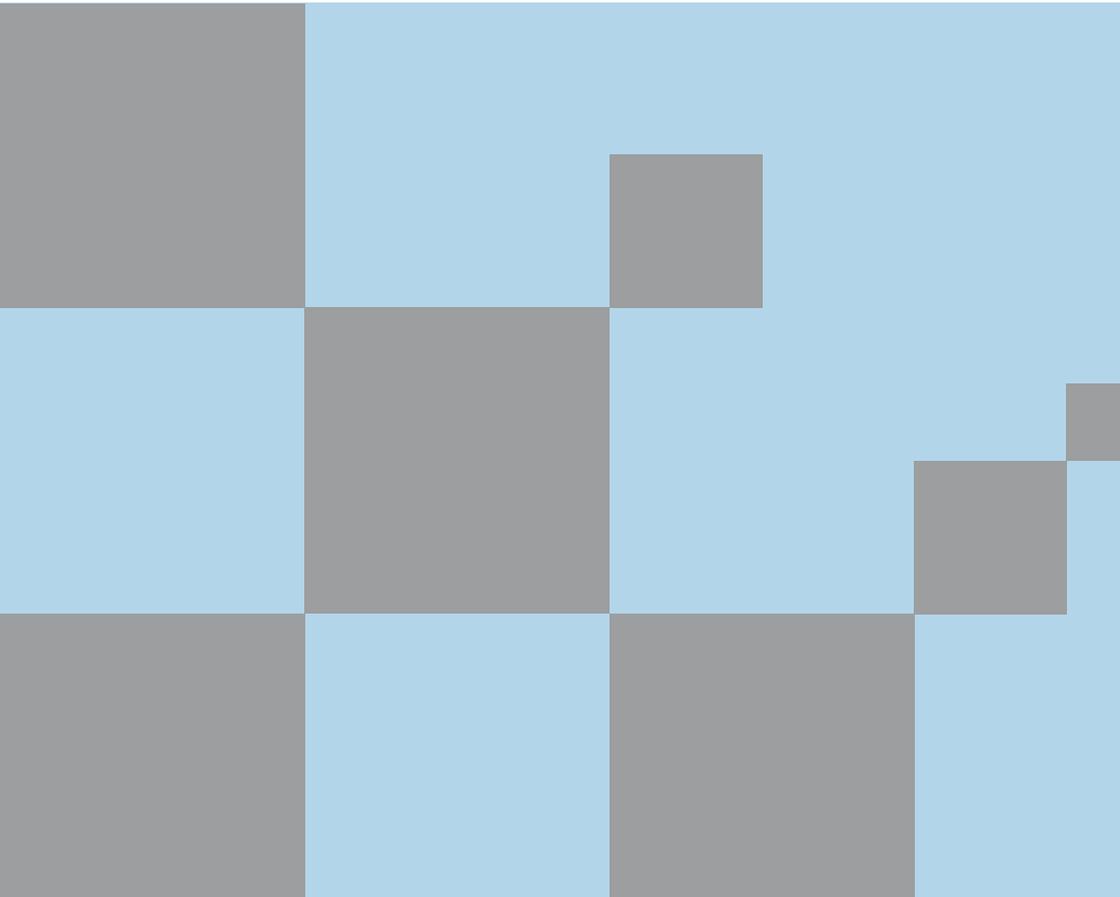


Gastroscopy and Colonoscopy

Combined Oesophago-gastro
duodenoscopy (OGD) and Colonoscopy

*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 Colonoscopy has been arranged at:

John Radcliffe Hospital, Endoscopy Unit
Telephone Oxford (01865) 221466

Horton Hospital, Endoscopy Unit
Telephone Banbury (01295) 229668

Day and date:

Time:

Please telephone the Endoscopy Unit on the relevant telephone number above 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.

Please leave all valuables at home. The hospital cannot accept responsibility for these items.

Introduction

You have been advised by your GP or hospital doctor to have a combined gastroscopy and colonoscopy examination. **Your formal consent is required 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 in agreeing to the examinations and the sedatives. The consent form is at the front of the booklet.

If there is anything you do not understand, or anything you wish to discuss further – but still wish to attend for the appointment, do not sign the consent form. Instead, bring it with you and you can sign it after you have spoken to one of our doctors.

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. You will notice that the consent form is carbonised, allowing you to keep a copy for your records. **Please complete the form while it is still attached to this booklet.**

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.

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, a flexible tube with a diameter less than that of a little finger. The gastroscope has a light and a camera on the end. The camera sends

pictures of the lining of your oesophagus, stomach and duodenum to a screen – where the endoscopist is able to look at them.

