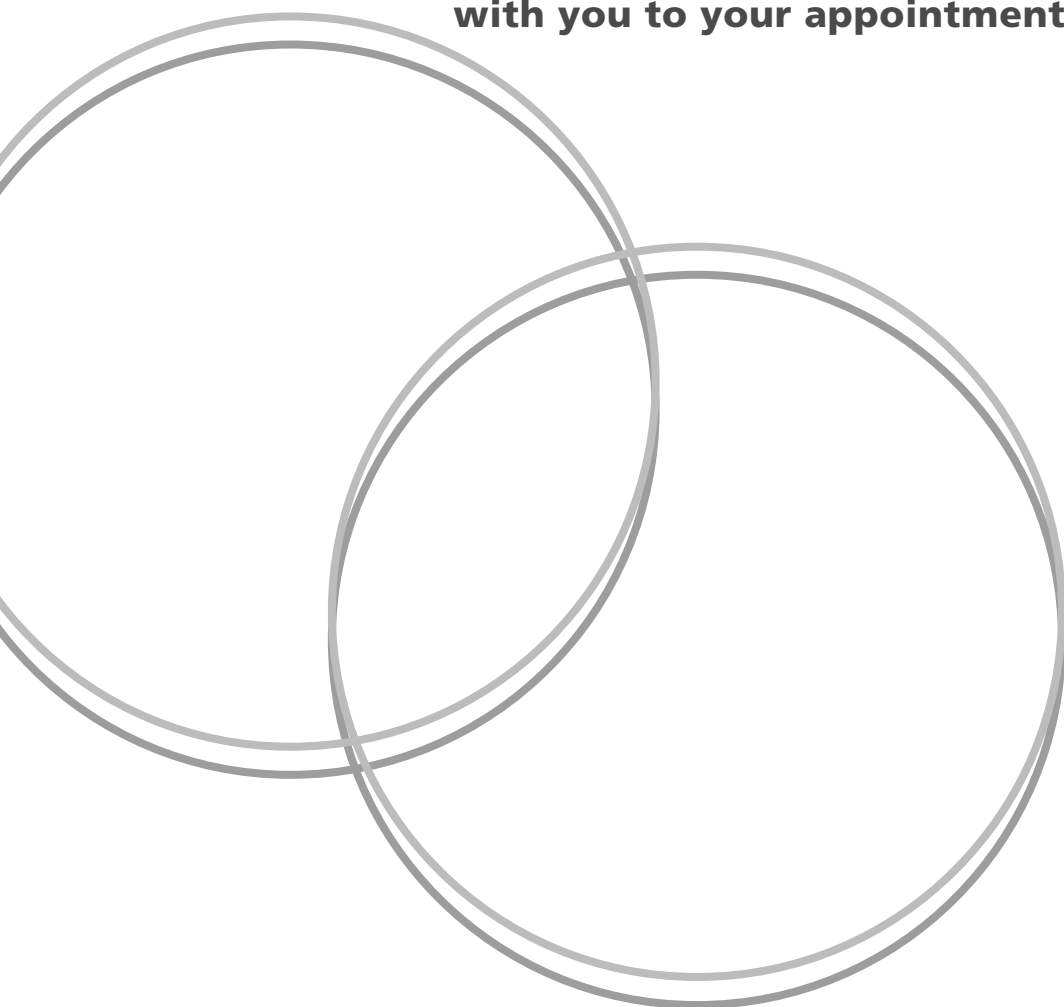


Gastroscopy and Flexible Sigmoidoscopy

*Your appointment details, information about
the examination, and consent form*

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



Your appointment

An appointment for your gastroscopy and flexible sigmoidoscopy has been arranged at:



John Radcliffe Hospital, Endoscopy Unit

Telephone **01865 223 010**

(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 us on the numbers above and we will send you an information sheet.

Introduction

You have been advised by your GP or hospital doctor to have a combined gastroscopy and flexible sigmoidoscopy examination. **We will need to have your formal consent before we can carry out this examination.** This booklet explains how the examination is carried out and what the risks are. This will help you to make an informed decision when agreeing to the examination and whether you wish to have a sedative.

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. 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. Instead bring it in with you and you can sign it after you have spoken to the endoscopist. The consent form is at the front of the booklet.

Please remember to bring the consent form to your appointment.

What is a combined gastroscopy and flexible sigmoidoscopy?

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 flexible sigmoidoscopy. Both examinations will be carried out by (or under the supervision of) a specially trained doctor or nurse called an endoscopist. You can choose whether you want to be given a sedative to help you relax.

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) using a tube which is passed gently down your throat. The instrument used is called a gastroscope (scope) and it is flexible. The scope has a light which is shone onto the lining of your gut. 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 gastrointestinal diseases. This may benefit other patients in the future. If you do not wish us to keep the tissue sample for this purpose or have any questions or concerns, please tell the endoscopist before signing the consent form. Images from the gastroscopy will be kept in your health record.

