Endoscopy Department
Gastroscopy and Colonoscopy

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. Drink as much as you can but, as you are also having a gastroscopy, you must stop four hours 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 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 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 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 drink for four hours before your appointment or you will not be able to have your gastroscopy.

- 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.

<table>
<thead>
<tr>
<th>Warfarin:</th>
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<tr>
<td></td>
<td>You should stop Warfarin five days before the endoscopy.</td>
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<td></td>
<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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<td></td>
<td>You should have your INR checked one week later to ensure you are adequately anticoagulated again.</td>
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<td></td>
<td>If you have:</td>
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<tr>
<td></td>
<td>• metal mitral valve</td>
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<td></td>
<td>• metal valve + previous stroke/thrombosis</td>
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<td></td>
<td>• valvular heart disease</td>
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<td></td>
<td>you may need Heparin injections instead of Warfarin. Please contact the endoscopy department for further advice.</td>
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<tr>
<th>Clopidogrel:</th>
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<tr>
<td></td>
<td>You should stop Clopidogrel seven days before the endoscopy.</td>
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<td></td>
<td>If you have:</td>
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<td></td>
<td>• coronary artery stent</td>
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<td></td>
<td>Please contact the endoscopy department for further advice.</td>
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<tr>
<th>Rivaroxaban, Apixaban, edoxaban, dabigatran:</th>
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<tbody>
<tr>
<td></td>
<td>You should stop your medication 2 days before the endoscopy</td>
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<td></td>
<td>The nursing staff will confirm when you need to restart your medication before you are discharged home.</td>
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<tr>
<th>Other anticoagulant medication:</th>
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<tr>
<td></td>
<td>Acenocoumarol, sinthrome, phenindione, dindevan: If you are taking any of these please contact the endoscopy department 01223 216515</td>
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</table>
What is gastroscopy and colonoscopy?

Your doctor has requested this procedure 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. Colonoscopy is an examination of the colon, also called the large bowel or intestine. The last part of the colon leads into the rectum where faeces (stools) are stored before passing out of the anus (back passage).

These procedures involve passing narrow flexible instruments either through the mouth into the stomach or through the anus into the bowel to examine the lining. This allows us to see if there are any problems such as inflammation, ulcers or polyps (a polyp is a bit like a wart). Together these procedures take about 40 minutes but times vary considerably. If it takes longer, please do not worry.

Sometimes it is helpful to take a sample (biopsy) of the lining. A small instrument, called forceps, passes down 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

<table>
<thead>
<tr>
<th>Bowel preparation – Start taking the bowel cleansing preparation the day before the procedure as instructed in the leaflets:</th>
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<tbody>
<tr>
<td>Bowel preparation with Moviprep – Morning appointment</td>
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<tr>
<td>Bowel preparation with Moviprep – Afternoon appointment</td>
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</table>

You should expect frequent bowel movements starting within three hours of the first dose of the bowel preparation. It is advisable to stay at home when you take the bowel preparation and stay close to a toilet; make sure you have plenty of fluids in the house before taking the preparation.

Additional information for people with a colostomy

If you have a colostomy, you may find the bowel preparation easier to manage if you use a drainable colostomy bag. These can be obtained by contacting the stoma care nurses on 01223 216505. If you have had a colostomy you may be able to have the procedure without sedation and hence will not need an escort. However, if you wish to have a sedative, you must have an escort arranged to take you 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, 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 colonoscopy is completed using intravenous sedation; however, some patients will undertake the procedure using entonox (gas and air). Sometimes 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**: is not recommended for this procedure 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.

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 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 colonoscopy. We will ask you to remove glasses, hearing aid and dentures and made comfortable on a couch lying on your left side. For your comfort and reassurance, a trained nurse will stay with you throughout the procedures. The endoscopist will give you the intravenous sedative injection. A plastic ‘peg' will be placed on your finger to monitors 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.

**Colonoscopy**

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 risks**

Taking the bowel preparation might prevent the absorption of the oral contraceptive pill. Additional contraceptive precautions should be taken until the next period begins.

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.

Colonoscopy procedures carry a small risk (one in 1000 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 (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. Another rare complication is an adverse reaction to the intravenous sedative and pain relief medication.

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.

Like all tests, these procedures 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 your procedure or the person who referred you.

After the procedure

If you are unsedated or 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 or persistent bleeding you should contact your GP informing them that you have had a colonoscopy.

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 colonoscopy.

**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 gastroscopy and colonoscopy. These may include:

- a barium meal and or enema.
- a Computerised Tomography (CT) colon scan.
- ultrasound.

