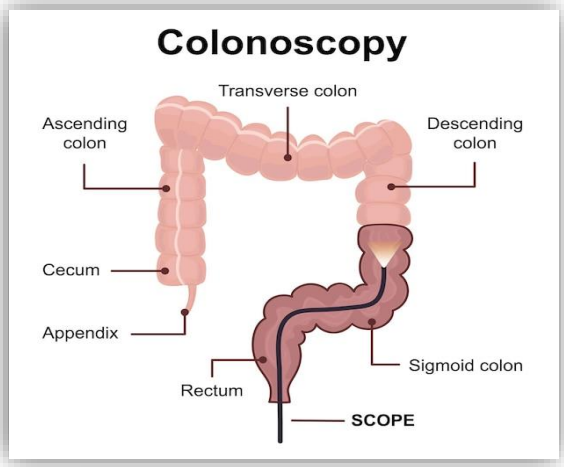
HAVING A COLONOSCOPY & GASTROSCOPY

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 by a specially trained doctor or nurse, called an **endoscopist**. The lining of the bowel is examined thoroughly by the endoscopist throughout the procedure to help determine a cause for your symptoms.

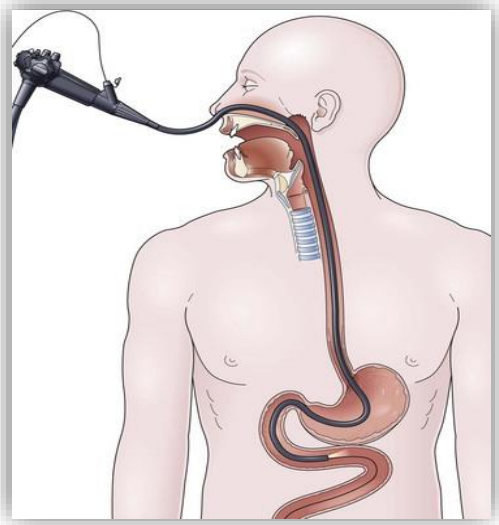


What is a gastroscopy?

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 or your mouth), 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.



Preparing for the tests, before the appointment day

1. It is important that your bowel and stomach are empty for this test. Bowel preparation medication will be sent to you separately, with instructions on how to take it. You must follow the instructions on diet, fasting and how to take the bowel preparation. This will ensure that the preparation works well. This is so that we get the best possible views of your stomach and colon and do not have to rebook the procedure.
2. You may have small sips of water only up until **2 hours before your procedure.**
3. If you have not received your bowel preparation medication within 5 days of your appointment date, please contact the booking team using the telephone number on your appointment letter.
4. Please follow the enclosed low residue diet sheet (Appendix 4)**, which we recommend starting 3 days before the procedure** (Note: This may differ to the guidance in the bowel preparation instructions within the packet).
5. If you are unable to take all of the bowel preparation, or if you are sick whilst taking the preparation, please call the booking team using the number on your appointment letter.
6. Please fill in the **health questionnaire** and bring to your appointment, along with a list of your **current medications.**
7. Any regular medication may be taken on the morning of the procedure as usual. If you are on anticoagulant or antiplatelet medication, please follow the additional information in this information package called **Anticoagulant & Antiplatelet Advice.**

8. Drink plenty of additional water on the lead up to the test, as this will improve the effectiveness of the preparation and keep you hydrated. You can have small sips of water up until **2 hours before your procedure.**
9. If you are on **iron tablets**, please **stop** taking them **7 days** before the test.
10. If you are currently taking any PPI medication for acid reflux, this will need to be stopped prior to your procedure. Please follow the additional information in this information package called **Stopping Acid-Supressing Medication before your Gastroscopy.**
11. If you are taking the **oral contraceptive pill**, additional precautions should be taken for 7 days following taking the bowel preparation.
12. If you have been prescribed antibiotics for diverticulitis **SINCE** your GP or doctor referred you for this procedure, please call the bookings team using the telephone number on your appointment letter for advice.
13. **Power of Attorney:** If you have a granted health & welfare lasting power of attorney to another person **AND** wish for that person to make decisions on your behalf in relation to your procedure, please ensure that your attorney accompanies you to your appointment and you bring along proof of the power of attorney.
14. For your privacy & dignity you will be given a pair of dignity shorts to wear prior to your procedure. Please wear a short sleeve top/shirt and bring a dressing gown with you if you wish.