Why do I need a gastroscopy?

You have been advised to have a gastroscopy to try and find the cause of your symptoms. The results will help us to decide on the best treatment for your problem or whether we need to carry out any further examinations.

A gastroscopy may be advised for a number of reasons including: **indigestion, anaemia, losing weight without trying to, vomiting, blood in your stools, passing black stools, vomiting blood, difficulty swallowing, abdominal pain or a lump in your upper abdomen.**

What are the alternatives?

A barium meal X-ray examination is an alternative examination to a gastroscopy. It does not give us as much information as a gastroscopy and has the added disadvantage that tissue samples cannot be taken. If you would like to discuss this option, please speak to your doctor.

What is a flexible sigmoidoscopy?

This examination is a very accurate way of looking at the lining of the left side of your large bowel (colon) using a tube which is passed gently into your rectum. The instrument used is called a flexible sigmoidoscope and is similar to the scope used for the gastroscopy.

The endoscopist may also take small tissue samples (biopsies) from your bowel, as described on page 5.

Why do I need a flexible sigmoidoscopy?

You have been advised to have a flexible sigmoidoscopy to help find the cause of your symptoms. The results will help us to decide on the best treatment for your problem and whether we need to carry out any further examinations. The reasons for this examination may include:

- bleeding from the back passage
- abdominal pain and diagnosing the extent of some inflammatory bowel disease
- follow-up inspection of previous disease
- assessing the clinical importance of abnormalities found on X-rays.

Are there any alternatives?

No. Rigid sigmoidoscopy does not reach the appropriate part of the bowel and any other investigations do not allow the tiny biopsies to be taken that help to make a precise diagnosis.

What are the risks?

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

- A tear (perforation) in the lining of the stomach or oesophagus. 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 1000 people. The risk of a tear is higher with polyp removal. If we know before your flexible sigmoidoscopy 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 flexible sigmoidoscopy 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 in 1,000.

Sedation or throat spray?

A sedative injection can help you to relax during the gastroscopy if you are anxious. Local anaesthetic throat spray can improve your comfort during the examination. You will be offered the choice of sedation or local anaesthetic throat spray.

Flexible sigmoidoscopy is generally performed without sedation, but can be given if you want it. If you find the procedure particularly uncomfortable, we may be able to give you Entonox (gas and air). This should work quickly to reduce any pain. After using Entonox you will need to rest in the department for 30 minutes, or until its effects have worn off. If you feel able to, you will be allowed to drive, as long as you have had no other sedation.

If you have sedation you must have someone to collect you and drive you home.

Sedation

The sedative is injected into a vein in your hand or arm and will make you lightly drowsy and relaxed, but will not put you to sleep. You are likely to be aware of what is 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.

If you have 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.

As the sedation can make you drowsy and unsteady on your feet, we also recommend that you have someone responsible to stay with you overnight after the procedure.

Anaesthetic throat spray

This spray numbs your throat with a local anaesthetic – this has an effect very much like a dental injection. As gastroscopes have become thinner, many people are happy for the examination to be carried out without sedation and to have throat spray instead.

The benefit of choosing throat spray is that you will remain fully conscious and aware, and can go home unaccompanied soon after the examination (as long as you haven't had Entonox). You will be allowed to drive and can carry on life as normal. The only constraint is that you must not have anything to eat or drink for about an hour after the examination, until the sensation in your mouth and throat has returned to normal. It is strongly advised that when having your first drink after the examination, it should be a cold drink and should be sipped to make sure you do not choke.

Preparation

Eating and drinking

You must not eat anything for at least six hours before your gastroscopy. This is because food can stop the endoscopist getting a clear view of the inside of your stomach. It also increases the risk of inhaling (breathing in) the contents of your stomach into your lungs, which can cause severe pneumonia. You can have sips of water up to two hours before your test. If you do eat something, your test will need to be cancelled.

Bowel preparation instructions

In order to be able to clearly see your bowel, it must be clean. When you arrive in the Endoscopy Unit you will usually be given an enema to make you go to the toilet.

Sometimes you will be sent an enema to self-administer at home. If you have been sent an enema please administer it to yourself at home one hour before your appointment.

How to use the enema:

1. Wash your hands.
2. Remove the orange protective shield, by pulling the shield gently while holding the bottle upright and grasping the grooved bottle cap with your fingers. (You can place the enema in a jug of warm water if you want to warm the liquid before you open it)
3. Lie down on your left side, close to a toilet – perhaps in a nearby bedroom. You can use a towel to lie on, in case the liquid spills. Draw your knees up to your chest.
4. Gently insert the tip of the bottle into your bottom (anus) with the tip pointing towards your belly button. Squeeze the bottle until all or nearly all the liquid has been emptied. If you are having problems emptying out the liquid, stop and reposition the bottle differently. If you still can't push the liquid out of the bottle, stop and call the phone number below.

