

INHEALTH ENDOSCOPY SERVICE

GASTROSCOPY & COLONOSCOPY INSTRUCTION NOTES

Your GP has recommended that you have a gastroscopy and a colonoscopy

What is a gastroscopy?

A gastroscopy is a procedure that allows us to examine the lining of the upper part of the gastrointestinal (GI) tract. This includes the oesophagus (the tube that carries food to your stomach), the stomach and the duodenum (the first part of the small bowel).

The procedure is useful in diagnosing a range of symptoms and for monitoring pre-existing conditions.

A flexible tube smaller than your little finger is passed trans nasally (through your nose), down the oesophagus and into the stomach by a specially trained doctor or nurse, called an endoscopist. We will numb your nose and throat with an anaesthetic spray to minimise discomfort.

What is a colonoscopy?

A colonoscopy is a procedure that allows us to examine the lining of the colon (large bowel). It is useful in diagnosing a range of symptoms and for monitoring pre-existing conditions.

A flexible tube called a colonoscope which is about the size of your index finger, is passed through your back passage and manoeuvred around the colon. The lining of the bowel is examined thoroughly by the endoscopist throughout the procedure to help determine a cause for your symptoms.

What to expect on the day?

PLEASE ENSURE YOU HAVE YOUR CONSENT FORM, HEALTH QUESTIONNAIRE AND LIST OF MEDICATIONS WITH YOU WHEN YOU ARRIVE ONTO THE UNIT. IF YOU ARE RECEIVING THIS BY EMAIL, THE PAGES YOU NEED TO PRINT ARE INDICATED.

Please note: patients attending the unit must be able to transfer independently from a chair to a procedure trolley. They must also be able to turn from lying on their left side to their right side as required.

What happens before your procedure?

1. When you arrive onto the unit, please report to reception
2. You will be asked to take a seat in the waiting area until the admissions nurse is ready to see you. Although we endeavour to see you at your allotted appointment time, we do sometimes experience a delay in our list. Thank you for being patient, the reception staff and admissions nurse will be able to keep you updated on any delays.

3. In the admissions room, the nurse will take some information from you relating to your procedures and talk you through what to expect during your appointment. Once they are satisfied you understand what is going to happen, **they will sign your consent form with you.** This is a good opportunity to ask any questions you may have regarding the examination.
4. The nurse will take you through to a preparation room, where (s)he will give you a pair of shorts to put on (you will keep your top on) and a basket to put your belongings in. After you are changed, (s)he will then insert a cannula, (a thin tube in your vein through which we give medication), into your arm or hand. This is routine for this procedure, even if you are not having sedation and is in case we need to give you intravenous (into your vein) medication during your test. You will remain here until the procedure room is ready for you. A nurse will come and administer some decongestant into your nose and you will be given a pre-procedure drink (a small volume of fluid), before taking you into the procedure room.
5. In the procedure room, the endoscopist will talk to you about your reasons for having the procedure. You may want to tell them about any symptoms you have been having and how long they have been occurring.

What happens during your procedure?

1. You will have your gastroscopy first and the colonoscopy will follow.
2. The endoscopist will spray your nostrils with a numbing anaesthetic spray, before the nurse puts a monitor on your finger and a blood pressure cuff on your arm, this is so that we can monitor your observations throughout the procedure. (S)he will then position you on the trolley (lying down on your left-hand side) and if you are having sedation, it will be given at this point. It takes approximately 2 minutes for the sedation to reach your blood stream, the nurse will allow time for this to take effect.
3. The scope, which has a camera and a light at the end of it, is passed through your nose, down your oesophagus and into your stomach. The lining of the GI tract is examined closely by the endoscopist on the screen in front of them. If we are unable to proceed through your nostrils for any reason, we will need to perform the procedure orally (through the mouth). In this case, your throat will be sprayed with the numbing anaesthetic spray beforehand.
4. Sometimes, the endoscopist will need to take biopsies. These are small samples of tissue that are removed painlessly, using small forceps that are passed through the endoscope. You will not feel this happening.
5. After your gastroscopy, we will turn the trolley around ready to commence your colonoscopy. It is at this point that we give you the intravenous pain relief, or you will be shown how to use Entonox, which is gas & air as an alternative pain relief.
6. The endoscopist will apply some lubricating gel to your back passage and perform an examination with his/her finger first. The colonoscope, which has a camera and a light at the end of it, is then passed through your back passage and around the colon. The lining of the bowel is examined closely by the endoscopist on the screen in front of them. To enable us to advance the scope easily and give us good views of the bowel, it is necessary for us to pass CO₂ through the colonoscope, into the colon. The

