

Endoscopy department

Understanding gastroscopy and flexible sigmoidoscopy

Information for patients, relatives and carers

Name:

Hospital number:

Your appointment is on:at:

at: Charing Cross / Hammersmith / St Mary's Hospital

If you have any questions or concerns about your appointment or regular medication, please do not hesitate to contact the patient service centre on 020 3312 6010.

Introduction

This leaflet will help you prepare for your gastroscopy and flexible sigmoidoscopy and answer any questions you may have. **Please read this at least 1 week before your appointment and follow the instructions carefully.**

If you do not attend your appointment, we will refer you back to the healthcare professional who requested this investigation for you.

Checklist

Before your appointment please read this information carefully:

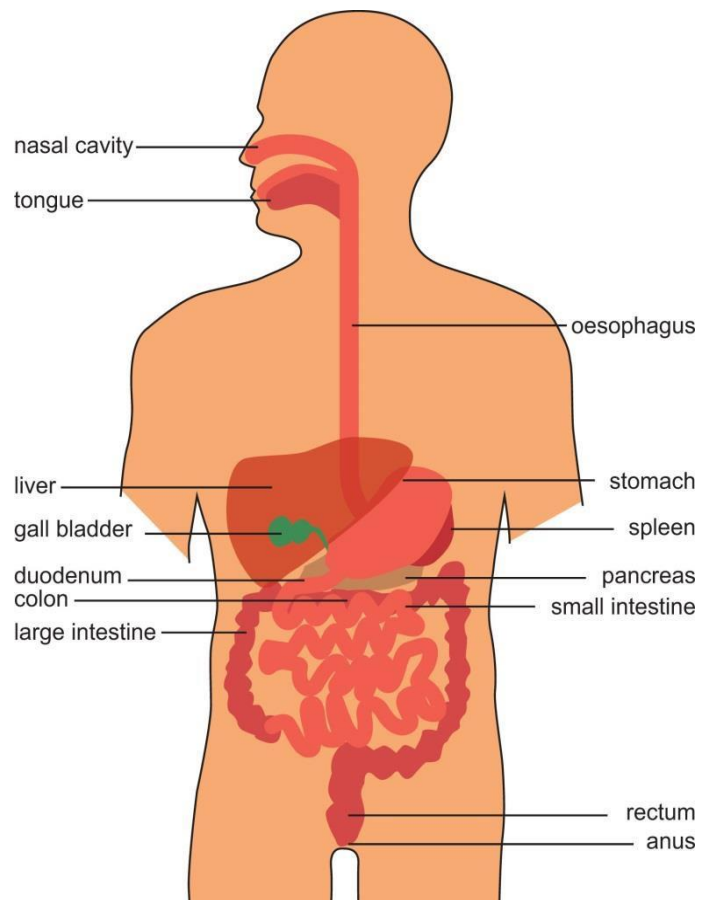
- do not eat or drink anything for 6 hours before your appointment (not even water, sweets or chewing gum)
- if you are taking any GLP-1 agonists (Semaglutide) which are used in the management of diabetes and weight loss, please take **only a liquid diet** the day before your procedure
- arrange for a responsible adult (18 years or older) to collect you from the unit after your appointment if you are having conscious sedation (please see page 3). We recommended that this person stays with you for 12 hours after your procedure
- if you do not organise an escort, or if they are under 18 years old, we will not be able to do the test with conscious sedation on that day

- if you are taking any medication to thin your blood, please contact us for advice at least 1 week before your appointment. We need to know why you are taking this medication. If you're taking aspirin you do not need to stop this
- stop taking any iron supplement tablets 7 days before your appointment

What are gastroscopy and flexible sigmoidoscopy?

Gastroscopy (also known as 'OGD' and upper endoscopy) is an 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 the back of 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.

Gastroscopy helps the endoscopist check symptoms such as persistent upper abdominal (tummy) pain, nausea (feeling sick), vomiting and difficulty in swallowing. It is also used for finding the cause of bleeding from the upper gastrointestinal tract.



As your stomach needs to be empty for the gastroscopy, you must not eat or drink anything for 6 hours before your appointment.

If you do not follow these instructions your procedure may be cancelled.

Flexible sigmoidoscopy is an examination of the lining of the rectum (bottom) and part of the colon (large intestine). A sigmoidoscope (a long, flexible tube) is passed through the rectum and into the lower part of the colon. As with gastroscopy, the doctor or nurse can check for any abnormalities and biopsies may also be taken.