What to expect on the day

Please expect to be at the clinic for about 2 – 3 hours, due to the time it takes to get you admitted and then discharged after your examination. Please bear this in mind if you need to arrange for someone to collect you.

1. When you arrive for your appointment, book in with reception.
2. You will be asked to take a seat in the waiting area. Although we endeavour to see you at your appointment time, we do sometimes experience delays. The reception staff will be able to keep you updated if that is the case. Thank you for being patient.
3. A nurse will take you through to the admissions room. They will ask some questions about your health and talk you through what to expect during your appointment. They will explain the procedure, as well as the risks, benefits and any alternative tests. 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. You will be given a pair of shorts to put on. You will not need to remove your top. You will be given a basket to put your belongings in.
5. After you have changed into the shorts, a cannula (a thin tube in your vein) will be inserted into your arm or hand. This is routine for this procedure, even if you are not having sedation and would be used if we need to give you intravenous (into your vein) medication during your test.
6. The gastroscopy procedure can be performed via your nose or your mouth, and the nurse will explain these options. If you are having the gastroscopy procedure done via your nose, 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.
7. You can choose to have a local anaesthetic spray or a sedative injection for the gastroscopy procedure. The nurse will explain both options.

What Sedation and Pain Relief can I have for the procedure?

You can choose whether you want to have a local anaesthetic spray and Entonox (Gas & Air) for the procedures or a sedative for both procedures.

What is local anaesthetic Spray? Local anaesthetic spray to numb your nose and/or your throat. It has a slightly bitter banana taste. You may have the feeling of a 'lump' in your throat, but you will still be able to swallow. This is normal following the throat spray. The sensation of the spray lasts for about 15-20 minutes. You will recover quicker using the spray and there will be no delay in you going home.

What is Entonox?

Entonox is a gas made up of nitrous oxide and oxygen. This gas acts as a painkiller which you inhale. You breathe this in through a mouthpiece and are in control of the amount you require. This is not a sedative, and this is naturally out of your system after 30 minutes, so you are able to go home and drive alone.

What is Sedation?

Intravenous sedation and pain relief are available for some patients having these tests. The admissions nurse will explain this to you and will advise if you are not suitable. The sedation we offer is **not** a general anaesthetic but is a 'conscious sedation' 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 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 the unit, and you must have a responsible adult that can stay with you for 24 hours after the procedure.
- You will not be able to drive or operate machinery for 24 hours.
- You are advised not to drink alcohol for 24 hours.
- Please do not take any sleeping tablets on the day of your procedure if you have had sedation.

Will the procedure hurt?

For the gastroscopy you may feel some discomfort from the air that is put into your stomach which enables the endoscopist to view the lining. You may burp/bring air up during the procedure, but this is normal. You may also feel some discomfort from the air that is put into your bowel. You may want to pass wind during the procedure, this is normal. Levels of discomfort vary from person to person, but staff will support you to be as comfortable as possible.

What happens during your Gastroscopy procedure?

The procedure usually takes up to 10 minutes, although it can sometimes take longer.

1. The endoscopist will spray your nostrils and / or your mouth with the local anaesthetic spray, before lying you down (on your left hand-side) on a trolley We will monitor your heart rate and oxygen levels throughout the procedure with a clip on your finger.
2. If you are having the procedure done via your nose - the endoscope, which has a camera and a light at the end of it, is passed through your nose, down your oesophagus and into your stomach. This is then examined closely by the endoscopist on the screen in front of them.
3. If you are having the procedure done via your mouth – you will be asked to remove any dentures and you will be given a small plastic mouthguard used to keep your mouth open during the procedure.
4. During the procedure air will be passed down the endoscope to gently inflate your stomach to ensure the endoscopist has clear views.
5. If we are unable to proceed through your nostrils for any reason, we will need to perform the procedure orally (through the mouth).

During both procedures, the endoscopist may need to take biopsies. These are small samples of tissue that are removed painlessly, using small forceps that are passed through the endoscope. It is unlikely you will feel this happening.

One of the aims of colonoscopy is to detect polyps, which are growths that can occur on the bowel wall. Some are perfectly innocent, but others can slowly develop into bowel cancer if they are not removed. Removing polyps is a simple and painless procedure, and this is termed a polypectomy. If the polyp is large you may have to come back for another procedure with an endoscopist who specialises in the removal of large polyps.

