

Endoscopy department

Understanding gastroscopy and colonoscopy

Information for patients, relatives and carers

Name:
Hospital number:
Your appointment is on:at:
at: Charing Cross / Hammersmith / St. Mary's Hospital

Introduction

The information in this leaflet should help you to prepare for your gastroscopy and colonoscopy. Please read this at least one week before your appointment and follow the instructions carefully. If you cannot make your appointment, please call us on **020 3312 6010** or email imperial.endoscopyappointments@nhs.net

For questions about preparing for this procedure, please contact the hospital where your procedure is booked and ask to speak to the nurse in charge:

- Charing Cross Hospital: **0203 311 1941**
- Hammersmith Hospital: **020 3313 2645**
- St Mary's Hospital: **020 3312 6681**

Checklist

- read all of this information booklet carefully
- please follow the instructions below to make sure your bowel and stomach are both empty when you have a gastroscopy and colonoscopy. If you do not follow the instructions your appointment will be cancelled
- double check the **date, time and location** of your procedures carefully. Note that your procedure might be at a different hospital to your previous appointments

Seven days before your appointment:

- stop taking any iron supplement medications
- if you are taking any medication to thin your blood, please contact us for advice at least **one week** before your appointment. We will need to know why you are taking this medication. You do not need to stop taking aspirin.
- If you are taking any GLP-1 agonists (Semaglutide) which are used in the management of diabetes and weight loss, please stop these 1 week prior to your test.

Two days before your appointment:

- follow the low residue diet **for two days** before your procedure

One day before your appointment:

- after breakfast the **day before** your procedure, do not eat anything solid **at all**
- If you are taking any GLP-1 agonists (Semaglutide) which are used in the management of diabetes and weight loss, please take **ONLY a LIQUID DIET** the day before your procedure
- take the bowel preparation carefully as instructed
- read about conscious sedation and Entonox[®] and consider which option you might prefer
- arrange for a responsible adult to collect you after your procedure if you are having sedation. A responsible adult should stay with you for **12 hours** after your procedure. If you do not organise an appropriate escort, we will not be able to give you sedation

On the day of your procedure

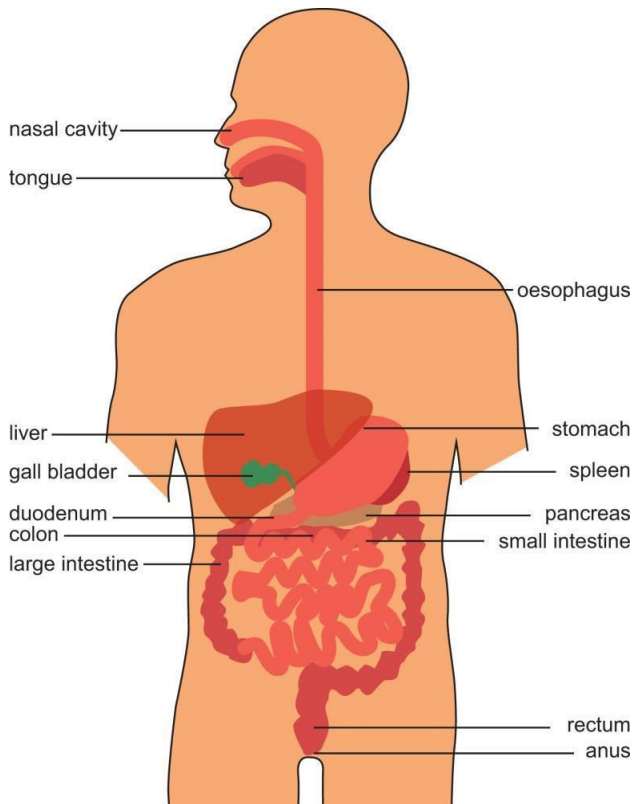
- do not eat or drink anything for **six hours** before your appointment time.

How do I prepare for my procedure?

It is essential that your bowel is empty when you come for your procedures. If you do not follow the instructions on medications, diet and laxatives below, your procedure will be cancelled on the day. You must not eat any food after breakfast on the **day before** the test. The laxative is meant to give you diarrhoea. You must also not eat or drink anything for **six hours before the procedure** unless instructed otherwise.

If you have diabetes, please contact your GP or diabetes nurse specialist for advice before your appointment. Alternatively, you can contact us using the telephone numbers on the front of this leaflet for further advice.

What is a gastroscopy and colonoscopy?



Gastroscopy (also known as 'OGD' and upper endoscopy) is a visual examination of the lining of the oesophagus (gullet), stomach and duodenum (small intestine). An endoscope (a long, flexible tube) is passed through your mouth and down your throat into the oesophagus. Using the light on the end of the endoscope, the endoscopist can look for any abnormalities. If necessary, biopsies (small samples of tissue) may be taken during the examination and sent to the laboratory for further investigation.

