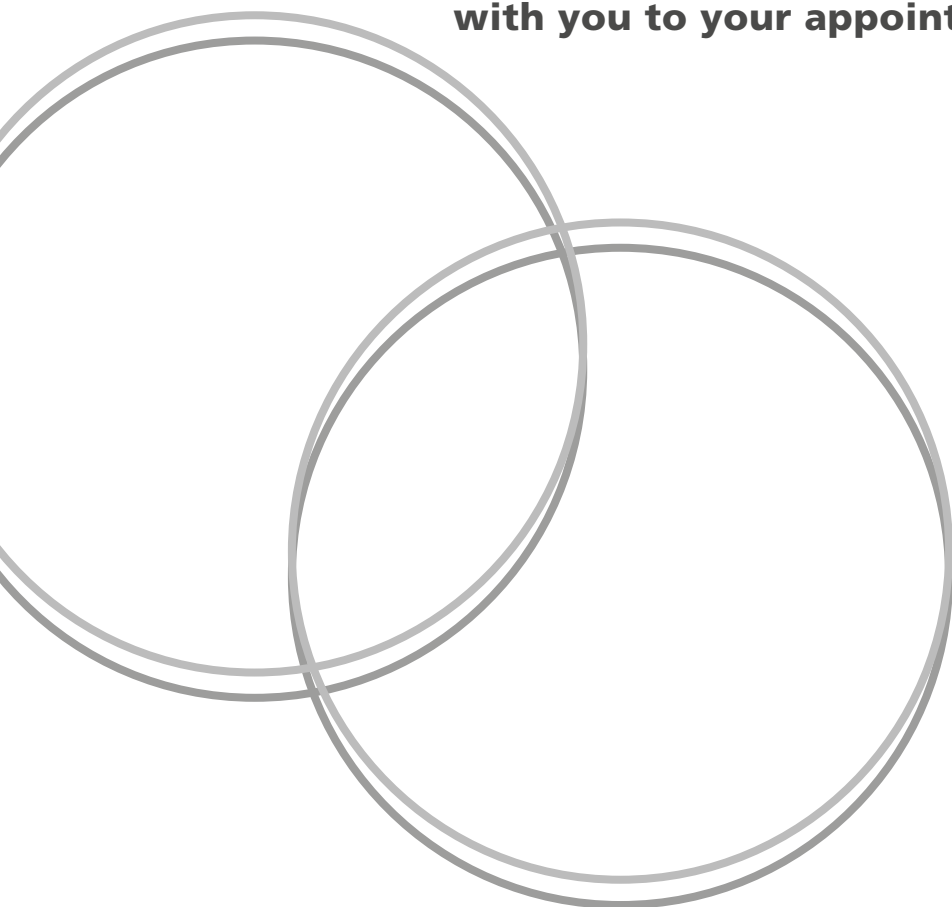


Gastroscopy and Colonoscopy

Combined Oesophago-gastro duodenoscopy (OGD)
and Colonoscopy

*This booklet contains details of your appointment,
information about the examination and the consent form*

**Please bring this booklet
with you to your appointment**



Your appointment

An appointment for your gastroscopy and colonoscopy has been arranged at:

☐

John Radcliffe Hospital, Endoscopy Unit

Telephone **01865 223 010** option 2
(Monday to Friday, 8.00am to 4.00pm)

Email: **endoscopy@ouh.nhs.uk**

☐

Horton General Hospital, Endoscopy Unit

Telephone **01295 229 668** option 2
(Monday to Friday, 8.00am to 4.00pm)

Email: **ouh.hhendogastroreferrals@nhs.net**

Please contact the Endoscopy Unit if this appointment time is not convenient for you or if you are unable to keep your appointment. This will enable staff to arrange another date and time for you and to give your appointment to someone else.

If you need travel information please refer to the Trust website at www.ouh.nhs.uk or telephone the numbers above and we will send you an information leaflet.

