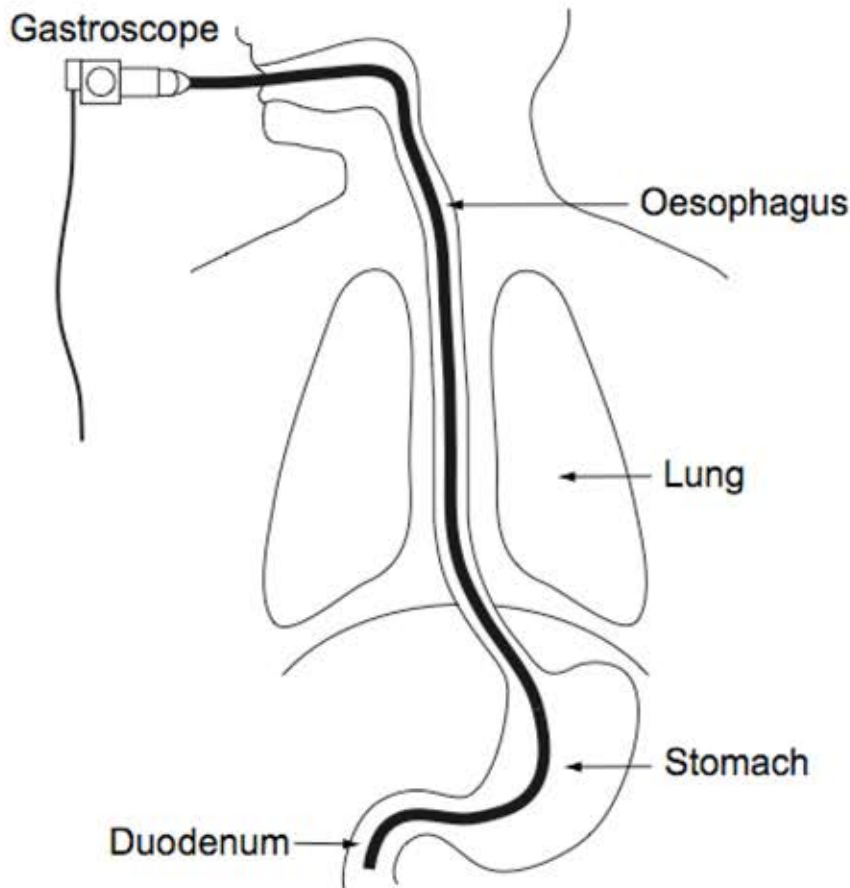


# About gastro-intestinal endoscopy

Your doctor has recommended that you have a gastro-intestinal endoscopy. This procedure can also be called a gastro-intestinal endoscopy or endoscopy. This leaflet tells you what to expect. Please ask staff any questions you have.

## What is a gastro-intestinal endoscopy?

The doctor looks inside the upper part of your digestive system - your oesophagus (gullet), stomach and small intestine (bowel) by passing a tiny camera on the end of a very narrow and flexible tube called an endoscope. The tube is thinner than an index finger.



## Why am I having the procedure?

Your doctor has referred you for a gastro-intestinal endoscopy in order to investigate symptoms you have been having, such as

indigestion, heartburn, upper abdominal pains, difficulties in swallowing or to exclude other abnormalities. This will benefit you by providing a clear diagnosis. If you prefer not to be investigated, we advise you to discuss the implications with your doctor.

There are other methods of examining the stomach, such as a barium meal, or a CT scan. Although gastro-intestinal endoscopy is less pleasant than a barium meal, it does allow biopsies and photographs to be taken. If you wish, please discuss with your doctor which is the best test for you.

## What preparation will I need?

The procedure must be performed on an empty stomach, so you cannot eat or drink for six hours before the test.

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

Please bring all your medication.

### **What about taking my medications?**

If you are taking anti-inflammatory tablets (such as neurofen, brufen or voltarol) please stop taking them 5 days before your test.

***Do not stop taking aspirin, clopidogrel or warfarin but please make sure that you have discussed this with your referring doctor before the test. There is a significant risk that a coronary stent will block if these medicines are stopped within one month of stent placement; and a slightly increased risk within the first six months. If the referring doctor thinks it is in your best interests to stop taking them, they should be stopped 10 days before the gastro-intestinal endoscopy.***

If you are a diabetic, please let the unit know. We will give you more detailed information about your preparation.

### **What will happen to me on the day of the test?**

Please book in with the endoscopy reception staff when you arrive. They check a few of your personal details, such as your name and address. We try to ensure that all patients are seen and have their tests within a short period of time of arriving in the unit, but occasionally emergencies take precedence and you may need to wait. The reception staff will keep you informed in the event that this happens.

One of the endoscopy nurses then sees you and asks you some further questions. Before you undergo the test, the doctor (endoscopist) who will be doing the procedure talks you through the consent form and the potential complications. It is important for you to think about these in advance so when you sign the form agreeing to the test you are comfortable that it is a test you really want. Remember, you can change your mind about having the procedure at any time. Please tell the doctor if you have heart valve disease or if you normally are given antibiotics when you visit the dentist.