Colonoscopy is an examination of the lining of the large bowel (also known as the colon). The colonoscope is a thin, flexible tube which is passed through the bottom (anus) and then around the large bowel. There is a light and tiny video camera on the end of it. The colonoscope blows air into the bowel to allow thorough examination. We look for any abnormalities inside the colon. If required, biopsies may be taken during the examination.

Any polyps (growths in the lining of the bowel) can be removed. Most polyps are not cancer. However, most bowel cancers begin in a polyp so removing them is an important way of preventing bowel cancer in the future. Your doctor should have discussed the individual reasons for your test.

Are there any alternatives to these tests?

The main alternative to the gastroscopy is a barium x-ray. During this procedure, you would be asked to drink a solution of barium or contrast to allow images (pictures) of your stomach to be seen using x-rays.

The main alternative to colonoscopy is a CT pneumocolon. This is a specialised CT scan of the large bowel. Preparation of the bowel with laxatives is required for this test. Sedation is not needed. On the day of the procedure, a small tube is inserted into your anus and carbon dioxide gas is used to inflate the bowel.

Both procedures can show up polyps and tumours but, unlike gastroscopy and colonoscopy, tissues cannot be taken for biopsy or they cannot be removed. They also cannot show tiny lesions or vessels that can cause anaemia, for example.

Are there any risks associated with these tests?

Gastroscopy and colonoscopy are generally safe procedures but complications can occur. You may experience discomfort, nausea and bloating during the procedures. These symptoms are temporary and usually resolve quickly after the procedure.

Uncommon but serious risks related to colonoscopy include but are not limited to:

- a hole in the gastrointestinal tract (perforation) which may require surgery to repair (1 in 3,000)
- bleeding from the gastrointestinal tract which may require blood transfusion or surgery to repair (1 in 1,000)
- aspiration pneumonia - inflammation of the lungs, caused by inhaling the contents of the stomach. This is why it is important that you follow the instructions about not eating or drinking before the test
- reaction to the sedatives or Entonox[®] used during the test
- disturbance of crowned teeth or dental bridgework. It is important that you tell us about any crowns or bridgework before we start the test

The risk of complications may increase if you have any pre-existing heart or lung conditions. Your doctor will discuss any increased risks with you before you have the test.

Conscious sedation or throat spray and Entonox[®]?

Conscious sedation

Conscious sedation is where a sedative and a painkiller are given into a vein (intravenously/IV). This makes you more relaxed and reduces any discomfort experienced during the procedures. The sedative may also make you forget parts of the test. Each patient will react differently and will experience different levels of sleepiness. It is not a general anaesthetic and you will be awake during the procedure.

If you have conscious sedation an adult friend or relative must escort you home. You must also ensure that an adult stays with you for 12 hours after your procedure. Please make sure that you have access to a telephone when you return home. If you have not been able to make these arrangements, please speak to the nursing staff. **We cannot give you sedation if you do not have an escort.**

It is not unusual to experience some symptoms of bloating or wind pain despite the sedative and painkiller. The sensation of gagging or retching may be felt as with anything touching the back of the throat.

Throat spray and Entonox[®]

There is an option to have the test using throat spray for the gastroscopy and Entonox[®] for the colonoscopy. Local anaesthetic throat spray is sprayed onto the back of your throat and helps to numb it, often reducing the gagging and retching that can be experienced with anything touching the back of the throat. It wears off after 30 minutes and you are able to eat and drink again.

Entonox[®], commonly known as 'gas and air', is a mixture of gases which is breathed in (inhaled). It is a quick acting painkiller that wears off quickly. We will show you how to use the mouthpiece before the colonoscopy starts and ask you to inhale the Entonox[®]. The effects are noticeable within 30 seconds. You can continue to inhale the Entonox during the procedure. Unlike sedation, you can drive home 30 minutes after your procedure. Entonox cannot be given to patients with some lung conditions or those who have had recent eye or brain surgery.

Preparation timeline

Fourteen days before your appointment:

If this is your first gastroscopy to investigate a new symptom and you are taking antacids then stop taking these. Examples of antacids are Losec (Omeprazole), Zoton (Lansoprazole), Protium (Pantoprazole), Pariet (Rabeprazole), Nexium (Esomeprazole), Tagamet (Cimetidine), Zantac (Ranitidine), Axid (Nizatidine), Pepcid (Famotidine)

Seven days before your appointment:

Stop taking any iron supplements

Four days before your appointment:

Stop taking any other medications which cause constipation, such as codeine phosphate or loperamide. Contact us for advice if you are not sure.

Continue with all your other medications, including laxatives, unless you have been told otherwise.

Two days before your appointment:

Only eat a low residue diet, which means items from the **allowed** column on the low residue diet sheet. **Do not eat any high residue/fibre foods (foods from the **avoid** column).**

One day before your appointment:

Have a good breakfast, only choosing items from the low residue diet list.

After 08.00, do not eat any solid food at all.

Please drink plenty of clear fluids. It is important that you drink at least two litres / 3.5 pints of liquid during the day to avoid dehydration. This will improve the effect of the bowel preparation.