Introduction

You have been advised by your GP or hospital doctor to have a combined gastroscopy and colonoscopy examination. We will need to have your formal consent before we can carry out these examinations. This booklet explains how the examinations are carried out and what the risks are. This will help you to make an informed decision when agreeing to the examinations and the sedation.

If there is anything you do not understand, or anything you wish to discuss further but still wish to come for the appointment, do not sign the consent form at the front of the booklet. Instead, bring it with you and you can sign it after you have spoken to the endoscopist.

The consent form is a legal document – please read it carefully.

Once you have read and understood all the information, including the risk of complications, and you agree to undergo the examination, please sign and date the consent form. A copy of your consent form will be provided should you require it, so please do ask for a copy. **Please remember to bring the consent form with you to your appointment.**

What is a combined gastroscopy and colonoscopy examination?

You will be having two examinations. The first examination is called an oesophago-gastro-duodenoscopy (OGD), sometimes known more simply as a gastroscopy or endoscopy. The second examination you will be having is called a colonoscopy. Both examinations will be carried out by (or under the supervision of) a specially trained doctor or nurse called an endoscopist. You will usually be given a sedative to help you relax, and painkillers to help minimise any discomfort.

What is a gastroscopy?

This is an examination of your oesophagus (the tube that carries food from your mouth to your stomach), stomach and duodenum (the first part of your small bowel). The instrument used is called a gastroscope (scope). The gastroscope has a light which is shone onto the lining of your bowel. It also has a very small camera which sends a live image to a screen where it is viewed by the endoscopist.

During the examination, the endoscopist may need to take some small tissue samples, called biopsies; this is painless. The samples will be looked at under a microscope in our laboratories.

The tissue sample and associated clinical information will be kept and may be used for teaching purposes and for research aimed at improving diagnosis and treatment of upper gastrointestinal diseases. This may benefit other patients in the future. If you do not wish us to keep the tissue samples for this purpose please tick the appropriate boxes on the consent form. If you have any further questions or concerns, please tell the endoscopist before signing the consent form. Images from the OGD will be kept in your health record.

What is a colonoscopy?

This is an examination of your large bowel (colon) through your back passage. A colonoscopy is a very accurate way of looking at the lining of your large bowel, to establish whether there is any disease present. The instrument used is called a colonoscope (scope) and it is flexible. The colonoscope has a light which is shone onto the lining of your bowel. It also has a very small camera which sends a live image to a screen where it is viewed by the endoscopist.

During the examination the endoscopist may need to take some small tissue samples, called biopsies; this is painless. The samples will be looked at under a microscope in our laboratories.

The tissue sample and associated clinical information will be kept and may be used for teaching purposes and for research aimed at improving diagnosis and treatment of lower gastrointestinal diseases. This may benefit other patients in the future. If you do not wish us to keep the tissue samples for this purpose or have any questions or concerns, please ask the endoscopist before signing the consent form. Images from the colon will be kept in your health record.

Why do I need to have a gastroscopy and colonoscopy?

You have been advised to have these combined investigations to help find the cause for your symptoms. The main reason for having these combined procedures is to investigate the cause of anaemia with or without changes in your bowel habit. The results of the examinations will help us to decide on the best treatment for your problem or whether we need to carry out any further examinations.

What are the alternatives?

X-ray examinations are available as alternative investigations, but they don't allow us to collect tissue samples and are also less informative than an endoscopy investigation.

Another alternative is a CT scan, but the disadvantage of this is that we cannot collect tissue samples that may be important for diagnosis. This may mean that you will still need to have a colonoscopy or gastroscopy examination at a later date.

If you would like to discuss these options please speak to your doctor.

What are the risks?