What happens during your Colonoscopy procedure?

The procedure usually takes between 20 and 30 minutes, although it can sometimes take longer.

1. You will be taken to the procedure room where the nursing staff and Endoscopist will introduce themselves. 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.
2. The nurse will put a monitor on your finger and a blood pressure cuff on your arm. You will then position yourself on the trolley (lying down on your left-hand side initially). If you are having sedation, it will be given at this point. It takes approximately 2 minutes for the sedation to take effect. If you have not chosen to have sedation, you will be shown how to use Entonox (gas & air), as an alternative pain relief.
3. During the procedure, the nurse will monitor your blood pressure, heart rate and oxygen levels. We may also need to administer a small amount of oxygen via your nostrils.
4. The endoscopist will apply some lubricating gel to your back passage and perform an examination by inserting 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. Slowly, air or carbon dioxide will be passed through the tube into your large bowel to open it up to ensure the endoscopist has clear views of your bowel lining.
5. This may give you a ‘wind like’ pain but this does not usually last long. You may get the sensation of wanting to go to the toilet, but as your bowel is empty, this is unlikely to happen.
6. Please do not feel embarrassed if you must pass wind, this is entirely normal.
7. The endoscopist may want to give you an intravenous injection of a 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.
8. 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 colonoscope.
9. One of the aims of colonoscopy is to detect polyps, which are growths that can occur on the bowel wall. Some are perfectly innocent, but others can slowly develop into bowel cancer if they are not removed. Removing polyps is a simple and painless procedure, and this is termed a polypectomy.

What happens after your procedure?

You will be taken through into the recovery area and the nurses will ensure that you are comfortable. You may feel a little bloated with wind pains, however, these usually settle quickly once you have passed the wind. If the endoscopist has used a lot of water to flush through the scope into your bowel, you may notice some leakage afterwards. Please do not worry, this is completely normal.

When the nurse in the recovery area is satisfied you have recovered, you will be offered refreshments after the local anaesthetic has worn off and then the cannula will be removed.

Getting your results

Before leaving the endoscopy unit, the results of your procedure will be discussed with you. This is a good opportunity to ask them any questions you may have. You will be given a copy of your endoscopy report, and this will also be sent to your referring doctor.

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. 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.

Any biopsies or polyps that have been removed are sent to a laboratory for testing. The results can take up to 4 weeks to come back and will be sent to your referring doctor.

Discharge Home

You may experience some mild discomfort and bloating following your procedure. You can eat and drink normally immediately after your test.

If you have had no sedation, or only Entonox:

- You may drive after 30 minutes after your procedure
- Resume normal activities

If you have had Sedation:

The effects of the sedation can last for up to 24 hours: Although you may feel recovered, your judgement and reactions may be impaired during this time. It is essential you have someone to take you home and stay with you for the remainder of the day and overnight. It is recommended that you rest quietly for the remainder of the day.

- **DO NOT** drive or use public transport for 24 hours
- **DO NOT** drink alcohol
- **DO NOT** operate machinery
- **DO NOT** sign any legal documents or make important decisions
- **DO NOT** smoke for 4 hours, as your reactions will be slower
- **DO NOT** take any sleeping tablets on the day of your procedure if you have had sedation

Follow Up

We will call you a couple of days after your procedure to check you are well.

Can there be complications or risks?

As with most medical procedures, there are some risks involved. The admissions nurse and the endoscopist will explain this to you. Having a gastroscopy and colonoscopy is low risk and complications are uncommon, however, you need to be aware they can happen. These can include:

- Bleeding – following a biopsy or polyp removal. It is common to have some bleeding after a biopsy, so if you open your bowels after the test, you may notice some blood. Occasionally it is severe and requires further treatment. Bleeding happens about once in every 16,000 procedures and once in every 1,000 procedures when removal of a polyp is necessary.

