Endoscopy Unit

Gastroscopy and Colonoscopy
Combined Oesophago-Gastro Duodenoscopy (OGD) and Colonoscopy

To help you prepare for this procedure, please read this information carefully and bring this booklet with you to your appointment

Introduction
This booklet aims to help you to make an informed decision about agreeing to this investigation.

The consent form is a legal document therefore please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigation, please sign and date the consent form, which is enclosed with this leaflet.

If however there is anything you do not understand or wish to discuss further, do not sign the form but bring it with you and sign it after you have spoken to a health care professional.

The procedure you will be having is called a colonoscopy. This is an examination of your large bowel (colon). It will be performed by or under the supervision of a trained doctor and we will make the investigation as comfortable as possible for you. When you are having a colonoscopy procedure you will usually be given sedation and analgesia.
Combined Gastroscopy (OGD) and colonoscopy information

The first procedure you will be having is called an oesophago-gastro-duodenoscopy (OGD) sometimes known more simply as a gastroscopy or endoscopy. This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum.

The second procedure you will be having is called a colonoscopy. This is an examination of your large bowel (colon). They will be performed by or under the supervision of a trained doctor or nurse endoscopist and we will make the investigation as comfortable as possible for you. Before you have a combined gastroscopy and colonoscopy procedure you will usually be given sedation and a painkiller.

Why do I need to have an OGD and colonoscopy?

You have been advised to undergo these combined investigations to help find the cause for your symptoms so we can treat you, and if necessary, decide on further investigations.

The main reason for having these combined procedures is to investigate the cause of anaemia with or without changes in your bowel habit.

X-ray examinations are available as alternative investigations but have the disadvantage of not allowing tissue samples to be taken and can be less informative than endoscopy.

Should your condition deteriorate or symptoms become worse before your Endoscopy appointment we advise you to contact your GP immediately.
What is gastroscopy?
This test is a very accurate way of looking at the lining of your upper digestive tract, and to establish whether there is any disease present.

The procedure you will be having is called an oesophago-gastro duodenoscopy (OGD) sometimes known more simply as a gastroscopy or endoscopy. This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum. The instrument used in this investigation is called a gastroscope. It is flexible and has a diameter less than that of a little finger. Each gastroscope has an illumination channel which enables light to be directed onto the lining of your upper digestive tract and another which relays pictures back to the endoscopist onto a television screen.

During the investigation, the doctor may need to take some tissue samples (biopsies) from the lining of your upper digestive tract for analysis: this is painless. The samples will be retained. A video recording and/or photographs may be taken for your records. The procedure will be performed by or under the supervision of a trained doctor or nurse endoscopist, and we will make the investigation as comfortable as possible for you. Some patients have sedation injected into a vein for this procedure, although others prefer to remain awake and have local anaesthetic throat spray.

What is colonoscopy?
This test is a very accurate way of looking at the lining of your large bowel (colon), to establish whether there is any disease present. This test also allows us to take tissue samples (biopsy) for analysis by the pathology department if necessary. The instrument used in this investigation is called a colonoscope, (scope) and is flexible. Within each scope is an illumination channel, which enables light to be directed onto the lining of your bowel, and another which relays pictures back, onto a television screen. This enables the endoscopist to have a clear view and to check whether or not disease or inflammation is present. During the investigation the endoscopist may need to take some samples from the lining of your colon for analysis: this is painless. The samples will be retained. A video recording and/or photographs may be taken for your records.
Preparing for the investigations

Eating and drinking

It is necessary to have clear views of both the stomach and the lower bowel, so it is important that you follow the dietary instructions below:

Two days before your appointment

You will need to be on a low fibre diet and considerably increase your fluid intake.

Low fibre diet

Fibre is the indigestible part of cereals, fruit and vegetables

Please commence a low fibre diet two days before your procedure.

Foods allowed

Lean, tender lamb, beef, pork, chicken, turkey, offal, bacon, lean ham, fish, Yorkshire pudding, pancakes; bread sauce; clear and puréed soups; potato (no skins), boiled and mashed; tomato pulp (no skins or pips); fruit juice (if tolerated); pastry made with white flour, white bread, white flour, cornflakes, rice krispies, icing smooth biscuits, e.g.: Marie, Osborne; spaghetti and pasta; white rice, crisps; rosehip syrup, Ribena; sugar or glucose in small amounts; boiled sweets, toffees; plain or milk chocolate; shortcake, cream crackers, water biscuits; sponge cake, Madeira cake; ice cream, iced lollies; plain or flavoured yoghurt; jelly marmalade; honey, syrup; tea and coffee (with a small amount of milk) and fizzy drinks.