Gastroscopy and colonoscopy are safe examinations for most people. Serious problems with these examinations are rare, but life threatening complications are possible. However, you need to weigh up the benefits against the risks of having the procedure. The risks can be associated with the examination itself, as well as from the sedation. The main risks are:

- A tear (perforation) in the lining of the stomach, oesophagus or small bowel. This happens to approximately 1 in 10,000 people. This may be treated with antibiotics and intravenous fluids, or may need surgery to repair the hole.
- A tear (perforation) in the lining of the large bowel. This happens to approximately 1 in 1,000 people. The risk of a tear is higher with polyp removal. If we know before your colonoscopy that you have a large or difficult to remove polyp, your endoscopist will discuss the risks with you in more detail. An operation may be required to repair the tear if it cannot be closed during the sigmoidoscopy.
- Risk of a missed lesion – although gastroscopy and colonoscopy have been selected as the best tests to diagnose your symptoms, no test is perfect. There is a risk of 1 in 100 that we might miss a large polyp or other important finding during your test.
- Bleeding where we take a sample (biopsy) or have removed a polyp happens to about 1 in 1,000 people, but this is usually minor and stops on its own.
- Short term problems with breathing, heart rate and blood pressure (related to sedation) 1 in 100. We will monitor you carefully so that if any problems do occur they can be treated quickly. Older people and those with significant health problems (for example, people with significant breathing difficulties) may be at higher risk.
- Damage caused by the endoscope to teeth or bridgework 1 in 2000.
- Heart attack or stroke (related to sedation) 1:1,000.

Pain relief and sedation

We routinely give light sedation and a painkilling injection to help you to relax. The sedative injection and a painkiller will be injected into a vein in your hand or arm. It will make you lightly drowsy and relaxed but will not put you to sleep. You are likely to be aware of what's going on around you and will be able to follow simple instructions during the examination. We will monitor your breathing and heart rate throughout the examination.

After sedation you will not be allowed to drive home. You should also not go home alone on public transport. You must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that we can contact them when you are ready to go home.

We recommend that someone responsible stays with you overnight after your colonoscopy. However, if this is not possible you may still be able to have sedation, depending on your general health. If you would prefer not to have sedation please discuss this with your endoscopist when you come for your appointment.

Bowel preparation instructions

You will need to take bowel preparation before your procedure. Unless you have been instructed otherwise. **Please take ALL bowel preparation by following the instructions below carefully – NOT the manufacturers instructions.** The manufacturers instructions enclosed are to provide information about possible side-effects, as well as effects on other medicines and other health problems.

This bowel preparation will make sure that your bowel is thoroughly cleaned and we can carry out a complete examination.

For some people there are more suitable alternatives. If you are sent a different bowel preparation **please follow the instructions on the enclosed Oxford University Hospitals leaflet – not the manufacturer's drug information leaflet.**

If you need further information regarding your bowel preparation, please telephone us on:

01865 221 456 (John Radcliffe Hospital)

01295 229 155 (Horton General Hospital)

Two days before the examinations

To help the bowel preparation to work effectively, you will need to start to eat a low fibre diet. This should consist of white fish, chicken, white bread, eggs, cheese, or potato without skins. High fibre foods such as red meat, fruit, vegetables, cereals, nuts, salad, and wholemeal foods must be avoided. Have plenty of fluids to drink. If you would like more information about a low fibre diet please contact us on the numbers above.

The day before the examinations

If you have a morning appointment

8:00AM: You may eat a light breakfast, such as eggs and toast, then no more solid food after 09:00AM. Do drink plenty of clear fluids throughout the day and especially during the period when taking the bowel preparation. Clear fluids include water, smooth fruit juice (not containing 'bits'), fruit squash, fizzy drinks, tea or coffee without milk, Bovril.

1:00 PM: Mix the big sachet (DOSE 1) in 500ml of water and stir well, allowing mixture to completely dissolve.
Drink content over the next 30 minutes.

In addition, drink at least 500ml or more of clear fluids between drinking Dose 1 and Dose 2 of the PLENVU.

7:00PM: Mix the two small sachets A and B (DOSE 2) in 500ml of water and stir well, allowing to completely dissolve. Again, drink content over the next 30 minutes.

Ensure that you drink at least 500ml or more of clear fluids after drinking Dose 2 of the PLENVU.

DO REMEMBER:

No solid food after breakfast, ONLY clear fluids.

