Endoscopy Department

Ileoscopy

Important information

Before your appointment

- If you take Warfarin or Clopidogrel or other blood thinning medication please read the Alert on page 2 as you may need to have an INR test seven days before.
- All other medication should be taken as normal.
- If you have any questions about the procedure or find that you cannot keep this appointment, please contact the endoscopy office between 9:00 and 17:00 on 01223 257080.

On the day

- Do not have any food for six hours before, but you should continue to drink anything you like before your appointment.
- If you want to have sedation please ensure you have arranged an escort to take you home. We cannot sedate you if you do not provide details of your escort.

At the hospital

- Please come to the endoscopy department, on level three 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 expect it to 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.

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<tr>
<th><strong>Warfarin:</strong></th>
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<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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<tr>
<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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<th><strong>Clopidogrel:</strong></th>
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<td>• Continue with your usual dose.</td>
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<tr>
<th><strong>Rivaroxaban, Apixaban, edoxaban, dabigatran:</strong></th>
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<tr>
<td>• You should stop your medication <strong>2 days</strong> before the endoscopy</td>
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<td>• Restart your medication the <strong>day after</strong> 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 an ileoscopy?
Your doctor has requested this procedure to help investigate and manage your medical condition.

An ileoscopy is the examination of the bowel through the stoma, which was created during your operation, with a narrow flexible instrument that can be guided around the various bends. The lining of the bowel can be checked to see if there are any problems such as inflammation or polyps (a polyp is a bit like a wart). The procedure usually takes 20 minutes but times vary considerably. If it takes longer, you should not worry.

Sometimes it is helpful 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) which is sent to the laboratory for analysis. In a similar way it is also possible to remove polyps, this is painless.

Getting ready for the procedure
Wear loose fitting washable clothing and leave valuables and jewellery at home.

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 and explain the procedure to you.

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 most people who have an ileoscopy it is only slightly uncomfortable and sedation is not required. The options are:
1. **No sedation:** The advantage is that you can leave as soon as the procedure is finished and you have talked to the endoscopist. You may resume your normal activities such as working and driving. You will be fully aware of the procedure; most patients find this acceptable.

2. **Entonox:** also known as ‘gas and air’ this is used to stop discomfort during procedures. 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 will 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.

### What happens during the procedure

You will be collected from the changing room by the endoscopist and taken to a private bay to complete your consent form, when this has been completed they 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 are ready and prepared to continue with the procedure.

We will make you comfortable on a couch lying on your back. For your comfort and reassurance, a trained nurse will stay with you throughout.

The endoscopist may give you the injection of sedation at this point. If so we will give extra oxygen through a facemask and put a plastic 'peg' on your finger to monitor your pulse and oxygen levels.
The endoscopist will then gently insert the endoscope through your stoma into your bowel. During the procedure, air is put into your bowel to give a clear view of its lining. This can give you some wind-like pains, but they will not last long.

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 find the procedure more uncomfortable than you would like, please let the nurse know and you can be given some/more sedative or pain relief. If you make it clear that you are too uncomfortable the procedure will be stopped.

**Potential risks**

Ileoscopy procedures carry a small risk (considerably less than one in 1000 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. Sometimes the base of a polyp can bleed although this is usually stopped during the procedure. Occasionally a patient who bleeds severely may require a blood transfusion. A rare complication is an adverse reaction to the intravenous sedative and analgesic drugs.

**After the procedure**

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

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.

**After discharge**

If you experience any severe pain or persistent bleeding you should contact your GP informing them that you have had a ileoscopy.

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.
When will 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.

Alternatives:

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

- a barium follow through,
- a CT scan.

For more information:

- Contact the endoscopy office between 9:00 and 17:00 on 01223 257080.
- See http://www.cuh.org.uk/consent
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