Choices of local anaesthetic or conscious sedation

You can choose to have this procedure with either:

- a **local anaesthetic spray** to numb your throat
- **conscious sedation**, where a sedative is given through a cannula inserted into a vein. Each patient reacts differently and may experience different levels of drowsiness (sleepiness). Conscious sedation is different from a general anaesthetic as it does not put you to sleep, so you are able to talk to your doctor or nurse. This sedative can have a slightly amnesiac effect (partial or total memory loss). The sensation of gagging and retching may still be felt as with anything touching the back of the throat

The local anaesthetic throat spray is sprayed onto the back of the throat to make it numb and reduce some of the gagging and retching experienced. It wears off after 30 minutes and you are able to eat and drink again.

The advantages of having the throat spray are that you:

- can go home immediately after the test
- do not need a relative or friend to take you home
- will be able to drive yourself home
- can return to work afterwards

Are there any alternatives to gastroscopy and flexible sigmoidoscopy tests?

The main alternative to a gastroscopy is a barium x-ray. During this procedure, you would either be asked to drink a solution of barium. The barium allows images (pictures) of your stomach to be seen using x-rays. Barium x-rays are less accurate than gastroscopy at detecting inflammation (swelling), ulcers and tumours of the oesophagus, stomach and small intestine and bowel. Unlike gastroscopy, you cannot take biopsies during a barium x-ray.

Please note

A capsule endoscopy (where a pill-sized video capsule is swallowed) is **not** a substitute for these tests, as it does not give adequate pictures of either the oesophagus or the stomach and biopsies cannot be taken.

Are there any risks with gastroscopy and flexible sigmoidoscopy?

Complications are rare. There is a 0.2 per cent risk of the following happening after gastroscopy:

- bleeding, which may require a blood transfusion
- reaction to the sedatives, if used during the test

-
- perforation (tearing) of the lining of the gastrointestinal tract, which may require surgery to repair
 - 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 anything for 6 hours before 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

There is a 0.1 per cent risk of the following happening after flexible sigmoidoscopy:

- bleeding after biopsies have been taken
- perforation (tearing) of the bowel lining which may require surgery to repair

The risk of complications may increase if treatments such as stretching a narrow area are required or if you have any pre-existing heart or lung conditions. Your doctor will discuss any increased risks with you before you have the test.

Is there anything I should do to prepare for my appointment?

- Preparation for the test involves not having anything to eat or drink for **6 hours** before your appointment time. If you have diabetes, you should contact your GP or your diabetes nurse specialist for advice before your appointment or you can call the endoscopy department and ask to speak to a nurse
- For your comfort, this test can be performed using conscious sedation where a sedative and a painkiller are given intravenously (through a needle in your hand) to help with any discomfort. The sedative may also make you forget parts of the test. It is different from a general anaesthetic as it does not put you to sleep, so you are able to respond to your doctor or nurse. Each patient will react differently and will experience different levels of drowsiness. It is not unusual to experience some symptoms of bloating or wind pain despite the sedative and painkiller

If you have conscious sedation you cannot go home by yourself – a friend or relative must escort you home. It is recommended that someone 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 do the test on this day with conscious sedation if you do not have an escort.**

Timeline

Two weeks before your appointment

If this is your first gastroscopy to investigate a new symptom and you are taking antacids please stop taking them.

If this is a repeat test to check healing of an ulcer / inflammation or monitor / treat a known problem, then you should continue taking antacids until the day before the procedure. Please contact us if you have any queries.

Examples of antacids are:

- **Losec** (Omeprazole)
- **Zoton** (Lansoprazole)
- **Protium** (Pantoprazole)
- **Pariet** (Rabeprazole)
- **Nexium** (Esomeprazole)
- **Tagamet** (Cimetidine)
- **Zantac** (Ranitidine)
- **Axid** (Nizatidine)
- **Pepcid** (Famotidine)

One week before your appointment

If you are taking any medication to thin your blood, please contact us for advice at least 1 week before your appointment. We need to know why you are taking this medication. If you're taking aspirin you do not need to stop this.

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.

Please stop taking any iron supplement tablets 7 days before your appointment.

Is there anything I should do to prepare for my appointment?

Preparation for the test involves not having **anything to eat or drink** (not even water, sweets or chewing gum) **for at least 6 hours before your appointment**.

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

What happens on the day of the test?

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.

The tests 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 predict how long individual procedures will take. You may wish to bring something to read with you.

We advise you to wear loose-fitting clothes as during the procedure, the doctor will introduce air into your bowel / stomach (see the following page) which may cause bloating afterwards. Wearing tight-fitting or tailored clothes will make you more uncomfortable.

In the pre-assessment room we will ask you to change into a hospital gown and wear dignity shorts. We will ask you to lie on your left side on the trolley, with your knees slightly bent. We will give you an enema to empty the bowel so that we can see the bowel lining.

Your endoscopist will discuss the procedure and any treatment, possible risks, expectations and side effects with you before asking for your written consent. This should not feel rushed and will

be obtained in the pre-assessment room before your procedure. We will then take you into the procedure room.