Drink additional clear fluids to ensure adequate hydration and an effective bowel preparation.

You may have clear fluids up until 4 hours before your examination, and sips of water up to 2 hours before.

If you have an afternoon appointment

THE DAY BEFORE THE PROCEDURES:

7:00AM: You may have a low fibre diet breakfast.

12:00 Noon: You may eat a light lunch, such as soup sandwich or omelette, then no more solid food after 1:00PM. Do drink plenty of clear fluids throughout the day and especially during the period when taking the bowel preparation. Clear fluids include water, smooth fruit juice (not containing 'bits'), fruit squash, fizzy drinks, tea or coffee without milk, Bovril.

6:00 PM: Mix the big sachet (DOSE 1) in 500ml of water and stir well, allowing mixture to completely dissolve. Drink all the content over the next 30 minutes.

In addition, drink at least 500ml or more of clear fluids between drinking Dose 1 and Dose 2 of the PLENVU.

THE MORNING OF THE PROCEDURES:

7:00 AM: Mix the two small sachets A and B (DOSE 2) in 500ml of water and stir well, allowing to completely dissolve. Drink all the content over the next 30 minutes.

Ensure that you drink at least 500ml or more of clear fluids after drinking Dose 2 of the PLENVU.

DO REMEMBER:

No solid food after lunch, ONLY clear fluids.

Drink additional clear fluids to ensure adequate hydration and an effective bowel preparation.

You may have clear fluids up until 4 hours before your examination and sips of water up to 2 hours before. You may

For Information on contraindications and side effects please refer to the enclosed manufacturer's leaflet.

What about my medicines?

If you have diabetes controlled by insulin or tablets, please make sure that you tell us so that we can give you an appointment at the beginning of the morning or afternoon. If you have not already been advised about your diabetes medications, please telephone the Endoscopy unit at least two days before your endoscopy appointment for advice.

If you take anticoagulants or antiplatelets, please telephone the Endoscopy Unit at least two weeks before your appointment if you have not already been advised about your anticoagulants or antiplatelets.

If you are taking iron tablets, you must stop these one week before your appointment.

If you are taking stool bulking agents, you must stop these four days before your appointment.

You should continue to take your routine medicines unless advised otherwise.

What to bring with you

Please bring a property bag to keep your belongings. You may also bring a dressing gown with you and a pair of slippers. If you have a colostomy, please bring a spare colostomy bag with you. Please leave all valuables at home. The hospital cannot accept responsibility for these items.

What happens when I arrive at the Endoscopy Unit?

Soon after you arrive you will be seen by a nurse who will ask you a few questions about your medical condition and any past surgery or illness you have had. This is to confirm that you are fit enough to undergo the gastroscopy and colonoscopy examinations. The nurse will record your heart rate, blood pressure and oxygen levels. If you are diabetic, your blood glucose level will also be recorded.

The nurse will also make sure you understand the examination and you will be able to ask any further questions or raise any concerns you may have. The nurse will ask you for your signed consent form. If you have not already signed the consent form the endoscopist will be able to answer any questions you still have or talk to you about any concerns.

The nurse will also ask you about your arrangements for getting home after your examinations **as you must be accompanied home after a sedative**. (See page 8)

What happens during the examinations?

Gastroscopy

You will meet the doctor before the procedure to ensure you have signed your consent form and to give you the opportunity to ask any further questions. You will then be escorted into the examination room where you will be introduced to the endoscopy nurses.

You will be given a small plastic mouth guard to put between your teeth to protect them during the examination. (If you have any dentures you will be asked to remove them first.)

The nurse looking after you will then ask you to lie on your left side and will place a probe on your finger to monitor your oxygen levels. The sedative will be injected into a vein in your arm or hand at this point and you will quickly become sleepy. A small suction tube, rather like the one used at the dentist, will be placed in your mouth to remove any saliva or other secretions produced by your mouth during the examination.

