Endoscopy Department

Pouchoscopy for outpatients

Important information

Before your appointment

- Please follow the enclosed bowel preparation instructions carefully. Your bowel must be completely empty to allow the endoscopist to have a clear view.
- If you take Warfarin, 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 your procedure.
- All other medication (including aspirin) 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 09:00 and 17:00 Monday to Friday on 01223 257080.

On the day

- 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.
- Have nothing to eat and drink only clear fluids (eg water, tea and coffee without milk, clear juices such as apple juice) for six hours 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 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 have an **INR test seven days** before the Endoscopy.
- If that **INR result is 3.0 or less**, continue with your usual daily Warfarin dose.
- If that **INR result is more than 3.0**, ask your supervising anticoagulant service for advice to **reduce your daily Warfarin dose** so that your INR is 3.0 or less when you have the endoscopy.

### Clopidogrel:
- Continue with your usual dose.

### Rivaroxaban, Apixaban, edoxaban, dabigatran:
- You should stop your medication 2 days before the endoscopy
- Restart your medication the day after the endoscopy

### Other anticoagulant medication:
Acenocoumarol, sinthrome, phenindione, dindevan: If you are taking any of these please contact the endoscopy department 01223 216515
What is a Pouchoscopy?
Your doctor has requested this procedure to help investigate and manage your medical condition.

Pouchoscopy is a procedure that allows the endoscopist to look directly at the lining of your ileoanal pouch (small bowel) made at the time of your operation.

The procedure involves passing a narrow flexible instrument (endoscope) through the anus into the pouch. This allows us to see if there are any problems such as ulcers, inflammation or polyps (a polyp is a bit like a wart). The procedure usually takes about 10 minutes but times vary considerably. If it takes longer, you should not worry.

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.

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 pouchoscopy is only slightly uncomfortable and sedation is not required. Sometimes the procedure can be uncomfortable, these situations may not be predictable before the examination. 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 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 are ready and prepared to continue with the procedure.

We will ask you if you want to remove any glasses and make you comfortable on a couch lying on your left side with your knees bent. For your comfort and reassurance, a trained nurse will stay with you throughout the procedure.

A plastic ‘peg’ will be placed on your finger to monitor your pulse and oxygen levels during the procedure. We will give additional oxygen through a facemask if a sedative is used.

The endoscopist will then gently insert the endoscope through your anus into your pouch. Air is passed into your pouch to give a clear view of its lining. You may experience some wind like pains but they should not last long. You may also feel as if you need to go to the toilet, this is perfectly natural but as your pouch is empty there is no need to worry.

There may be periods of discomfort as the tube goes round 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). However if you make it clear that you are too uncomfortable the procedure will be stopped.

Potential risks

Pouchoscopy procedures carry a very small risk (one in 5,000 cases) of 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 of the bowel onto the skin of your tummy (a stoma) to allow the passage of waste into a bag.

Removing a polyp can sometimes cause it to bleed although this is usually stopped during the procedure. Occasionally a patient who bleeds severely may require a blood transfusion, or another pouchoscopy to inject or clip the bleeding point.

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.

**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.

**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 pouchoscopy.

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 pouchoscopy.

**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 pouchoscopy. These may include:

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

**For more information:**

- Contact the endoscopy office between 09:00 and 17:00 on 01223 257080.
- See [http://www.cuh.org.uk/consent](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

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