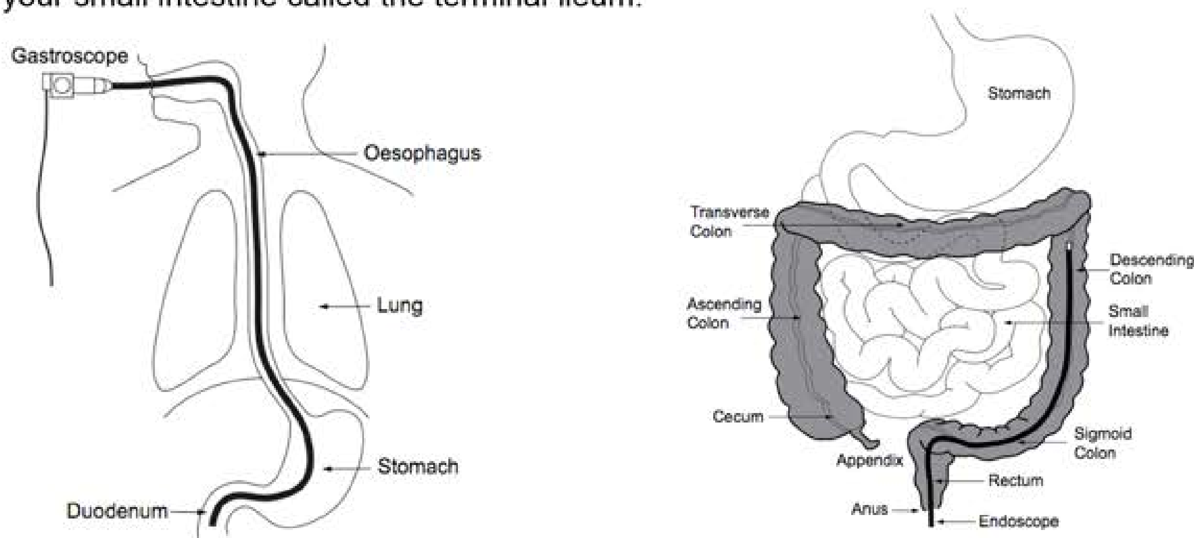
About gastro-intestinal endoscopy / colonoscopy

colorectal CLINIC

Your doctor has recommended that you have a gastro-intestinal endoscopy (also called a gastroscopy or endoscopy) and a colonoscopy. This leaflet tells you what to expect. Please ask staff any other questions you may have.

What is a gastro-intestinal endoscopy and colonoscopy?
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. Then a similar endoscope is used to examine your large bowel from the rectum to the cecum and the end of your small intestine called the terminal ileum.



Why am I having the procedure?
Your doctor has referred you for a gastro-intestinal endoscopy and a colonoscopy in order to investigate some symptoms you have been having such as: indigestion, heartburn, upper abdominal pains, difficulties in swallowing or other abnormalities; or diarrhoea, rectal bleeding, constipation or to review a problem they may have found before, like polyps or colitis. 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 colon, such as a barium enema or a CT scan. Although colonoscopy is less likely to succeed than these methods (approximately 90 % vs. 98% success rate respectively), it does allow biopsies to be taken and procedures such as the removal of polyps to be performed. If the colonoscopy does not succeed, the doctor may recommend that you have a barium enema or CT scan so that a complete examination of the colon has occurred. If you wish, discuss with your doctor which is the best test for you.

What preparation will I need?
When you book your appointment, the reception staff will give you some preparation to take the day before your colonoscopy. The preparation may come in sachets or bottle form, and works as a powerful laxative to make your bowel completely clean. This allows the doctor to have a clear view of your bowel. We will give you instructions with the bowel preparation. ***You will not be allowed to eat any food for up to 24 hours before your procedure. However you must drink lots of clear fluids, stopping 6 hours before the procedure. It is of great importance that this preparation works, or the test will not be possible.***

What should I bring on the day?
Please bring all your medication and a dressing gown.

What about my medications?
If you are taking iron tablets, please stop them 7 days before your test.

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 colonoscopy.

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

Women taking the oral contraceptive pill should be aware that taking bowel preparation might prevent the absorption of the pill. Additional contraceptive precautions should be taken until the next period begins.

What happens on the day of the test?
You must book in with the endoscopy reception staff when you arrive. They check 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.

Next, 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 you are comfortable that it is a test you really want. Remember, you can change your mind about having the test at any time. Please tell the doctor if you have heart valve disease or if you are normally given antibiotics when you visit the dentist.

