedure rooms all undertaking different procedures therefore patients are not seen in arrival order.

Before your procedure you will meet one of the nurses who will ask you some health questions, explain the procedure to you and ask you to sign a consent form.

Once this is completed you will be escorted to a single sex changing area. You will be asked to change into a gown and ‘dignity shorts’ ready for the procedure. Your escort cannot wait with you from this point and can leave the department until you are ready to go home.

You can change your mind about having the procedure at any time.

Sedatives

For many people a gastroscopy is only minimally uncomfortable and sedation is not required. The flexible sigmoidoscopy is slightly uncomfortable and sedation is not required however the procedure can be uncomfortable, for example, if there is diverticular disease present or if the bowel has many loops – these situations may not be predictable before the examination.

The options are:

1. **No sedation:** 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 flexible sigmoidoscopy can be undertaken with no sedation. You will be fully aware of the procedure; most patients find this acceptable. 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.

2. **Entonox:** also known as ‘gas and air’ this is used to stop discomfort during the flexible sigmoidoscopy procedure. It provides quick relief and allows you to be in control. You can leave the department after 30 minutes and can continue with your normal activities.

3. **Intravenous sedation:** This will be administered via a plastic tube called a cannula, which is inserted into a vein, and 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 procedure.

The disadvantages to 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; your procedure will be cancelled if you do not have an escort.
- 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 collect you from the department and take you home. You will not be able to drive yourself. You cannot be collected in a taxi without your escort present.

Please provide reception with the contact details of your escort, they need to be available to collect you from 90 minutes after your appointment time.

If you are entitled to use hospital transport, an escort is not required. Please inform the department prior to your appointment if you have arranged hospital transport.

**During the procedures**

You will be collected from the changing room by either the endoscopist or one of the nursing team who will escort you to the procedure room. The team in the procedure room will introduce themselves and ask you some questions; this is to confirm you ready and prepared to continue with the procedure.

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.

**Gastroscopy**

The endoscopist will give you the injection or throat spray. We will put a plastic guard into your mouth so that you do not bite and damage our instrument. As the endoscope goes 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 into your stomach so that we 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**

If you have chosen entonox the nurse will explain how to use it before the procedure commences.

We will then 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

Diagnostic 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.

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 drugs.

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. On very rare occasions, this may require an operation, which may involve making a temporary opening (called a stoma) in the abdomen to allow the passage of waste (faeces). Removing a polyp can sometimes cause bleeding although this is usually stopped during the procedure. Occasionally bleeding may occur when a patient has gone home and, even more rarely, some of these people may need a blood transfusion.

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 and have had throat spray you may go home immediately after the procedure. We advise you not to have anything to eat or drink until the numbness has worn off, which is usually about half an hour. After this, you can eat and drink normally.

If you had entonox, we will take you to recovery and ask you to rest for approximately 30 minutes. We will give you a drink before you get dressed.

If you had sedation, we will take you to a recovery area while the sedation wears off. When you are sufficiently awake, we will give you a drink before you get dressed. 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 legally binding documents for a 24-hour period after the procedure. We also advise you to have a responsible adult to stay with you for the next 12 hours. You can eat and drink as normal.

You may feel a little bloated and have some wind-like pains because of the air in your gut; these usually settle down quickly.

We will always do our best to respect your privacy and dignity, eg with the use of curtains. If you have any concerns, please speak to the department sister or charge nurse.

When do I know the result?

If you did not have sedation the endoscopist or endoscopy nurse will give you information during and immediately after the procedure. If you had sedation, we will tell you about the procedure in the recovery area when you are awake. If you would like more privacy, we will take you to a private room.
The sedation can affect your ability to remember any discussion. If you would like someone with you when you talk to the endoscopist or endoscopy nurse please inform the nurse looking after you who will arrange for you to be seen in a private room with your escort when they arrive.

The 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.

**After discharge**

If you experience any severe pain, black tarry stools or persistent bleeding you should contact your GP informing them that you have had a gastroscopy and flexible sigmoidoscopy.

If you are unable to contact your GP: during working hours (08:00-18:00) contact the endoscopy department on 01223 216515, outside of these hours please attend your nearest emergency department informing them that you have had a gastroscopy and flexible sigmoidoscopy.

**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 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 or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk

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