Please take the laxatives (see accompanying instructions) you have been prescribed.

The laxative preparation will cause diarrhoea so we recommend that you stay close to a toilet after you have taken it. Soreness around your bottom will be reduced if you apply some barrier cream (such as Vaseline[®]) before taking the laxatives.

If you take the oral contraceptives (the 'pill'), the laxative may stop this from working. Do not stop taking your pill but you should use additional methods of contraception.

If you feel unwell on this day and think that you may not be able to tolerate the bowel preparation or the test, please contact us for advice before starting to take the preparation.

If you have not received other specific advice about your regular medications, you should continue to take them as normal. You may need to change the timing as it is best to avoid taking them less than one hour either side of oral bowel preparation.

Day of procedure

If you regularly take medicines in the morning, **you should** take them before 07.00 on the day of the test, with a small sip of water if necessary, unless you have been advised otherwise. We advise you to wear loose-fitting clothes to make you more comfortable as during the procedure the endoscopist will introduce air into your bowel.

What happens on the day of the test?

Please book in at the endoscopy unit at the time specified. Your procedure will be done as close to your appointment time as possible. Every effort is made to keep waiting times to a minimum, but it is not possible to say how long individual procedures will take. You may wish to bring something to read.

In the admission room we will ask you to change into a hospital gown and 'dignity' shorts. The doctor or nurse specialist will discuss the procedure, any treatment, possible risks, expectations and side effects before asking for your written consent. This written consent should not feel rushed and will be done in the pre-assessment room before your procedure. If you are having sedation, a drip will be placed into your hand or arm ready for the medications to be given later on.

We will then take you to the procedure room. We will ask you to lie on your left side with your knees slightly bent. We will connect you to a monitor to record your blood pressure, pulse and oxygen levels. We will give you some oxygen through a tube that is placed under your nose.

If you are having conscious sedation, the endoscopist will give you a sedative and a painkiller through the drip. If you have chosen to have to have local anaesthetic throat spray and Entonox[®], the local anaesthetic will be sprayed onto the back of your throat. It works quite quickly to numb it. For the colonoscopy, we will give you a mouthpiece for the Entonox[®] and ask you to breathe in the gas.

The gastroscopy will be done first. We will give you a mouth guard to protect your teeth. The endoscopist will then place the endoscope in your mouth and pass it down your throat and into your stomach. If any saliva collects in your mouth, the nurse will clear it with a small suction tube similar to that used by dentists. It is not unusual to experience gagging or retching. Please be assured that the endoscope will not interfere with your breathing.

Once the gastroscopy has been done, your trolley will be turned around. The colonoscopy will then begin. Again, this is done with you on your left side with your knees slightly bent. You may experience a feeling of pressure, bloating or cramping due to the air that is introduced. This will disappear quickly once you have passed wind. During the procedure, it is normal to want to pass wind so please do not feel embarrassed.

You may also be asked to change your position during the test and a nurse will support you to do this.

The combined procedures may take between 15 and 60 minutes to complete but you should expect to be in the department for two to three hours to allow time for waiting, preparation and recovery.

Imperial College Healthcare NHS Trust supports the training of doctors and nurse endoscopists. Your consent or procedure may be undertaken by one of these trainees who are supported and supervised by qualified trainers within the endoscopy department.

What happens after the test?

If you have had conscious sedation, you will rest for about one hour before you can go home. You must be accompanied home by an adult relative or friend. They must come to the unit to collect you in person. The effect of the conscious sedation can last for up to 24 hours so, during that time, you should not drive, operate machinery (including kitchen equipment), sign legal documents or drink alcohol.

If you have had Entonox[®], you will rest for about half an hour before being able to leave.

When will I get the results?

We will give you a copy of the gastroscopy and colonoscopy reports and discuss the findings with you before you are discharged. It can take up to one week for biopsy results to be available and these will be sent to your referring doctor (GP or hospital doctor). Details of the results and any necessary treatment should be discussed with them at your next appointment. The endoscopy department will not be able to give you any biopsy results.

Is there anything I need to watch out for at home?

It is normal to experience bloating and mild abdominal discomfort for a few days after having a gastroscopy. It is normal to experience small amounts of bleeding from your bottom or mild abdominal discomfort for up to two weeks after having a colonoscopy. Please do not worry if you have watery motions (stools). This is normal and will pass. However, if you have any severe pain, black tarry stools or persistent bleeding after your tests, please contact the endoscopy department at the site where you had your procedure within working hours (09.00 – 17.00) and ask to speak to the nurse in charge:

- Charing Cross Hospital: **0203 311 1941**
- Hammersmith Hospital: **020 3313 2645**
- St Mary's Hospital: **020 3312 6681**

Outside of working hours, please phone the hospital switchboard on **020 3313 1000** and ask to speak to the gastroenterology registrar on call for further advice. Alternatively, you can call your GP or NHS 111.

When can I get back to my normal routine?

You should be able to return to work and all your usual activities the day after your appointment.

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk