Having a gastroscopy and colonoscopy

Endoscopy Suite

Patient Information
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**Introduction**

Your doctor has recommended that you have a gastroscopy and colonoscopy to investigate your medical condition. These procedures may be used to help make a diagnosis or to see if treatment is working. If you prefer not to be investigated, we advise you to discuss with your doctor the implications of not having the tests. There are other methods of examining the gastrointestinal tract such as a CT scan but this may not provide the same information.

This leaflet has been written by staff working in the Endoscopy Suite at The Royal Marsden NHS Foundation Trust. It tells you about the examination and what to expect. We hope you find it useful. If, after you have read it you have any questions or concerns, please ring us on our direct line: 020 7811 8328.

Appointments for an endoscopy procedure are in high demand. If you are unable to attend your appointment, please contact the Endoscopy Suite as soon as possible so that your appointment may be offered to another patient.

When you come into the Endoscopy Suite (ground floor, Granard House Wing) please talk to us about any worries and ask any questions you have.

Your procedure time in Endoscopy is approximate as some procedures may take longer than expected and emergency procedures need to take priority.
What is a gastroscopy and colonoscopy?

These tests allow the doctor to look inside the upper and lower parts of your digestive system.

**Gastroscopy:** a test where a long flexible telescope (gastroscope) about the thickness of your index finger, with a bright light at its tip is carefully passed through your mouth allowing the doctor to look directly at the lining of your food pipe (oesophagus), stomach and small bowel (duodenum) - see diagram.
**Colonoscopy:** a test which allows the doctor to look directly at the lining of your large bowel (colon). A long flexible telescope (colonoscope), about the thickness of your index finger, with a bright light at its tip is carefully passed through the bottom (anus) to the caecum and the end of your small intestine - see diagram.

Both the gastroscope and colonoscope have a video camera, which transmits pictures of the inside of the digestive tract to a monitor, so that the doctor can look for any abnormalities. The doctor may take a biopsy. This is a sample of the lining of the digestive tract, which can be looked at under a microscope. A small piece of tissue is removed painlessly through the scope, using tiny biopsy forceps. It is also possible to remove polyps during the procedure. Polyps are abnormal projections of tissue, rather like mushrooms, which can sometimes bleed or become cancerous. If polyps are removed they will be sent for further tests.
**What preparation will I need for my gastroscopy and colonoscopy?**

Your stomach and bowel must be completely empty of waste material (faeces) for the doctor to have a clear view. If it is not, the procedure may have to be repeated.

**Seven days before your gastroscopy and colonoscopy**

It is important that you follow the dietary and medication instructions provided in the information leaflet: ‘Bowel preparation for colonoscopy’.

**NB if you feel unable to comply with any of the instructions, please contact the Endoscopy Suite**

**Day of gastroscopy and colonoscopy**

Unless you are told otherwise, please **stop drinking** clear fluids THREE HOURS **before** your appointment at the hospital.

**What should I bring on the day?**

If you are diabetic, please bring your insulin or tablets with you. If you use reading glasses, please bring them with you so that you can read the consent form and any other paperwork. You are welcome to bring a book or other reading material.

**When you arrive**

When you arrive at the hospital, please make your way to Endoscopy Reception (ground floor Granard House Wing). If you need wheelchair access, please enter the hospital by the Wallace Wing entrance on Dovehouse Street. On arrival you may be asked to go for a blood test in outpatients. **Please note:** the time of your procedure will be dependent on the results of your blood test. This can take an hour to process but you will be kept informed of the anticipated time of your procedure. When you return, a nurse will take you to the admission area. As we have limited space in the department, only one escort/relative...
will be able to come into the admission area. Refreshments are available in the Mulberry Tree Cafe (1st floor).

In the admission area, a nurse will ask you several questions about your health, your current medication, take your blood pressure and pulse and ask you to change into a gown. The doctor will see you before the procedure. This is the opportunity to discuss the test before you sign a consent form. Please ask any questions you may have. It is important that you understand what is going to happen.

**Your gastroscopy and colonoscopy procedure**

Your procedure will be carried out in the Endoscopy Procedure Room. We will make you comfortable on a trolley, lying on your left side. A nurse will stay with you throughout the test, explaining what is happening, monitoring your blood pressure and pulse, level of comfort and assisting the doctor. You will be given oxygen during the test, through little prongs that fit just inside your nostrils.