- Perforation of the large bowel is where a hole in your bowel wall may occur, on average, once in every 1500 procedures. If a perforation does occur, you may need to stay in hospital and have more tests such as a CT scan and this may require surgery to repair the hole.
- Perforation of the lining of the oesophagus or stomach happens in approximately 1 in 2000 cases and this may require you being admitted to hospital and surgery to repair.
- Mild bloating, and/or slight discomfort in the nose or throat following your procedure.
- Nose bleeds 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.
- A very rare reaction to the local anaesthetic spray, involving headache, loss of smell and / or taste.
- A large amount of bleeding – very rarely requiring any intervention.
- Aspiration pneumonia – this is where the stomach contents is inhaled into the lungs. It is therefore important to not eat or drink anything before the procedure.
- A reaction to the sedative medication (if applicable)
- Missed pathology, due to inadequate views during the procedure
- For patients with breathing conditions e.g. COPD and Obstructive Sleep Apnoea, the risks of sedation are higher. Alternatives to sedation are recommended – this will be discussed with you.
- Following colonoscopy, very rarely the procedure can cause injury to organs outside of the bowel, such as the spleen. This may lead to internal bleeding and could require emergency surgery or other treatment.

Is there an alternative procedure I could have?

For some conditions it may be possible to perform a Barium or CT examination. The disadvantage of this procedure is that a biopsy cannot be taken, or a polyp cannot be removed, or the lining of the stomach cannot be seen. A gastroscopy and colonoscopy are the most accurate procedures to have performed to detect serious bowel abnormalities.

Flying Travel Advice – Post Procedure

The UK Civil Aviation Authority, CAA (2023) recommends avoiding air travel for 24 hours post colonoscopy where large amounts of gas have been introduced into the colon. Intestinal gas will expand by approximately 30% by volume at a cabin altitude of 8,000 feet due to changes in the cabin air pressure which can result in stretching of the intestinal wall which may result in haemorrhage and in extreme cases perforation.

www.caa.co.uk/passengers-and-public/passenger-guidance/health guidance/guidance-for-health-professionals/surgical-conditions/

You should seek advice from your endoscopist on the day of the procedure as the specific advice may change depending on whether you have had an additional intervention such as removal of polyps, multiple biopsies, and /or are taking blood thinning treatment.

If you have a polypectomy (polyp removed from your bowel) there is a risk of delayed bleeding. If the polyp is large or there are lots to be taken away it is important to let your endoscopist know if you intend to travel (especially long-haul flights) in the days following this treatment.

If you intend to travel abroad, by any means, for up to **14 days** after the procedure you are advised to contact your travel insurance provider to inform them. Alternatively, an alternative date can be given for the procedure**, please ensure you let us know as soon as possible if this is the case.**

Checklist for the day of your procedure	☑
Bowel preparation taken and all instructions followed	
After completing the preparation, I can have small sips of water until 2 hours before the test	
Health questionnaire completed ready to bring to the appointment	
A list of current medications ready to bring to the appointment	
I have arranged for a responsible adult to collect me and be able to stay with me for 24hrs after I am discharged from the unit.	
Contact telephone number of my escort home if I have sedation	
A book or mobile phone, just in case of delays	

Please see the Supplementary Advice as appendices if required.

Appendix 1 – Anticoagulant & Antiplatelet Advice: Page 10

- For patients taking oral anticoagulants or antiplatelets (blood thinning medication); please see the information given in this booklet.

Appendix 2 – Diabetes Advice: Page 11

- For diabetic patients, please ensure you have been given the diabetic information for endoscopy procedures along with this information.

Appendix 3 – Pregnancy & Breastfeeding Advice: Page 13

- If you are pregnant or breastfeeding, please ensure you have been given the appropriate information sheet along with this information.

Appendix 4 – Low Residue Diet Sheet: Page 14

- This diet sheet should be followed for 3 days before you start taking your bowel preparation.

Appendix 5 – Stopping Acid Supressing Medication: Page 15

- For patients who take any acid suppressing medication – please follow these instructions

Patient Information – Health Questionnaire Please print & complete the next 2 pages if you are able to & bring them to your appointment.	
Patients Name:	
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, such as COPD or Emphysema?	YES / NO
8. Have you been diagnosed with Obstructive Sleep Apnoea? If so, do you have a CPAP machine? If yes, please bring this with you	YES / NO YES / NO
9. Do you have kidney disease or any problems with your kidneys?	YES / NO
10. Do you have diabetes?	YES / NO
11. Do you have high blood pressure?	YES / NO
12. Do you have epilepsy?	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 or previously had any blood borne viruses?	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
21. Do you have any problems with your immune system, or have you had recent chemotherapy or radiotherapy?	YES / NO
22. **Gastroscopy only:** Have you been on any PPI / Acid reducing medication? If so, please stop taking these 2 weeks before your procedure	YES / NO / NA
23. **Colonoscopy & Flexible Sigmoidoscopy only:** Are you taking iron tablets? If **Yes** – please stop taking these 7 days before your procedure	YES / NO / NA
24. Do you have any other relevant medical history? *Please comment below*	YES / NO
If you have answered yes to any of the above, please provide further information below	
If you know of any adjustments that we can make to make your visit to us more comfortable for you, please comment below	

Medications – Please list all medications you are currently taking.		
Patients Name:		
Medication Name	Dosage? (amount)	How many times a day?