endoscopist may want to give you an intravenous bowel relaxant, called Buscopan, during the procedure. You will be asked to change position at times, this helps to move the scope around the bowel and makes the procedure more comfortable.

7. Again, the endoscopist may want to take biopsies, we can also remove small polyps during the test using specially designed instruments. These are small growths on the inner lining of the large intestine (colon) or rectum and are very common. This is called a polypectomy and is painless.

The 2 procedures usually take between 30 and 40 minutes in total, although they can sometimes take longer.

What happens after your procedure?

1. Once the procedure is completed, you will be taken through into the recovery area, (on the trolley, if you've had sedation). You will be given some time to recover from the procedure. During this time, the endoscopist will write your report, then come and speak to you about your procedure. This is a good opportunity to ask them any questions you may have about your results.
2. The nurse will talk you through your aftercare information, which will let you know what to expect in the hours and days following your procedure. (S)he will let you know what time you can eat and drink safely again, this may be up to an hour from the time you had your nasal or oral spray.
3. Once the nurse is happy that you are feeling well and your observations are satisfactory, you will be allowed to get up and go home.

If you choose to have sedation you will need to have someone to come and collect you from the department. Your escort will need to come into the building and collect you before you can leave.

4. You may experience some mild discomfort and bloating following your colonoscopy procedure. You may also experience slight discomfort in the nose or throat following the gastroscopy procedure. Nosebleeds occur about 1 in 20 and most stop without any need for treatment/ settle spontaneously. A very small number of patients may require treatment for their nose bleed. We will follow you up with a phone call a couple of days after your procedure.
5. Biopsies are sent to a laboratory with results taking up to 4 weeks to come back.

PLEASE NOTE: Although the examination only takes 30-40 minutes you can expect to be at the clinic for 1-2 hours, due to the time it takes to get you admitted and then discharged after your procedure. This does vary from clinic to clinic, but the admitting nurse will be able to give you a better idea on the day. Please bear this in mind when organising people to collect you.

Sedation

Intravenous sedation and pain relief are available for patients having this test, should you choose to have it. You can discuss this with the admitting nurse or you can call us for more information prior to your procedure.

Please Note: The sedation we offer is not a general anaesthetic but is a 'conscious sedation' is used to relax you. You will not be fully asleep and will still be aware of your surroundings

If having sedation, please be aware that:

- you will need to have a cannula (a thin tube in your vein through which we give medication), inserted into your arm or hand prior to the procedure.
- during the procedure, we will monitor your blood pressure, heart rate and oxygen levels. We will also need to administer a small amount of oxygen via your nostril.
- you will be taken into recovery on the trolley and you will be given some time to recover from the sedation whilst we monitor your blood pressure and heart rate. This means you will be on the unit a little longer than if you were not having sedation. Recovery time will usually be around 30 minutes or longer as needed.
- you must arrange for somebody to collect you from your procedure (they will need to come into the building) and you must have a responsible adult that can stay with you for the remainder of the day and overnight. The sedation can remain in your system for up to 24 hours.
- you will not be able to drive or operate machinery for 24 hours.
- you are advised not to drink alcohol for 24 hours.

Preparing for your test

Instructions and important information relating to your colonoscopy and gastroscopy tests:

- **In order to perform the colonoscopy examination accurately, your large bowel must be empty.** Please see the bowel preparation instructions on how to prepare for this test and make sure you fully read and understand them.

It is crucial that you follow the instructions on diet, fasting and how to take the bowel preparation. This will ensure the preparation works well, we get the best possible views of the colon and we do not have to rebook the procedure.