**For more information:**

- Contact the endoscopy office between 09:00 and 17:00 on 01223 216546.
- See [http://www.cuh.org.uk/consent](http://www.cuh.org.uk/consent)
Diabetic advice - Morning appointment (before 13:00)

Please follow these instructions if your procedure is in the **morning**. For any diabetes related questions during bowel preparation, please contact your GP or the diabetes specialist nurses on 01223 245151 bleep 152078.

**Food and drink**

Day before the procedure – You should not eat anything after breakfast (8 am) and should continue without food until after your procedure. However, you must drink as much as possible during this time. Drink at least a glass full of clear fluids every hour during your bowel preparation, so that you do not become dehydrated.

Make sure you have some sugary drinks available, for example lucozade 100ml, apple or grape juice 200ml. **Drink these if your blood sugar drops below 4.** Ensure that your bedtime blood sugar is **at least 10**

Test your blood sugar regularly throughout the day. Continue drinking on the day of your procedure.

**Insulin – taken once daily**

No change to insulin dose necessary

**Insulin - taken twice daily**

**Day before procedure**

- take half your normal insulin both times you inject, with a sugary drink.

**Day of procedure**

- do not take your normal morning insulin. Bring it with you plus something to eat
- after your procedure take half your normal morning insulin with something to eat
- take your normal evening insulin dose.

**Insulin – taken four times a day**

**Day before procedure**

- do not take any quick acting insulin.
- take your normal bedtime insulin unless you take **Insulatard** or **Humulin I**. If so, reduce these by half.

**Day of procedure**

- do not take your normal morning insulin.
- after your procedure take your normal short acting lunchtime insulin with food
- take your normal evening and bedtime insulin doses.

**Tablets for diabetes**

**Day before procedure**

- do not take any diabetic tablets.

**Day of procedure**

- do not have your morning tablets. Restart tablets at the next dose after your procedure.
### Diabetic advice - Afternoon appointment

Please follow these instructions if your procedure is in the **afternoon**. For any diabetes related questions during bowel preparation, please contact your GP or the diabetes specialist nurse on 01223 245151 bleep 152078.

<table>
<thead>
<tr>
<th>Food and drink</th>
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<tbody>
<tr>
<td><strong>Day before procedure</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Food</strong>: You may have breakfast and lunch. Do not have any further food until after the procedure.</td>
<td></td>
</tr>
<tr>
<td><strong>Drink</strong>: Drink as much as possible. Drink at least a full glass of clear fluids every hour during bowel preparation to prevent dehydration. Make sure you have sugary drinks available, e.g. lucozade (100ml), apple or grape juice (200ml). <strong>Drink these if your blood sugar drops below 4. Ensure your bedtime blood sugar is at least 10.</strong> Test your blood sugar regularly throughout the day.</td>
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</table>

**On the day of the procedure**

| Food: | do not eat until after your procedure. |
| Drink: | continue drinking. |

<table>
<thead>
<tr>
<th>Insulin and tablets</th>
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<tbody>
<tr>
<td><strong>Insulin – taken once daily</strong></td>
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<tr>
<td>Day before and on the day of procedure: no change to dose needed.</td>
<td></td>
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<tr>
<td><strong>Insulin - taken twice daily</strong></td>
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<tr>
<td>Day before procedure:</td>
<td></td>
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<tr>
<td>● take normal morning insulin with breakfast.</td>
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<tr>
<td>● take half normal evening insulin with a sugary drink.</td>
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<tr>
<td>Day of procedure:</td>
<td></td>
</tr>
<tr>
<td>● take half normal morning insulin with a sugary drink.</td>
<td></td>
</tr>
<tr>
<td>● take normal evening insulin dose. Eat as normal.</td>
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<thead>
<tr>
<th>Insulin – taken four times a day</th>
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<tr>
<td>Day before procedure:</td>
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<tr>
<td>● take your normal morning and lunchtime insulin doses with food.</td>
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<tr>
<td>● do not take any quick acting insulin at supper time</td>
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<tr>
<td>● take your normal bedtime insulin dose unless you take <strong>Insulatard</strong> or <strong>Humulin I</strong>. If so, reduce these by half. Do not have a bedtime snack.</td>
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</tr>
<tr>
<td>Day of procedure:</td>
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<tr>
<td>● do not take any morning or lunchtime quick acting insulin</td>
<td></td>
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<tr>
<td>● you may take your long acting insulin in the morning as normal</td>
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<tr>
<td>● after your procedure take your normal evening and bedtime insulin doses with food.</td>
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<thead>
<tr>
<th>Tablets for diabetes</th>
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<tbody>
<tr>
<td>Day before procedure: take your normal morning tablets. Do not take any evening tablets. On the day: do not have your morning tablets. Restart tablets at next dose after procedure</td>
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</tbody>
</table>
Patient Information

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

Document history
Authors 
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