APPENDIX 1

Anticoagulant & Antiplatelet Advice

(Blood Thinning Medication)

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, Rivaroxaban, 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, Clopidogrel, Ticagrelor, Cangrelor or Prasugrel

- Please continue to take this medication on the morning of your procedure unless you have been advised otherwise by your GP/Doctor.

Advice for patients having a follow-up therapeutic procedure, for example a polyp removal

If you are due to have a follow-up therapeutic procedure, for example a polyp removal, you may need to stop or reduce your blood thinning medication.

You will be provided with alternative instructions and information which are usually given before leaving your previous appointment and you should follow these instead of the above.

If you have not received these instructions, please contact us on 0333 202 3187 as soon as possible.

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

APPENDIX 2

Information for Patients with Diabetes undergoing an Endoscopy procedure

This information is to help you understand how to manage your diabetes before and after an endoscopic procedure. It is important that you read and follow the instructions in this leaflet relating to the procedure you are having.

Adjusting your diabetic treatment

When you go into hospital for an endoscopic procedure, you may need to adjust your diabetes treatment. This could upset your blood glucose levels because of the changes in your routine. Please do not worry about this as the levels should return to normal within 24 to 48 hours after the procedure.

If you normally check your blood glucose levels with a meter, please continue to do so. You may need to test them more often. We suggest that you test before each meal, before going to bed and whenever you feel that your blood glucose levels are falling (hypoglycaemia or 'hypo').

Signs and symptoms of Hypoglycaemia

These can include:

Sweating, shaking, blurred vision, extreme hunger, light headedness, slurred speech, muddled thinking, drowsiness.

If your blood sugar level falls below 4mmol/L take something sugary immediately, such as:

- Three to five glucose tablets
- Three jelly baby sweets
- A glass of smooth orange juice (no bits)

Wait 15 minutes and re-test your blood glucose levels. If they remain below 4mmol/L repeat the initial steps above.

The Day of your Appointment

On the day of your appointment, please bring your diabetes tablets and/or insulin with you so that you can continue with it as soon as possible after your procedure.

If you have someone with you at home or who can help to monitor you, ensure they are aware that you are fasting and maybe taking bowel preparation. They need to be able to recognise if you are having a hypo (low blood sugar) and this is more likely at this time.

If your diabetes is managed by diet alone:

No changes are required.

If you use tablets and/or non-insulin injectable medications:

(Some examples of non-insulin injectables include: Liraglutide, Exenatide, Dulaglutide, Lixisenatide and Semaglutide but new drugs may be marketed so this list is not exclusive)

The day before and on the day of the procedure:

- OMIT all ORAL diabetic medication
- STOP all NON-INSULIN injectables

After the procedure:

Once you are allowed and able to eat and drink normally, resume your usual oral or non-insulin treatment at the usual dose.

If you use Insulin for diabetes:

Follow the instructions shown below relevant to your personal insulin treatment:

Insulin & Frequency	Day before procedure	Day of procedure
Once daily (evening) **(e.g. Lantus, Levemir, Tresiba, Abasaglar Insulatard or Humulin I, Toujeo or other)**	Take 80% of your usual insulin dose at the usual time	Take 80% of your normal dose in the evening after the procedure
Once daily (morning) **(e.g. Lantus, Levemir, Tresiba, Abasaglar Insulatard or Humulin I, Toujeo or other)**	Take 80% of usual insulin dose at the usual time	Take 80% of your normal dose on the morning of your procedure
Twice daily **(e.g. Novomix 30, Humulin M3, Humalog Mix 25 or 50, Lantus, Levemir or other)**	Take half of usual insulin doses	Omit your morning dose. Take 80% of your normal dose in the evening after the procedure
3 to 5 injections daily **(e.g. NovoRapid, Humalog, Actrapid, Humulin S, Apidra, Fiasp with long acting insulin or other)**	Take half usual breakfast and evening meal insulin doses	OMIT ALL rapid insulin

Your normal insulin dose can be resumed the day after the procedure.