The procedure may be unpleasant and, at times uncomfortable. Some patients want to try to have the procedure carried out without any sedation. Others will use ‘gas and air’ (entonox) for the colonoscopy part of the procedure. This will make them feel more comfortable and relaxed. Alternatively you can have a sedative, given through a small needle placed in a vein on the back of your hand. Some patients sleep but you can watch the procedure on the screen if you wish. You may also receive some pain relief during the procedure.

During the procedure the doctor may take tissue samples (biopsies), photographs or video of your digestive tract, even if it all looks normal. The procedure can take up to one hour to perform.

**Gastroscopy**

You may have a local anaesthetic spray on the back of your throat to numb the area and enable you to swallow the
gastroscope more easily. To keep your mouth slightly open, a plastic mouthpiece will be put gently between your teeth. The doctor will carefully pass the gastroscope through your mouth and into your stomach. This should not cause you any discomfort, nor will it interfere with your breathing at any time. During this time some air and then water will be passed down the tube to expand your stomach and allow the doctor a clearer view. If you get a lot of saliva in your mouth, the nurse will clear it using a small suction tube. When the examination is finished the gastroscope is removed quickly and easily.

**Colonoscopy**

The doctor will carefully pass the colonoscope through your bottom (anus) into your rectum and on into your colon. You may experience some abdominal cramping and pressure from the air which is introduced into your colon to help the doctor get a clearer view of your bowel. This is normal and will pass quickly. You may get the sensation of wanting to go to the toilet, but as the bowel is empty, there is no danger of this happening. This may also make you need to pass wind and, although this may be embarrassing, remember the staff do understand what is causing it. The air is sucked out at the end of the test. We will try to keep you as comfortable as possible.

You may also be asked to change position during the procedure, and will be helped by a nurse. The nurse may need to press on your abdomen for a few moments during the procedure to help the colonoscope around awkward bends in your bowel. You will be warned before any pressure is applied. When the examination is finished, the colonoscope is removed quickly and easily.

**What are the benefits and risks?**

The procedure will help us to investigate your symptoms and it may help us to treat you.

Gastroscopy and colonoscopy procedures are generally safe, but all procedures have some risks, which you should discuss with your doctor. These are the more common risks:
**Gastroscopy**

- Sore throat which should wear off within 24 hours
- Complications such as bleeding or damaging the gastrointestinal tract are very rare for example about one in 3,000 risk of bleeding or tearing (perforation) of the gut. This risk is increased to one in 100 if biopsies are taken when infection and inflammation may also occur. An operation is likely to be needed for perforation and this is likely to be on the same day.
- Other rare complications include inflammation of the lungs (aspiration pneumonia) and a reaction to the intravenous sedative drugs or local anaesthetic spray.
- Upper gastrointestinal endoscopies may involve a slight risk to crowned teeth or dental bridgework. These risks occur in less than one in 100 procedures.

**Colonoscopy**

- Wind and discomfort
- There is a small risk of tearing the bowel (perforation) during the colonoscopy. The risk of this is about one in 1000 procedures. An operation is usually needed for perforation and this is likely to be on the same day.
- If a polyp is seen and removed this increases the risk of perforation to about one in 500 procedures, though the risk is greater with certain types of polyp.

- Bleeding can happen and is usually controlled during the procedure. Very rarely, surgery is necessary.
- If a polyp is removed, very rarely, the site from which it was removed may start to bleed at any time up to two weeks later.
What happens afterwards?

- If you have not had sedation, you can leave as soon as you feel ready once your paperwork is complete.

- If your gastroscopy procedure was carried out with a local anaesthetic throat spray you must wait until the throat spray has worn off before you eat and drink. This usually takes about 30 minutes but may take up to two hours.

- If you used ‘gas and air’ (entonox) during the colonoscopy procedure, you should be able to leave after 30 minutes as its sedative effects wear off quickly. Your blood pressure and pulse will be monitored.

- If you have had sedation, you will need to rest in the recovery area until you are fully awake (usually an hour and a half). Your blood pressure and pulse will be monitored. An adult must be available to escort you home as the sedation impairs your reflexes and judgement.