- Please follow the enclosed low residue diet sheet, which we recommend starting 3 days before the procedure (This may be different to the guidance in the bowel preparation instructions).
- Please inform us if you are unable to take all of the bowel preparation or you are sick whilst taking the preparation.

- As you begin to take the prep, please continue to drink plenty of fluids to prevent you from becoming dehydrated.

However, it is extremely important that you **DO NOT DRINK ANYTHING FOR 6 HOURS** prior to your procedure, to ensure your stomach is empty for the gastroscopy. Please also avoid chewing gum and boiled sweets. You may have **small sips** of **water only**, up until **2 HOURS** before your test.

- Please make yourself familiar with the consent form and **make sure** you have this with you to complete with the nurse before your procedure.
- Please fill in the health questionnaire prior to arriving for your procedure (this is attached to the back of the consent form).
- Any regular medication may be taken on the morning of the procedure, at least an hour before or after taking your bowel preparation.
- Please bring with you a list of all current medications.
- For diabetic patients; please see diabetic advice sheet overleaf.
- For patients taking oral anticoagulants (blood thinning medication); please see anticoagulation advice sheet overleaf.
- If you are on iron tablets, please stop taking them **7 days** before the test.
- If you are taking the oral contraceptive pill, additional precautions should be taken for 7 days following taking the bowel preparation.

A Checklist for the day of your procedure

Bowel preparation taken and all instructions followed.	
No food or drinks for 6 hours prior to the test	
No water for at least 2 hours prior to the test.	
Consent form printed	
Health questionnaire printed and completed	
Somebody can collect me and stay with me if I plan to have sedation.	
Contact number of escort home if you are having sedation.	
A book or tablet, just in case you are waiting.	

Anticoagulant advice for patients taking the following medications:

Warfarin

- Make an appointment to have your INR checked within 7 days of your appointment date and bring your results with you.
- If your INR is **within** the therapeutic range (the range specified for you by your doctor) then continue with the same dose of warfarin.
- If your INR is **above** your therapeutic range, then you will need to reduce your dose of warfarin to bring it back within its therapeutic range, please consult your GP for advice on how to do this safely. You do not need to stop taking your warfarin.

Anti-coagulants: Dabigatran, Rivaroxiban, Apixaban or Edoxaban

- Please do not take these on the morning of your procedure, unless you have been advised otherwise by your GP/Doctor.

Anti-platelets: Aspirin, Dipyridamole (Persantin), Clopidogrel (Plavix), Ticagrelor, Cangrelor or Prasugrel

- Please do not take these on the morning of your procedure, unless you have been advised otherwise by your GP/Doctor.

You may be asked to stop your blood thinning medication, depending on the procedure(s) you are having, for example, removal of polyps.

If you have any questions relating to your blood thinning medications or you are unsure about stopping them, please feel free to contact us, or speak to your GP for further advice.

Diabetic advice for colonoscopy and gastroscopy

INSULIN

FOR A MORNING APPOINTMENT

- **The day before your test:** Take your bowel preparation and follow the dietary advice as instructed. You should take **half** your normal dose of insulin today, monitor your blood sugars and take clear, sweet drinks such as Lucozade or fruit juice without pulp if it is low.
- **On the morning of your test:** **DO NOT** take your insulin, drink plenty of fluids. You should bring your insulin with you to the clinic. If possible, please check your blood sugar before leaving home. If it is low then you may take clear, sweet drinks.
- **After your test:** you should administer **half** your normal dose of insulin and continue to eat as normal. If you take an evening dose of insulin, please take this as normal and monitor your blood sugars.

FOR AN AFTERNOON APPOINTMENT

- **The day before your test:** Take your bowel preparation as instructed. You should take **half** your normal dose of insulin today, monitor your blood sugars and take clear, sweet drinks such as Lucozade or fruit juice without pulp if it is low
- **On the morning of your test:** you should take **half** your normal dose of insulin, drink plenty of fluids. You should bring your insulin with you to the clinic. If possible, please check your blood sugar before leaving home. If it is low then you may take clear, sweet drinks.
- **After your test:** you should administer the other **half** of your morning dose of insulin once you start to eat and drink. If you take an evening dose of insulin, please take **half** your normal dose and monitor your blood sugars.