During the examination, the endoscopist may need to take some small tissue samples, called biopsies, for analysis under a microscope in our laboratories. This is painless. Any samples we take will be kept. Photographs may be taken and will be kept in your health record.

What is a colonoscopy?

This is an examination of your large bowel (colon). 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 scope directs light onto the lining of your bowel and a camera sends pictures to a screen where they can be examined by the endoscopist.

During the examination the endoscopist may need to take some small tissue samples, called biopsies, for analysis under a microscope in our laboratories. This is painless. Any samples we take will be kept. Photographs may be taken and will be kept in your health record.

How long will I be in the endoscopy department?

This depends partly upon how busy the department is. You should expect to be in the department for, approximately, most of the morning or afternoon. The Unit also deals with emergencies and these can take priority over people with outpatient appointments.

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 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 have the disadvantage of not allowing tissue samples to be taken, as well as being less informative than endoscopy. For some patients a CT scan (virtual colonoscopy) with bowel preparation is appropriate; while tissue samples cannot be taken it is as good as colonoscopy for excluding large polyps or cancer, may be more readily available, and does not require sedation.

Intravenous sedation

A sedative injection and a painkiller will be 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 may be aware of what's going on around you and will be able to follow simple instructions during the examination. It is unlikely that you will remember anything about the examination afterwards. We will monitor your breathing and heart rate throughout the examination.

After sedation you will not be permitted to drive home or use public transport alone, so you must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that (s)he can contact them when you are ready to go home.

What to bring with you

Please bring a dressing gown with you to wear over the hospital gown, and a pair of slippers.

Bowel preparation instructions

Most patients have bowel preparation consisting of 10 Senna tablets and 2 sachets of Citramag and should follow the instructions below carefully. This is to make sure that the bowel is thoroughly cleaned and a complete examination can be carried out.

For some people there are more suitable alternatives. If you are sent a different bowel preparation please follow the instructions on the

enclosed Oxford Radcliffe Hospitals leaflet – not the manufacturer's drug information leaflet.

If you need further information, please telephone us on 01865 221456.

Seven days before the examinations

Stop taking iron tablets.

Four days before examinations

Stop taking any constipating agents e.g. lomotil, Imodium, codeine phosphate etc. Stop taking any stool bulking agents e.g. Fibogel, Regulan, Proctofibe. Continue with all other medication until your appointment.

Two days before examinations

Eat a low fibre diet, consisting 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.

The day before examinations

Morning appointment

Have a low fibre breakfast as listed above. **After this DO NOT EAT any solid food until after your colonoscopy, but drink plenty of clear fluids.** Clear fluid is water, smooth fruit juice (not containing 'bits'), fruit squash, fizzy drinks, tea or coffee without milk, Bovril. You may also eat clear jelly.

At 2pm commence the bowel preparation as follows: Take the Senna tablets with a glass of water.

At 4pm dissolve one sachet of Citramag in 200mls (8 fluid oz) of hot water. As it dissolves, it will froth up, so it needs to be mixed in a large jug. Leave to cool for half an hour and then drink the solution.

At 7pm dissolve the second sachet of Citramag in 200 mls (8 fluid oz) of hot water and drink once it has cooled.

Afternoon appointment

Have a light low fibre lunch at 12 midday. **After this DO NOT EAT any solid food until after your colonoscopy, but drink plenty of clear fluids.** Clear fluid is water, smooth fruit juice (not containing

'bits'), fruit squash, fizzy drinks, tea or coffee without milk, Bovril. You may also eat clear jelly.

At 4pm take the Senna tablets with a glass of water.

At 6pm dissolve one sachet of Citramag in 200mls (8 fluid oz) of hot water. As it dissolves, it will froth up, so it needs to be mixed in a large jug. Leave to cool for half an hour and then drink the solution.

At 7am on day of procedure dissolve the second sachet of Citramag in 200mls (8 fluid oz) of hot water and drink once it has cooled.

All patients

It is very important that you drink lots (and lots!) of clear fluids throughout the day and evening, ideally at least a cupful every 30 minutes. This will help the Citramag to work more effectively and will prevent you from becoming dehydrated.

Citramag is designed to give you severe diarrhoea, so it is advisable to stay close to a toilet! It is normal to experience some intestinal cramping. It can take a varying amount of time for the Citramag to work, from about 30 minutes to several hours. Using a barrier cream on the bottom such as zinc and castor oil (available from pharmacies) will help to avoid soreness.