(It is not necessary to empty the bottle, but it is recommended that at least three quarters of the bottle is used).

5. Keep squeezing the bottle and gently remove it from your bottom. It is normal to experience some leakage of the enema liquid. Stay lying on your side and try to hold the liquid in for as long as you can (2 to 5 minutes if possible).
6. When you are ready, move yourself to the toilet and empty your bowels. You may need to empty your bowels more than once. This is likely to continue for about 30 minutes but may carry on for longer than this.
7. Return the used enema bottle to the carton for disposal and wash your hands.
8. If you do not have any bowel movements within an hour, or if you have any new bleeding or bleeding you are concerned about, please contact the Nurse Coordinator for the Endoscopy unit for further advice. John Radcliffe Tel: 01865227755 or Horton Hospital 01295229155 (8.00am to 6.00pm. Monday to Friday)

Occasionally the enema can cause people to feel a little faint. If this happens, lie back down until the feeling passes.

You can choose to have your enema administered by a nurse in Endoscopy Unit if you feel unable to do it at home, please bring your enema with you and arrive 30 minutes before your appointment. Inform the nurse when you arrive in the department on the day of your appointment.

If there is anything you do not understand or if you feel unwell after using the enema, please call the Nurse Coordinator for the Endoscopy unit for advice.

Please refer to the enclosed leaflet for additional information about the enema.

What do I need to bring with me?

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

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.

How long will I be in the endoscopy department?

This depends upon whether you have sedation and also how busy the department is. You should expect to be in the department for, most of the morning or afternoon. The department also deals with emergencies which can 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.

What happens when I arrive at the Endoscopy Unit?

Soon after you arrive, you will be reviewed or 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 examination. 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 gastroscopy and flexible sigmoidoscopy. **If you have decided to have a sedative, you must be accompanied home.** (See page 9)

The nurse will ask you to change into a hospital gown, your dressing gown and slippers. If you have not carried out an enema at home you will be given one now, to help you to clear your bowels.

What happens during the examination?

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.

If you are having local anaesthetic throat spray, this will be sprayed onto the back of your throat whilst you are sitting up. You will quickly notice a loss of sensation to your tongue and throat.

The nurse looking after you will then ask you to lie on the trolley on your left side and will place a probe on your finger to monitor your oxygen levels. You will be given a small plastic mouth guard to put between your teeth to protect them during the gastroscopy.

If you have dentures you will be asked to remove them first. If you have decided to have a sedative this will be injected into a vein and you will quickly become sleepy. A small suction tube, rather like the one used at the dentist, will be used 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 breathe 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.

Flexible sigmoidoscopy

When the gastroscopy is completed the nurse will reposition the trolley you are on, to proceed with the flexible sigmoidoscopy. The endoscopist will pass the sigmoidoscope gently into your back passage and will examine your bowel lining in your rectum and lower part of the bowel. The examination takes 5 to 15 minutes to complete.

Some people experience slight discomfort within the left side of the abdomen as air is put into the bowel to enable the endoscopist to see clearly. If necessary, you can use Entonox gas to help with any discomfort.

Polyp removal

Occasionally the endoscopist may remove polyps during the flexible sigmoidoscopy. We may have already known about these or we may find them during the examination. A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the bowel 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 by the endoscopist, as it may grow and cause problems later. Polyps are removed using a high frequency electric current. Alternatively, the endoscopist may take some samples for further examination.

After the examination

We will ask you to rest for 30-40 minutes unless there are any clinical issues. If you have had sedation or Entonox. 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 department, a nurse or the endoscopist will explain the results of the examinations and whether you need any further appointments. If you haven't had a sedative you will be able to go home or back to work soon after the gastroscopy and flexible sigmoidoscopy. You will be given a copy of your endoscopy report.

If you have had a sedative, it can make you forgetful and drowsy for up 24 hours after the examination. 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. If you live alone, we recommend that you arrange for someone to stay with you overnight.

For 24 hours after the sedation you must not:

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

Most people feel perfectly back to normal after 24 hours.

After you go home

- A sore throat and some windy discomfort is normal and will settle after a few hours.
- You may notice some blood next time you open your bowels, if a biopsy or polyp removal was carried out during the examination.
- If you have any problems with a persistent sore throat, worsening chest or abdominal pain or heavy bleeding, please contact:

Endoscopy Urgent Help Line on:

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, the Gastroenterology 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 carried out 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 on telephone numbers provided on page 3 as soon as possible. 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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