TABLETS

FOR A MORNING OR AN AFTERNOON APPOINTMENT

- **The day before your test:** Take your bowel preparation and follow the dietary advice as instructed. You should take your **normal** tablet dose. If possible, check your blood sugars regularly and take sweet drinks if they are low.
- **On the day of your test:** **DO NOT** take your tablets. You should, however, bring your tablets with you to the clinic. If possible, please check your blood sugar before leaving home. If it is low then you can take clear, sweet drinks.
- **After your test:** you should administer your **normal** tablet dose and continue to eat as normal. You should check your blood sugars, if possible.

PLEASE PRINT

InHealth Endoscopy Service

Please fill in patient details before attending
NHS No:
Surname:
First name:
DOB:
Address:
Tel No:

Consent form for Colonoscopy

This is a test that enables us to look at the lining of the large bowel (colon)

The purpose and intended benefit/s of this procedure is/are:

- To aid diagnosis and formulate a treatment plan for routine diagnostic investigations, planned surveillance or follow up.

Possible side effects of the procedure:

- Mild abdominal discomfort, such as cramp, soreness in the back passage, loose motions for a few days or slight bleeding.

Possible complications of the procedure:

- Bleeding happens about once in every 16,000 procedures and once in every 1,000 procedures when removal of a polyp is necessary. Occasionally it is severe and requires a blood transfusion.
- Perforation – a hole in the bowel wall that may require an operation to repair it. This may happen once in every 1500 procedures.
- There is a risk that a cancer may not be identified, 5-6% possibility – this may be due to poor bowel prep, folds in the bowel wall or for technical reasons.

Possible complications with sedation:

- Sedation can occasionally cause problems with breathing, heart rate and blood pressure, although this is extremely rare. If any of these problems occur, they are usually short lived and easily managed by the endoscopy unit staff. Careful monitoring by the endoscopy nurses ensures that such problems are identified rapidly.

Possible complications with Entonox

- Dizziness and nausea can sometimes occur when using Entonox, however these symptoms normally wear off quickly with cessation of Entonox.
- Rarely, Entonox can cause vomiting.

PLEASE PRINT

Statement of Health Professional

[To be completed by the admitting nurse with appropriate knowledge of the proposed procedure, as specified in the consent policy]

- I have explained the procedure to the patient including benefits and serious or frequently occurring risks.
- I have discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any concerns of those involved. I confirm that the patient understands.
- I have discussed sedation and analgesia with the patient, including their benefits and risks, and agreed with them that they:

Will receive Entonox for this procedure

Will receive intravenous sedation for this procedure

Will receive intravenous analgesia for this procedure

Confirmation of Consent

- I have discussed withdrawal of consent with the patient they understand they have the right to withdraw their consent at any time, before and during the procedure, even after they have signed this consent form.
- The following leaflet has been provided: **Colonoscopy Instruction Notes**
- I have confirmed that the patient has no further questions and wishes to go ahead with the procedure.

Please tick to identify:

Consent form signed in advance

Consent form signed in presence of Health Professional

Signed.....Date.....

Name [PRINT].....Job Title.....

PLEASE PRINT

Statement of Patient

- I agree to the procedure or course of treatment described on this form.
- I have read the '**Colonoscopy Instruction Notes**'
- I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- I understand the complications/risks associated with the procedure and the risks associated with sedation and/or Entonox.
- I have been told about and I understand that any procedure or therapy in addition to the Colonoscopy, will only be carried out if it is necessary, in my best interests and can be justified for medical reasons.
- I understand that my treatment may provide an important opportunity for training or teaching of appropriate health professionals. Where necessary this will be supervised by a senior and experienced health professional. If this is relevant to your treatment, this will be discussed by the admitting nurse and you will have the right to opt out of a trainee being present.
- I understand that I have the right to withdraw my consent at any time, before and during the procedure, even after I have signed this consent form.
- I understand that once consent for the procedure to go ahead or continue has been denied or withdrawn, the endoscopist will be unable to complete the procedure.
- I confirm that I have the capacity to consent to the procedure, I am aware of what the procedure entails and am giving consent voluntarily.