The endoscopist will put the gastroscope into your mouth and ask you to swallow. The endoscopist will then push the gastroscope gently down your oesophagus into your stomach and on into your duodenum. You will be able to breath normally through your nose. A small amount of air will be blown into your stomach to help the endoscopist to see clearly. This may be uncomfortable, but shouldn't cause any pain.

Colonoscopy

When the gastroscopy has been completed the nurse will reposition the trolley you are on, ready for the endoscopist to proceed with the colonoscopy. The endoscopist will gently put the scope into your back passage and then move it round the length of your large bowel. Air will be gently passed into your bowel to make moving the scope around easier. You may feel some discomfort when the endoscopist moves the scope around the natural bends in your bowel. This discomfort will be kept to a minimum by the sedative and painkillers.

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. If a polyp is found it is usually removed as it may grow and cause problems later. Polyps are removed or destroyed using a high frequency electric current. Alternatively, the endoscopist may take some samples for further examination.

How long will I be in the Endoscopy Unit?

This depends upon how quickly you recover from your examinations and also how busy the Unit is. You should expect to be in the Unit for most of the morning or afternoon. The Unit also deals with emergencies and these will take priority over outpatient appointments. However, we will try to keep any delays to a minimum. Please note that your appointment time is the time you should arrive in the unit. It is not the time of your actual procedure.

Please let us know if you are arranging patient transport for your appointment.

After the examination

As you have been sedated, we will ask you to rest after the procedure. Your blood pressure, heart rate and breathing will be monitored. If you are diabetic, your blood glucose will also be monitored. Once you have recovered from the initial effects of any sedation you will be offered a drink and a biscuit. You should not have any pain other than some discomfort from wind, which will settle after a few hours.

Before you leave the Unit, the nurse or the endoscopist will explain what was seen during the examination and whether you need any further appointments. The sedative can make you forgetful and drowsy for up to 24 hours after the examination – even though you may feel alert. It is a good idea to have a member of your family or a friend with you when you are given the findings of your examination, just in case you don't remember everything we are telling you.

You must be collected and accompanied home. If the person collecting you has left the Unit while you are having your examinations, a nurse will telephone them to ask them to return when you are ready to go home. If you live alone, we recommend that you try and arrange for someone to stay with you overnight.

For 24 hours after the sedation, you must not:

- drive
- drink alcohol
- operate heavy machinery
- sign any legally binding documents.

Most people feel perfectly back to normal after 24 hours.

After you go home

If a biopsy was taken or polyp removed, there may be a small amount of blood when you next open your bowels. However, if you have any persistent or heavy bleeding or abdominal pain, an on-going sore throat, or chest pain, please contact us:

Urgent Endoscopy Advice Line

Telephone: **03003047777**, and state you want to speak to the operator. During the hours of **8am to 6pm Monday to Saturday** ask for bleep **6825**. Out of these hours and on bank holidays ask the operator to bleep the oncall Gastro-registra

Research

The Trust is one of the UK's Academic Health Science Centres. This means that we carry out ethically approved research, which aims to improve patient care.

Whilst you are in Endoscopy, research nurses may look at your notes to see if you fit the criteria for any of our studies. If you are suitable, you may be asked whether you would like to take part in a study. We will give you detailed information about the study and what it involves. You will be asked to sign a consent form to confirm you are happy to take part.

You do not have to take part in any research and your treatment will not be affected by your decision.

If you would like more information about the research currently being conducted in the Endoscopy department, please telephone the Gastroenterology Research Nurses, who are based in the Translational Gastroenterology Unit at the John Radcliffe Hospital.

Tel: **01865 231 461**

World class research is carried out at Oxford University Hospitals. We are also a Genomics Medicine Centre and you may be eligible to take part in the 100,000 Genomes project. During your visit you may be approached about clinical research studies and the Genomes project. If you would like further information, please ask your healthcare professional when you come for your appointment.

If you are unable to keep your appointment please help us by contacting the Endoscopy Unit as soon as possible on telephone numbers provided on page 3. Your appointment slot can then be given to someone else and you will be offered an alternative date and time.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



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