One of the endoscopy nurses then sees you, asks you some further questions, checks you have taken your preparation correctly and answers any questions you may have. Then the nurse asks you to get changed into a gown and shows you into the endoscopy room.

The doctor or nurse puts a small needle into the back of your hand. This is to give you sedation and painkillers. These drugs are used together to reduce your discomfort and make you a little sleepy. This is not a general anaesthetic.

The endoscopy is usually very quick and often takes no more than 5 minutes.

A plastic mouthpiece will be 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. It is thinner than an index finger.

During the procedure, some air will be put in to your stomach so that the endoscopist will 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. The doctor might want to take biopsies (tissue samples) to send to the laboratory. This does not hurt.

The doctor then inserts a similar endoscope into your back passage. The bowel is inflated with air. You may experience some bloating and discomfort. The tube is slowly moved along your colon whilst the doctor gets a good look at the wall of the bowel. The tube travels right around the colon to the cecum. The test can take anything from 20 – 30 minutes.

During the test the doctor may take biopsies (tissue samples), photographs or video of your bowel, even if it all looks normal. There may be periods of discomfort as the tube goes around bends in the bowel. Usually these will ease once the bend has been passed. If you are finding the procedure more uncomfortable than you would like, please let the nurse know and you can be given some more sedative or painkiller. In order to make the procedure easier you may be asked to change position (for example, to roll onto your back).
There will be a nurse with you throughout the procedure explaining what is happening, monitoring your vital signs, level of comfort and assisting the doctor.

What happens if a polyp is found?
One of the aims of colonoscopy is to detect polyps. Polyps are very small growths that can occur on the bowel wall. Some are perfectly innocent, but others can develop into bowel cancer if they are not removed. Consequently, polyps are removed (polypectomy), which most of the time is entirely safe. In addition, sometimes thermal coagulation is used to destroy polyps or abnormal blood vessels.

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.

<u>Minor complications</u>
Despite sedation and pain killers some patients can experience abdominal discomfort or pain.

<u>Major complications</u>
There is a very small risk of bleeding, or of making a hole (a 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.

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

<u>Minor complications</u>
Despite using sedation and pain killers some patients can experience abdominal discomfort or pain.

In approximately 1 in 10 patients the procedure is difficult and the doctor finds it impossible to look right around the bowel. If this happens the doctor may organise another test.

<u>Major complications</u>

There is a very small risk of making a hole in the bowel wall (a perforation). This occurs in approximately 1 in 800 examinations. Perforations usually need to be repaired with an operation, and might require a temporary stoma (a surgical constructed opening, that permits the passage of waste).

If the doctor removes a polyp, then the risk of perforation, though still rare, increases slightly to about 1 in 600 occasions.

Bleeding from the rectum occurs in about 1 in 1500 cases, although if a polyp is removed it occurs in between 1 in 50 and 1 in 100 cases. It usually stops without any treatment but can occasionally need an operation to repair the area.

Using sedation can cause breathing complications in 1 in 200 procedures, which usually are not serious. To reduce this risk, we monitor your pulse and oxygen levels 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?
You are moved into the recovery area where a nurse monitors you for 1-2 hours whilst you sleep off the sedation. You may then eat and drink normally. You may feel a little discomfort due to the air in your abdomen - this is normal.

If you are going home the same day you must arrange for someone to escort you home. 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 or polyps removed, you will be told the final diagnosis by the team who requested the gastro-intestinal endoscopy / colonoscopy (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 / colonoscopy 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 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) ……………………………………

Colonoscopy ± Polypectomy ± Biopsy ± Thermal Coagulation
Gastrointestinal Endoscopy

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 ………………………………………………………

Overall the risk of a colonic perforation is about 1 in 800 and bleeding about 1 in 1500. If a polypectomy is performed, the risk of a perforation is about 1 in 600 but the risk of bleeding about 1 in 50 to 1 in 100, although this is usually mild. Sedation causes breathing problems in about 1 in 200 cases although these are usually mild. The risks of gastroscopy are much less, including aspiration pneumonia, a risk to teeth or dental bridgework, and perforation.

Any extra procedures which may become necessary during the procedure

X blood transfusion………………………………………………………………………………

X other procedure (please specify) ***Operation (occasionally a temporary stoma)***

……………………………………………………………………………

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. ……………………………………………………………………………………

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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

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(eg other language/other communication method)

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general and/or regional anaesthesia   local anaesthesia   sedation

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