Signature..... Date.....

Name [PRINT].....

If the patient is competent but unable to sign and has indicated his/her consent, a witness should sign below.

Signed (Witness).....Date.....

Name of witness (PRINT).....

PLEASE PRINT

Statement of Interpreter [where appropriate]

- I have interpreted the information to the patient to the best of my ability and in a way, that I believe s/he can understand, and/or the person signing on his/her behalf understands the information given.

Signed..... Date.....

Name [PRINT]Job Title.....

If you have any questions, please make a note of them here and we will answer them when you come in for your test.

PLEASE PRINT

InHealth Endoscopy Service

Please fill in patient details before attending
NHS No:
Surname:
First name:
DOB:
Address:
Tel No:

Consent Form for **Gastroscopy**

This is a test that enables us to look at the lining of the oesophagus, stomach and duodenum.

The purpose and intended benefit/s of this procedure is/are:

- To aid diagnosis and formulate a treatment plan for routine diagnostic investigations, planned surveillance or follow up.

Possible side effects of the procedure:

- Mild abdominal discomfort and bloating.
- Sore nose and/or throat.

Possible complications of the procedure:

- The main risks are of mechanical damage to teeth or bridgework.
- Perforation or tear of the lining of the stomach or oesophagus (risk approximately 1 in 2000 cases) and bleeding which could entail you being admitted to hospital. Certain cases may be treated with antibiotics and intravenous fluids. Perforation may require surgery to repair the hole.
- Bleeding may occur at the site of biopsy, and nearly always stops on its own.
- Pneumonia, caused from aspiration (when liquid/food from the stomach enters the lungs), this is very rare.
- Nosebleeds can occur if the endoscope causes trauma to the nostrils.

Possible complications with sedation:

- Sedation can occasionally cause problems with breathing, heart rate and blood pressure, although this is extremely rare. If any of these problems occur, they are usually short lived and easily managed by the endoscopy unit staff. Careful monitoring by the endoscopy nurses ensures that such problems are identified rapidly.

PLEASE PRINT

Statement of Health Professional

[To be completed by the admitting nurse with appropriate knowledge of the proposed procedure, as specified in the consent policy]

- I have explained the procedure to the patient including benefits and serious or frequently occurring risks.
- I have discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any concerns of those involved. I confirm that patient understands.
- I have discussed sedation with the patient, including their benefits and risks, and agreed with them that they:

Will receive local anaesthetic spray to the nose and/or throat

Will receive intravenous sedation for this procedure

Confirmation of Consent

- I have discussed withdrawal of consent with the patient they understand they have the right to withdraw their consent at any time, before and during the procedure, even after they have signed this consent form.
- The following leaflet has been provided: **Gastroscopy Instruction Notes**
- I have confirmed that the patient has no further questions and wishes to go ahead with the procedure.

Please tick to identify:

Consent form signed in advance

Consent form signed in presence of Health Professional

Signed.....Date.....

Name [PRINT].....Job Title.....

PLEASE PRINT

Statement of Patient

- I agree to the procedure or course of treatment described on this form.
- I have read the ‘**Gastroscopy Instruction Notes**’
- I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- I understand the complications/risks associated with the procedure and the risks associated with sedation if I choose to have it.
- I have been told about and I understand that any procedure in addition to the Gastroscopy, will only be carried out if it is necessary, in my best interests and can be justified for medical reasons.
- I understand that my treatment may provide an important opportunity for training or teaching of appropriate health professionals. Where necessary this will be supervised by a senior and experienced health professional. If this is relevant to your treatment, this will be discussed by the admitting nurse and you will have the right to opt out of a trainee being present.
- I understand that I have the right to withdraw my consent at any time, before and during the procedure, even after I have signed this consent form.
- I understand that once consent for the procedure to go ahead or continue has been denied or withdrawn, the endoscopist will be unable to complete the procedure.
- I confirm that I have the capacity to consent to the procedure, I am aware of what the procedure entails and am giving consent voluntarily.