- You will be informed of the time you are allowed to eat and drink. The nurse will give you refreshments at this time.

When will I know the results?

In many cases your doctor will be able to tell you the results of the test as soon as you are awake. If you have had sedation it is a good idea to ask for your escort or relative to be present when the doctor speaks to you because the sedation can make you forget what is discussed.

A copy of your gastroscopy and colonoscopy report will be given to you before you leave the Endoscopy Suite and another copy will be sent to your GP or specialist who referred you. However, if a biopsy was taken or a polyp was removed for examination under the microscope, these results may take five days to process. A copy of the biopsy results will be sent to your GP or specialist who referred you.

In some cases the doctor will ask you to return for another endoscopy procedure. If the doctor would like the procedure
to take place within the next 12 weeks an appointment will be confirmed with you whilst you are in the Endoscopy Suite. Alternatively the doctor may recommend that you return for a surveillance procedure in 1, 3 or 5 years time. In this case you will be contacted approximately 8 weeks prior to this date and offered an appointment.

Please note: All surveillance procedures are individually reviewed 8 weeks prior to the planned appointment date in line with current surveillance interval guidelines. If for any reason current guidance recommends that your procedure is deferred for a longer period or no longer required, you will be contacted by the Endoscopy Suite informing you of this.

Follow-up Appointments?

You will have a follow-up appointment with the GP or specialist (who referred you for the procedure). At this appointment, please ask for the details of any biopsy results or further investigations.

Going home after your gastroscopy and colonoscopy

If you have had sedation, it is essential for an escort to accompany you home and stay with you for at least 6 hours. Please note: your procedure will be cancelled if you do not have an escort. We cannot escort you home. The sedative will make you drowsy, and even if you feel wide awake your reactions may still be affected. You may find it difficult to concentrate and you may forget things that you have been told. You will be given the written information that you need when you leave the hospital. This includes advice that for 24 hours after sedation you should not drive or ride a bicycle, operate machinery, look after young children alone, take sedatives or alcohol or sign legal papers.

Your medication after the procedure

We will talk to you before you go home about your medication. It may change, or stay the same, but we will discuss it with you after the procedure.
How you may feel after your gastroscopy and colonoscopy

You may have a sore throat. You may also feel a little bloated if some air has remained in your stomach and bowel. Both of these discomforts should pass naturally within 24 hours. Throat lozenges may help with the sore throat. Walking around, warm drinks and peppermint water may also help you to pass wind. If pain is a problem, you may find it helpful to take a pain killer, such as paracetamol (according to manufacturer’s instructions).

If you have had piles treated or a polyp removed there may be a small amount of bleeding from your bottom, which should not be heavy.

Complications

You should seek medical help immediately if you develop any of the following symptoms:

• Severe chest or shoulder pain
• Persistent vomiting
• Shortness of breath
• Severe abdominal pain
• Worsening abdominal swelling
• Profuse bleeding from your bottom or black tarry motions
• Fever (above 38°C) and/or chills
If you experience any of these complications immediately contact the Endoscopy Suite (Monday to Friday 08.00 - 17.00) on 0207 811 8328. Please do not leave an answerphone message as it is important that you are assessed promptly. Outside of working hours (or at times when you are unable to get hold of the Endoscopy Suite) you can call the main switchboard number: 0207 352 8171 and ask to speak to the Clinical Site Practitioner at Chelsea (bleep 022).

**In an emergency**

Telephone your GP surgery (or your GP out of hours service) or else go to your nearest A&E (Accident and Emergency) and then inform the Endoscopy Suite at the Royal Marsden

**If you have any concerns or questions you can contact**

For routine advice, contact the Endoscopy Suite between 8am and 5pm (Monday to Friday): telephone: 020 7811 8328. If we are unable to take your call, please leave a message. Answerphone messages will be collected twice daily, Monday to Friday, and a member of the Endoscopy Suite will return your call.

**Sources of information and support**

If you would like this information leaflet in a different format, please contact the PALs office on 0800 783 7176 or talk to the clinical staff responsible for your care.
References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre
Freephone: 0800 783 7176
Email: patientcentre@rmh.nhs.uk

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