The endoscopy is usually quick and often takes no more than 5 minutes to complete. It can be performed with a sedative injection administered through a drip in your arm. This will make you drowsy during the procedure and for up to sixty minutes afterwards. This is not a general anaesthetic. Alternatively, a local anaesthetic can be sprayed on to the back of your throat to make it numb. You are awake during the procedure but you will be able to leave the department as soon as the test is completed.

A plastic mouthpiece is placed between your teeth to keep your mouth slightly open. When the endoscopist gently passes the endoscope through your mouth

you may gag slightly - this is quite normal and will not interfere with your breathing. The endoscope is thinner than an index finger.

During the procedure, air is put in to your stomach so that the endoscopist can have a clear view. This may make you burp a little. Some people find this uncomfortable. The air is removed at the end of the test. When the procedure is finished the endoscope is removed quickly and easily. Minimal restraint may be appropriate during the procedure. However if you make it clear that you are too uncomfortable the procedure will be stopped. During the test the doctor may take biopsies (tissue samples), photographs or video of your bowel, even if it all looks normal. This does not hurt. In addition, it may be necessary to use thermal coagulation to remove small polyps or abnormal blood vessels; this is relatively safe. A nurse is present throughout the procedure to look after you.

### **What are the complications of gastro-intestinal endoscopy?**

Complications are rare, but it is important that you know all the risks before you decide to go ahead with the test.

#### Minor complications

Despite sedation and pain killers some patients can experience abdominal discomfort or pain.

#### Major complications

There is a very small risk of bleeding, or of making a hole (perforation) in the intestine, which may require surgery. The risk of this happening is about 1 in 10,000. Other rare complications include aspiration pneumonia, damage to loose teeth or to dental bridgework.

Using sedation can cause breathing complications in up to 1 in 200 procedures, which usually are not serious. To reduce this risk, we monitor your pulse and oxygen levels at all times throughout the test.

If you have severe pain, black tarry stools or persistent bleeding, you should contact your nearest A&E Department for further advice and also inform us.

### **What happens after the test?**

If you choose to have sedation, you will be moved to the recovery area where nursing staff will monitor your condition for 1-2 hours. If you received local anaesthetic to your throat, you can leave the department immediately but will have to wait approximately one hour before eating or drinking. In-patients will be transferred back to the ward. You may experience a sore throat and may feel bloated due to air in your stomach. Both sensations are normal and will clear up quickly by themselves.

If you are going home the same day you must arrange for someone to escort you home as you may have been given a sedative. Be aware that parking at the hospital is very limited. If no escort is available, please bring enough money to pay for a taxi. No escort is required if you are using hospital transport.

***We strongly advise that you do not drink alcohol, operate machinery, drive or make important decisions for 24 hours after your procedure as sedatives can impair your judgement.***

You can resume normal activities, work etc the following day.

### **How will I get the results?**

The endoscopist will be able to tell you the results after the procedure. If you had sedation, it is a good idea to have someone with you when this occurs because the sedation can make you forget what is discussed. If biopsies were taken, you will be told the final diagnosis by the team who requested the gastro-intestinal endoscopy (in the clinic or by letter to you or your GP). These results may take several weeks to come through. Copies of your gastro-intestinal endoscopy report will be sent to your GP.

### **Further information**

Training doctors and other health professionals is essential to the continuation of the NHS, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can, however, decline to be involved in the formal training of medical and other students - this won't affect your care and treatment.

### **Any other questions?**

Feel free to write down any other questions you may have. No question is ever too minor or too silly to ask, so please feel free to ask any member of the team caring for you if there is anything you wish to know.

*If you have any problem understanding or reading any of this information, please contact the Endoscopy Unit staff on 020 7794 0500 ext. 31642, or fax 020 7472 2592, or e-mail <endoscopy@royalfree.nhs.uk>.*

## Patient agreement to investigation or treatment

Patient identifier/label .....  
Special requirements.....  
(eg other language/other communication  
method)  
Responsible health professional.....

### Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)

*Gastrointestinal Endoscopy ± Biopsy ± Thermal Coagulation*

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits: *Diagnosis*.....

Serious or frequently occurring risks .....

*There is a very small risk of haemorrhage or perforation. Other rare complications include aspiration pneumonia and a slight risk to teeth or dental bridgework. Sedation causes breathing problems in about 1 in 200 cases although these are usually mild.*

Any extra procedures which may become necessary during the procedure

X blood transfusion.....

X other procedure (please specify) *Operation*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

*The appropriate Royal Free Hospital endoscopy leaflet has been provided*

This procedure will involve:

general and/or regional anaesthesia      local anaesthesia      sedation

Signed:..... Date .....

Name (PRINT) ..... Job title .....

*Guidance to health professionals is available within the endoscopy manual*

Contact details (if patient wishes to discuss options later) .....

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

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

Name (PRINT) .....

Copy accepted by patient: yes / no (please ring)

## Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 1 and 2 which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

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 that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion. ....  
.....  
.....

Patient's signature ..... Date.....

Name (PRINT) .....

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

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

Name (PRINT) .....

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed:..... Date .....

Name (PRINT) ..... Job title .....

Important notes: (tick if applicable)

See also advance directive/living will (eg Jehovah's Witness form)

Patient has withdrawn consent (ask patient to sign /date here) .....

Patient agreement to investigation or treatment

Patient identifier/label ..... Special requirements.....  
(eg other language/other communication method)  
Responsible health professional.....

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(include brief explanation if medical term not clear)

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