Foods to be avoided

Wholemeal, wheatmeal, granary bread, wholemeal flour; bran biscuits, coconut biscuits; all cereals containing bran or whole wheat, e.g.; shredded wheat, bran flakes, bran buds, muesli; digestive biscuits; Ryvita, Vita Wheat, oat cakes, etc.

One day before your appointment

To enable a more effective examination, we would be grateful if you would take a clear fluid only diet 24 hours before your appointment. If your appointment is before or including 12:00 midday, you may have a good breakfast of food taken from yesterday’s permitted list; if your appointment is after 12:00 midday, you may have a good lunch of food taken from yesterday’s permitted list. After this, do not eat any solid food, but you should drink as much clear fluids as possible.
Patient Information

Fluids allowed
Tea or coffee with a small amount of milk, water, strained fruit juice, strained tomato juice, fruit squash, soda water, tonic water, lemonade, Oxo, Bovril, Marmite (mixed into weak drinks with hot water), clear soups and broths, consommé.

In addition
- You may eat clear jellies and ice-cream
- You may suck clear boiled sweets and clear mints.
- You may add sugar or glucose to your drinks.

Fluids not allowed
Drinks or soups thickened with flour or other thickening agents.

On the day of your appointment
You should not have anything to eat for at least six hours before the tests. After you have taken the bowel prep, small amounts of water are safe up to two hours before the tests.
Bowel Preparation
You should have already received your bowel preparation pack or a prescription to be dispensed at your local chemist. If you have neither of these then please contact us and you can arrange to collect this from the Endoscopy Unit.

If your appointment is before or including 12.00 midday
One day before:
At 10.00am - Dissolve the contents of the first sachet of Picolax in a minimum of 150mls of water to be drunk over 10-20 minutes. This solution can become hot. If this happens, wait until it cools sufficiently to drink. During the day drink at least a glass of water (about 250 ml) or other clear fluid every hour whilst the effects of the Picolax persist.

At 14.00pm - Take the first box of Moviprep and mix sachets A and B together in a litre container. Pour in 1 litre of water and stir until all the powder has dissolved and the Moviprep solution is clear or slightly hazy. This may take up to 5 minutes. Drink this over 1-2 hours. Try to drink a glassful every 10-15 minutes. Drink a further litre (approximately 2 pints) of clear liquid preferably water to prevent you becoming thirsty and dehydrated.

At 18:00pm- Take the second box of Moviprep and mix sachets A and B together in a litre container. Pour in 1 litre of water and stir until all the power has dissolved and the Moviprep solution is clear or slightly hazy. This may take up to 5 minutes. Drink this over 1-2 hours. Try to drink a glassful every 10-15 minutes. Drink a further litre (approximately 2 pints) of clear liquid preferable water to prevent you becoming thirsty and dehydrated.

Please note: Picolax and Moviprep may be flavoured with fruit juice if required. The Moviprep solution is rather salty and is more palatable drunk through a straw as it bypasses the taste buds in the tongue.
If your appointment is after 12 midday

One day before:
At 14:00pm - Dissolve the contents of one sachet of Picolax in a minimum of 150mls of water to be drunk over 10-20 minutes. This solution can become hot. If this happens, wait until it cools sufficiently to drink. During the day drink at least a glass of water (about 250 ml) or other clear fluid every hour whilst the effects of the Picolax persist.
Please note it may take 2-3 hours for this solution to work

At 18:00pm - Take the first box of Moviprep and mix sachets A and B together in a litre container. Pour in 1 litre of water and stir until all the powder has dissolved and the Moviprep solution is clear or slightly hazy. This may take up to 5 minutes. Drink this over 1-2 hours. Try to drink a glassful every 10-15 minutes. Drink a further litre (approximately 2 pints) of clear liquid preferably water to prevent you becoming thirsty and dehydrated.
Please note this solution will usually work within 15-20 minutes

On the day of the appointment
At 7.00am- Take the second box of Moviprep and mix sachets A and B together in a litre container. Pour in 1 litre of water and stir until all the powder has dissolved and the Moviprep solution is clear or slightly hazy. This may take up to 5 minutes. Drink this over 1-2 hours. Try to drink a glassful every 10-15 minutes. Drink a further litre (approximately 2 pints) of clear liquid preferably water to prevent you becoming thirsty and dehydrated.
After you have taken the bowel prep, small amounts of water are safe up to two hours before the tests.