If managed by Personal Insulin Pump:

Please inform your specialist pump team before admission.

The day before:

Continue with your usual basal rates and continue to bolus depending on carbohydrate intake (be mindful of what you are allowed to eat and drink for hypos when you need to start your fast from solids).

APPENDIX 3

Patient Information if you are Pregnant or Breastfeeding and are going to undergo an Endoscopy Procedure

If you are Pregnant:

Please let us know if you are pregnant so we can best advise you on the safety of the procedure. Endoscopy can be performed safely in pregnancy, but it is generally not recommended in the first trimester and only during the second and third trimester if there is a good clinical reason. Most types of bowel prep are safe to take during pregnancy.

If you are Breastfeeding:

Bowel Preparation

- **No issues:** for the infant but can cause you to become dehydrated. Ensure that you drink additional water or clear fluids, on top of your normal intake, once allowed to do so, to ensure a good milk flow

- **Oral Contraceptive Pill:** If you are taking the oral contraceptive pill and you are given an oral bowel preparation for your procedure, please use alternative methods for 7 days.

Sedation/Pain Relief – Both Midazolam (sedation) and Fentanyl (Pain Relief) can be given.

You can breastfeed as soon as you are wide awake after an endoscopy performed under conscious sedation using **Midazolam**, or **Fentanyl.** These are short acting medications and are not contra- indicated during **breastfeeding** unless the baby is at risk of respiratory depression or breathing problems.

- **Midazolam:** Due to the short half-life of sedative drugs, you can breastfeed as soon as you are awake, and conscious of the need to feed. The small amounts of midazolam excreted into breastmilk would not be expected to cause adverse effects.

- **Fentanyl:** Fentanyl is classed as an opioid pain killer. There is no need to discard milk or have a waiting period before breastfeeding.

APPENDIX 4

Low Residue Diet Sheet

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	Boiled sweets, toffees, plain or milk chocolates
Bran biscuits	Bread Sauce
Coconut biscuits	Butter
Digestive biscuits	Cheese
Fruit (fresh or tinned)	Clear and Pureed soups
Granary bread	Cornflakes
Mushrooms	Cream Crackers
Nuts	Crisps
Oat Cakes	Eggs
Potato skins	Fish
Ryvita	Ice Cream/Ice lollies
Seeds/Pips	Jelly jam
Sweetcorn	Lean tender: lamb, beef, pork, chicken, turkey, offal and bacon
Vegetables (fresh or tinned)	Milk
Vita Wheat	Pancakes
Wheatmeal bread	Pastry (non wholemeal)
Wholemeal Bread	Potatoes (boiled or mashed)
Wholemeal flour	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
	Yorkshire Pudding

APPENDIX 5

Stopping Acid-Supressing Medication before your Gastroscopy

Why do I need to stop my medication?
Some medicines that reduce stomach acid can affect the accuracy of gastroscopy findings and biopsies.

They can heal or partially heal inflammation or ulcers, reduce the chance of detecting Helicobacter pylori, and alter the appearance of the stomach and oesophagus. To ensure your test gives the most accurate results, we ask that you stop certain medications before the procedure.

Which medicines should I stop?

Proton Pump Inhibitors (PPIs) – Stop 2 weeks before your test:

- Omeprazole
- Esomeprazole (Nexium®)
- Lansoprazole
- Pantoprazole
- Rabeprazole.

H2 blockers – Stop 48 hours before your test:

- Famotidine
- Cimetidine.

What can I take instead if I get symptoms?
You may continue to use antacids, which do not interfere with the test, such as Gaviscon®, Rennie®, or Milk of Magnesia. These can be taken up to the day of your gastroscopy.

What if I cannot stop my PPI?
Do not stop your medication without advice if you have severe or ongoing symptoms, have had recent bleeding, ulcers, or cancer, or are taking PPIs on specialist advice. If you are unable to stop your PPI, please still attend your appointment and inform the endoscopy team on the day.

On the day of the procedure
Please follow your fasting instructions, bring a list of your current medications, and inform staff if you have taken acid-suppressing medication recently.