Signature Date.....

Name [PRINT].....

If the patient is competent but unable to sign and has indicated his/her consent, a witness should sign below.

Signed (Witness).....Date.....

Name of witness (PRINT).....

PLEASE PRINT

Statement of Interpreter [where appropriate]

- I have interpreted the information to the patient to the best of my ability and in a way, that I believe s/he can understand, and/or the person signing on his/her behalf understands the information given.

Signed..... Date.....

Name [PRINT] Job Title.....

If you have any questions, please make a note of them here and we will answer them when you come in for your test.

PLEASE PRINT

InHealth Endoscopy Service

Patient Information - Health Questionnaire

NAME.....

Please answer the following questions:

- | | |
|---|----------|
| 1. Do you have any allergies? | YES / NO |
| 2. Are you pregnant? | YES / NO |
| 3. Have you ever had a stroke? | YES / NO |
| 4. Have you ever had a heart attack? | YES / NO |
| 5. Do you suffer with any heart conditions? | YES / NO |
| 6. Do you have a pacemaker or an internal defibrillator? | YES / NO |
| 7. Do you have any breathing problems? | YES / NO |
| 8. Do you have kidney disease or any problems with your kidneys? | YES / NO |
| 9. Do you have diabetes? | YES / NO |
| 10. Do you have high blood pressure? | YES / NO |
| 11. Do you have epilepsy? | YES / NO |
| 12. Do you have glaucoma? | YES / NO |
| 13. Have you ever had abdominal surgery? | YES / NO |
| 14. Have you ever been advised that you are at risk of CJD or Vcjd? | YES / NO |
| 15. Have you had any recent infections? | YES / NO |
| 16. Do you have any problems with your immune system,
or have you had recent chemotherapy or radiotherapy? | YES / NO |
| 17. Do you have any metal work inside your body? | YES / NO |
| 18. Are you taking blood thinning medications? | YES / NO |
| 19. Do you have any loose teeth or dentures? | YES / NO |
| 20. Do you have any other relevant medical history? | YES / NO |

PLEASE PRINT

If you answered yes to any of the above questions, please provide further information below.

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Low Residue Diet Sheet

Please follow this diet for 72 hrs prior to your Colonoscopy

Low residue diet – residue is the indigestible part of cereals, fruit and vegetables, also known as fibre.

If time allows between booking appointment and attendance, please refrain from eating seeded bread and anything containing seeds for one week prior to your appointment.

FOODS TO AVOID	FOODS ALLOWED
All cereals containing bran or whole-wheat e.g. Muesli, Shredded Wheat, Bran Flakes Bran biscuits Coconut biscuits Digestive biscuits Fruit (fresh or tinned) Granary bread Mushrooms Nuts Oat Cakes Potato skins Ryvita Seeds/Pips Sweetcorn Vegetables (fresh or tinned) Vita Wheat Wheatmeal bread Wholemeal Bread Wholemeal flour	Boiled sweets, toffees, plain or milk chocolates Bread Sauce Butter Cheese Clear and Pureed soups Cornflakes Cream Crackers Crisps Eggs Fish Ice Cream/Ice lollies Jelly jam Lean tender: lamb, beef, pork, chicken, turkey, offal and bacon Milk Pancakes Pastry (non wholemeal) Potatoes (boiled or mashed) Rice Krispies Shortcake Smooth biscuits Spaghetti and pasta Sponge cake, Madeira cake, Icing Tomato pulp (no skins or pips) Water biscuits White bread White flour White rice Yoghurt Yorkshire Pudding

BOWEL PREPARATION

Just a reminder that your bowel preparation will follow separately from our clinical team. Please note this bowel preparation may have been dispensed by a nurse under a patient group direction.

On receipt of your bowel preparation please follow the instructions details in the pack but please note, follow the low residue diet sheet provided in this pack.

If you haven't received the bowel preparation within 5 working days of your appointment, please contact us on 0333 202 3187.

Thank you

PATIENT CARE TEAM

INHEALTH ENDOSCOPY SERVICES