The day of examinations

You may have as much clear fluid as you like up to 4 hours before your examination. Do not drink anything after this time.

What about my medicines?

Continue taking all medicines except those listed earlier.

Patients with diabetes

If you have diabetes controlled by insulin or medication please telephone the Endoscopy department for advice at least 1 week before your endoscopy appointment.

Anticoagulants

Please telephone the Endoscopy Unit at least 2 weeks before your endoscopy appointment if you are taking anticoagulants, e.g. warfarin or clopidogrel.

What happens when I arrive at the Endoscopy Unit?

When you arrive you will be met 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 doctor 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 also page 5)

Please note that this is a specialist department and that you will be cared for by staff regardless of their gender, race or faith.

What happens during the examinations?

Gastroscopy

You will be shown to a changing room where you can get undressed and put on a hospital gown and your dressing gown and slippers. You will then be taken to a different waiting area until it's time for your procedure.

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

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 at this point and you will quickly become sleepy. A small suction tube, again rather like the one used at the

dentist, will be placed in your mouth to remove any saliva or other secretions produced during the examination.

The endoscopist will put the gastroscope into your mouth and then gently pass it down your oesophagus into your stomach and then into your duodenum. You will be able to breath normally through your nose. A small amount of air is blown into your stomach to help the endoscopist to see what's going on.

The endoscopist will move the endoscope around your oesophagus, stomach and duodenum and look at the pictures on a screen. Samples may be taken for analysis under a microscope in our laboratories.

Colonoscopy

On completion of the gastroscopy 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 is gently passed into the 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. The endoscopist may take samples for analysis in our laboratories.

Removal of polyps

Occasionally polyps may be removed during the colonoscopy – we may already know about them 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 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 (a polypectomy), or samples taken, by the endoscopist, as it may grow and cause problems later. Polypectomy involves using a high frequency electric current to remove or destroy the polyp.

What are the risks?

Serious problems with these examinations are rare. However, you need to weigh up the benefits against the risks of having the procedure. The risks can be associated with the examination itself and with the sedation. The main risks are:

Gastroscopy risks

- a tear (perforation) in the lining of the stomach or oesophagus. National statistics show that this happens to approximately 1 in 2000 patients, but it happens less often in this hospital. Certain cases may be treated with antibiotics and intravenous fluids but surgery may be required to repair the hole.
- Bleeding may occur at the site of biopsy, and nearly always stops on its own. Very rarely this could result in you being admitted to hospital.
- mechanical damage caused by the endoscope to teeth or bridgework – this is very rare

Colonoscopy risks

- a tear (perforation) in the lining of the bowel. Nationally this happens to approximately 1 in 1000 patients but it happens less often in this hospital. The risk of a tear is higher with polyp removal. An operation is nearly always required to repair the tear.
- Bleeding may occur at the site of biopsy or polyp removal. This is usually minor and often stops on its own.

Risks of sedation

Sedation can occasionally cause problems with breathing, heart rate and blood pressure – but such problems are normally short lived. We will monitor you carefully so that if any problems do occur they can be treated quickly. Older patients and those with significant health problems, for example, people with significant breathing difficulties, may be at higher risk. These patients will be assessed by a doctor before having the colonoscopy.

Heart attack or stroke – these are very rare and are more likely to affect elderly patients (heart attack) or patients already at risk of having a stroke.

After the examination

You may rest for up to an hour. 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 windy discomfort, which will settle after a few hours.

Before you leave the Unit, the nurse will explain what they saw during the examination and whether you need any medicines or need to come back for further tests. The sedative can make you forgetful and intermittently drowsy for up to 24 hours after the examination – even though you may feel fully alert. So 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.

If you live alone, we recommend that you arrange for someone to stay with you for the rest of the day and overnight. You must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the examination. Most patients feel perfectly back to normal after 24 hours. If you still feel at all drowsy, you should wait a further 24 hrs before driving.

You must be collected and accompanied home. If the person collecting you has left the Unit, a nurse will telephone them when you are ready to go home.

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, a persistent sore throat, or chest pain, in the period up to 48 hours after your endoscopy, please contact the hospital where you had your appointment:

John Radcliffe, Ward 5F, Tel: 01865 221185

Horton Hospital switchboard, Tel: 01295 275500 and ask for the on-call medical registrar.

If you are unable to keep your appointment please help us by notifying the Endoscopy Unit as soon as possible. Your appointment slot can then be given to someone else, and you will be offered an alternative date and time.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

Approved by:
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