Once you have commenced your bowel preparation it is advisable to stay at home with access to a toilet. The solutions will make you go to the toilet a lot so you may wish to use a topical barrier cream such as zinc and castor oil; to protect your bottom whilst taking the bowel preparation.
What about my medication?

Routine Medication
Your routine medication should be taken, but if you are taking any blood thinning medication (anticoagulants) please see information below.

If you are taking iron tablets you must stop them one week before your appointment. If you are taking stool bulking agents (e.g. Fibogel, Regulan, Proctofibe), Loperamide (Imodium) Lomotil or Codeine Phosphate you must stop these 3 days before your appointment.

Anticoagulants/Allergies
Please telephone the unit on 024 7696 6805 if you are taking anticoagulants such as Warfarin, Clopidogrel,Prasugrel, Diabigatran, Rivaroxaban or Apixaban.

Please telephone for information if you have a latex allergy.

Diabetics
If you are diabetic, controlled on insulin or medication, please ensure you have received a diabetic information leaflet and that the Endoscopy Unit is aware so that the appointment can be made at the beginning of the list

How long will I be in the Endoscopy Unit?
This largely depends on how quickly you recover from the sedation and how busy the department is. You should expect to be in the Unit for approximately 3-4 hours. The Unit also looks after emergencies and these can take priority over our outpatient lists.

If you have to bring children requiring supervision with you for your appointment, please ensure that they have someone to supervise them whilst you are having your procedure. Staff within the department are unable to assist with the supervision of young children. In these instances you may be asked to rebook your appointment to a time more suitable for you to have childcare arrangements in place.
What happens when I arrive?
When you arrive in the Unit, you will be met by a qualified nurse who will ask you to change into a hospital gown and they will perform a brief medical assessment. They will ask you about any underlying medical conditions, surgery or illnesses you have. This is to make sure you are fit to undergo the investigation.

Your blood pressure, heart rate and oxygen levels will be recorded and if you are diabetic, your blood glucose level will also be recorded.

The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have. You will be given the option of having sedation, Entonox or you may prefer to have the procedure performed without sedation. If you decide to have the sedation the nurse will insert a small cannula (small plastic tube) in the back of your hand through which the sedation will be administered later.

If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point.

Intravenous sedation
The sedation and a painkiller will be administered into a vein through the cannula in your hand or arm which will make you lightly drowsy and relaxed but not unconscious. You will be in a state called cooperative sedation. This means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation makes it unlikely that you will remember anything about the examination.

Whilst you are sedated, we will monitor your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded.
Entonox

Entonox is a gas mixture made up of nitrous oxide and oxygen (gas and air) and is frequently used as an excellent short term pain relief for women in labour or other uncomfortable procedures including colonoscopy. The gas is self administered through a mouthpiece and the effects are short acting. Patients are able to drive themselves home approximately a half hour following the procedure.

It is a very safe gas with very few side effects however in some patients it may cause: light headedness, drowsiness, dizziness, nausea, a tingling sensation in the fingers and lips and euphoria.

If you have sedation, you will not be permitted to drive or use public transport so you must arrange for a family member or friend to collect you. The nurse will need to be given the telephone number so that she can contact them when you are ready to go home.

You should not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure.

If you decide to have Entonox it is not safe to drive or work with machinery for half an hour following the procedure.

The investigation

Gastroscopy

You will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any further questions.

If you have any dentures you will be asked to remove them at this point – any remaining teeth will be protected by a small plastic mouth guard which will be inserted immediately before the examination starts.

- The nurse looking after you will ask you to lie on your left side.
- She will then place the oxygen monitoring probe on your finger.
- The sedation will then be administered into a cannula (tube) in your vein.
Any saliva or other secretions produced during the investigation will be removed using a small suction tube, rather like the one used at the dentist.