We will ask you to remove any dentures and glasses at this point.

- If you choose to have the local anaesthetic throat spray this will be sprayed onto the back of your throat
- If you choose to have conscious sedation, this will be given through an intravenous cannula (thin tube) in your hand or arm. We will connect you to a monitor to record your blood pressure and pulse throughout. We will give you oxygen through your nose and place a small probe on your finger to monitor this

The gastroscopy will take place first. We will give you a mouth guard to protect your teeth. The endoscopist will then place the endoscope (a long, flexible tube) in your mouth and pass the tube down your throat and into your stomach. Introducing air will help them to see inside your stomach and small intestine. If any saliva collects in your mouth, the nurse will clear it with a small suction tube similar to that used by dentists.

If the endoscopist thinks an area needs further investigation, they might pass an instrument through the endoscope to take a biopsy (a sample of the lining of the gastrointestinal tract) for testing in the laboratory. These tests are used to diagnose many conditions and the endoscopist may request one even if they do not suspect cancer. For example, the endoscopist may use a biopsy to test for *Helicobacter pylori*, the bacterium that causes ulcers. This will not cause any further discomfort.

The endoscope will not interfere with your breathing or cause you any pain. Most patients consider the test to be only slightly uncomfortable and some patients even fall asleep during the procedure. You may experience a feeling of pressure, bloating or cramping during or after the procedure due to the air that was introduced. This will disappear quickly once you have passed wind during or after the tests.

Once the gastroscopy has been done, your trolley will be turned round and the flexible sigmoidoscopy will begin. The endoscopist will pass the sigmoidoscope (a long, flexible tube) through the anus and into your lower colon and introduce air to expand it. This will help the endoscopist to see inside your colon. They may ask you to change your position during the test and a nurse will support you to do this. Again, you may feel bloating - this will settle once you have passed wind.

It takes 15 minutes to 1 hour to complete both procedures but you should expect to be in the department for between 2 and 3 hours to allow time for waiting, preparation and recovery.

Please note your examinations may be performed by a nurse endoscopist, who is a fully qualified nurse trained in this procedure.

What happens after the test?

If you chose to have the throat spray, you will be able to go home soon afterwards. You should not have anything to eat or drink for 30 minutes after the test, as your throat may still be numb from the local anaesthetic spray which puts you at risk of choking.

If you chose to have sedation, you will be left to rest for about 1 hour before you can go home, accompanied by your escort. Once you have recovered, you will be able to have

something to eat and drink.

When will I get the results?

In many cases, the results are available immediately after the test, however, biopsy results may take at least 1 week before they are available. Details of the results and any necessary treatment should be discussed with whoever referred you for the test (either your GP or hospital doctor) 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 (tummy) discomfort for several days and some minor rectal bleeding after having a gastroscopy and flexible sigmoidoscopy. However, if you have any severe pain, black tarry stools (poo) or persistent bleeding after your tests (on the same day), 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 and ask to speak to the gastroenterology registrar on call for further advice:

- Charing Cross Hospital: **020 3311 1234**
- Hammersmith Hospital: **020 3313 1000**
- St Mary's Hospital: **020 3312 6666**

Alternatively you can call your GP or NHS 111.

When can I get back to my normal routine?

Please do not worry if you have a sore throat for the rest of the day. This is normal and will pass. If you did not have conscious sedation and feel well after your procedure, you can return to work and all your usual activities once discharged from the endoscopy department.

If you chose to have sedation, you must have a friend or relative (18 years of age or older) to escort you home. It is recommended that they stay with you for 12 hours after your procedure.

For the rest of the day, you must not:

- drive or operate machinery (including kitchen equipment)
- drink alcohol
- sign any important or legal documents

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

How do I get to the hospital?

You are advised to travel, if possible, by public transport when visiting Charing Cross and Hammersmith hospitals. Car parking is severely limited and you may find it very difficult to find a place to park near the hospital.

The nearest tube stations for **Charing Cross Hospital** are Hammersmith (District, Piccadilly and Hammersmith & City lines) and Barons Court (District and Piccadilly lines). Buses that stop outside the hospital are numbers 190, 211, 220 and 295.

The nearest tube stations for **Hammersmith Hospital** are East Acton and White City (both on the Central Line). Buses that stop outside the hospital are numbers 7, 70, 72, 272 and 283.

The nearest tube stations to **St Mary's Hospital** are Paddington (Bakerloo, Circle, District and Hammersmith & City lines) and Edgware Road (Bakerloo, Circle and District lines). Buses that stop on Praed Street are numbers 7, 15, 23, 36 and 436.

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 3312 7777** (10.00 – 16.00, Monday to Friday). 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