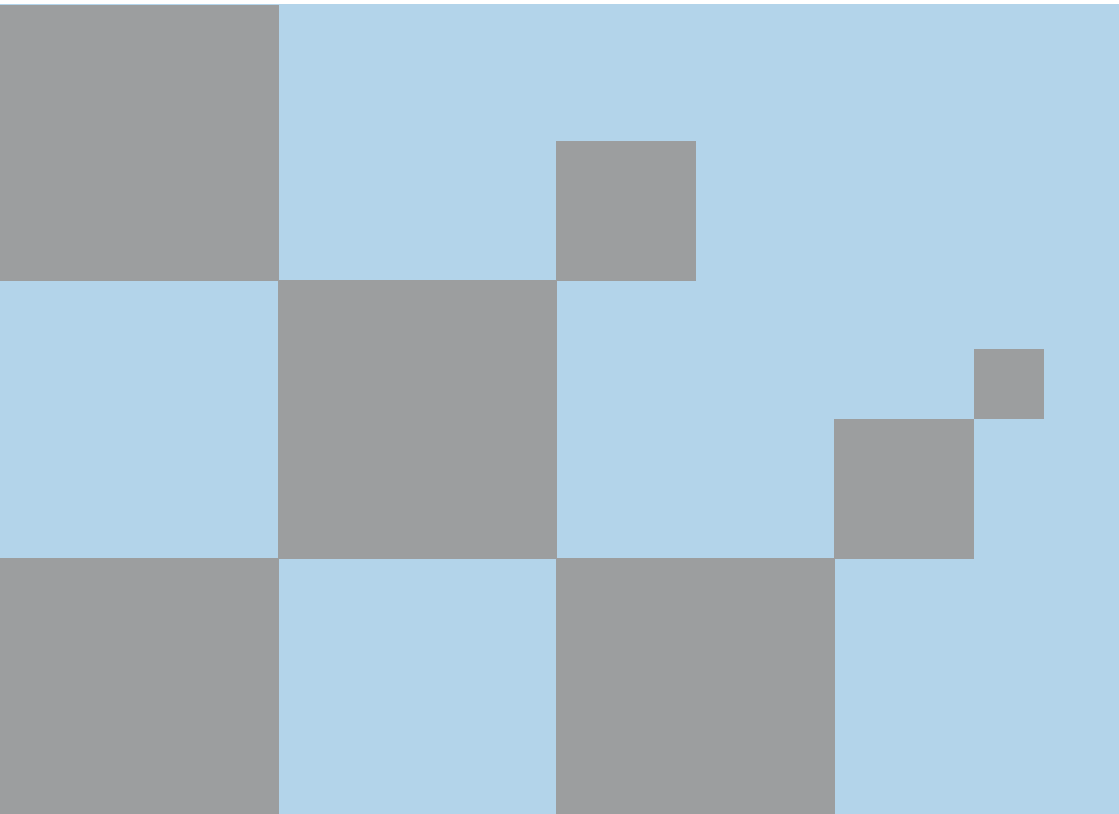


# Gastroscopy and Colonoscopy

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**  
(Monday to Friday, 8.00am to 4.00pm)  
Email: [endoscopy@ouh.nhs.uk](mailto: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](mailto: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](http://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. 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 come for the appointment, do not sign the consent form. 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. 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. 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 or have any 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 OGD 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 2,000 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 small risk (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 150 people, but this is usually minor and stops on its own.
- Short term problems with breathing, heart rate and blood pressure (related to sedation). 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 – this is very rare.
- Heart attack or stroke (related to sedation) – though this is very rare.

## 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 a bowel preparation which usually consists of 10 senna tablets and 2 sachets of Citramag. **You must follow 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, please telephone us on:  
01865 221 456 (John Radcliffe Hospital)  
01295 229 155 (Horton General Hospital)



## Seven days before the examinations

Stop taking iron tablets.

## Four days before the 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 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**

Have a low fibre breakfast, the day before the examination, as described previously. **After this DO NOT EAT any solid food until after your colonoscopy, but drink plenty of clear fluids until 4 hours before your appointment.** Clear fluid is water, smooth fruit juice (not containing 'bits'), fruit squash, fizzy drinks, tea or coffee without milk.

At 2.00pm take the senna tablets with a glass of water.

At 4.00pm 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 7.00pm dissolve the second sachet of Citramag in 200 mls (8 fluid oz) of hot water and drink once it has cooled.

## If you have an afternoon appointment

Have a light low fibre lunch at 12 midday, the day before the examination. **After this DO NOT EAT any solid food until after your colonoscopy, but drink plenty of clear fluids until 4 hours before your appointment.** Clear fluid is water, smooth fruit juice (not containing 'bits'), fruit squash, fizzy drinks, tea or coffee without milk.

At 4.00pm take the senna tablets with a glass of water.

At 6.00pm 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 7.00am on day of procedure dissolve the second sachet of Citramag in 200mls (8 fluid oz) of hot water and drink once it has cooled.

**Please note: It is very important that you drink 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 your bottom, such as zinc and castor oil (available from pharmacies), will help to prevent soreness.

## The day of the 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 – **with the exception of iron tablets and stool bulking agents (as previously explained)**.

### **Patients with diabetes**

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. Please also telephone the Endoscopy Unit at least 1 week before your endoscopy appointment for advice about your diabetic medicines.

### **Anticoagulants**

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

## What to bring with you

Please bring a dressing gown with you and a pair of slippers. 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 be taken 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 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.

## 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.

## 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.

## After the examination

As you have been sedated, we will ask you to rest for up to an hour 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 in the next 48 hours, please contact us:

John Radcliffe Hospital

Tel: **01865 741 166**

Ask the switchboard to 'bleep' **Urgent Endoscopy Advice on 6825**

## 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. Your appointment slot can then be given to someone else and you will be offered an alternative date and time.**

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

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