The endoscopist will introduce the gastroscope into your mouth, down your oesophagus into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing will not be affected. During the procedure samples may be taken from the lining of your digestive tract for analysis in our laboratories.

**Colonoscopy**

On completion of the gastroscopy the nurse will reposition the trolley for the endoscopist to proceed with the colonoscopy.

The colonoscopy involves passing the colonoscope around the entire length of your large bowel. There are some bends that naturally occur in the bowel and negotiating these may be uncomfortable for a short period of time. The sedation and analgesia minimises any discomfort.

Air is gently pressed into the bowel during the investigation to help the examination but most of this is removed as the scope is withdrawn from the bowel.

During the procedure samples may be taken from the lining of your bowel for analysis in our laboratories. These will be retained.

**Risks of the procedure**

Lower gastrointestinal endoscopy is classified as an invasive investigation and because of that it has the possibility of associated complications. These occur extremely infrequently; but we would wish to draw your attention to them to help you make your decision.

The doctor who has requested the test will have considered this. The risks must be compared to the benefit of having the procedure carried out.

The risks can be associated with the procedure itself and with administration of the sedation.
The endoscopic procedure

Gastroscopy

The main risks are:

- Perforation (risk approximately 1 for every 1,000 examinations) or tear of the lining of the bowel. An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal.

- Bleeding may occur at the site of biopsy or polyp removal (risk approximately 1 for every 100-200 examinations where this is performed). This is mainly minor, and bleeding may simply stop. If not, it will be controlled by cauterization or injection treatment.

Colonoscopy

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Sedation

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by a doctor before having the procedure.
What is a polyp?

A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the intestinal wall by a stalk, and look like a mushroom, whereas others are flat without a stalk. Polyps when found are generally removed or sampled by the endoscopist as they may grow and later cause problems. Flat polyps are generally a little more difficult to remove.

Polypectomy

A polyp may be removed in one of two ways both using an electrical current known as diathermy. For large polyps a snare (wire loop) is placed around the polyp, a high frequency current is then applied and the polyp is removed.

Flat polyps (without any stalk) can be removed by a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting the lining of the bowel that surrounds the flat polyp. This raises the area and allows the wire loop snare to capture the polyp.

For smaller polyps, biopsy forceps (cupped forceps) are used. These hold the polyp whilst the diathermy is applied, therefore destroying the polyp.

After the procedure

You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. Should you have underlying breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing. Once you have recovered from the initial effects of the sedation (which normally take 30-60 minutes), you will be moved to a chair and offered a hot drink and biscuits. Before you leave the department, the nurse or endoscopist will discuss the findings and any medication or further investigations required. She or he will also inform you if you require further appointments.

The sedation may temporarily affect your memory, so it is a good idea to have a member of your family or friend with you when you are given this information although there will be a short written report given to you.
Patient Information

Because you have had sedation, the drug remains in your blood system for about 24 hours and you may feel drowsy later on, with intermittent lapses of memory. If you live alone, try and arrange for someone to stay with you or, if possible, arrange to stay with your family or a friend for at least 4 hours. If the person collecting you leaves the Unit, the nursing staff will telephone them when you are ready for discharge.

General points to remember

- If you are unable to keep your appointment please notify the endoscopy department on 02476 96 6755 as soon as possible. This will enable us to offer the appointment to another patient.
- If you have a dressing gown and slippers please bring them with you.
- Please note to ensure the privacy and dignity of other patients we do not allow friends or relatives into the clinical area of the department. Should you wish to remain with your friend or relative you may join them in the primary waiting area once you have changed into a hospital gown.
- It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is very busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you have any problems with persistent abdominal pain or bleeding please contact your GP immediately informing them that you have had an endoscopy.
- If you are unable to contact or speak to your doctor, you must go immediately to the Emergency department 02476 966200.
- If you require hospital transport for your appointment and you have previously used this service then please contact the Endoscopy Unit on 024 7696 6755 and we will arrange this for you. If you have not use the hospital transport service before then you may contact hospital transport direct on 01926 310312.
Patient Information

This booklet is based on information produced by the British Society of Gastroenterologists and adapted for UHCW by Marie O’Sullivan.

Contact Telephone: Endoscopy Unit 024 7696 6755

Www.bsg.org.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6755 and we will do our best to meet your needs.

The Trust operates a smoke free policy

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