

The Endoscopy Department
 Harrogate and District Foundation NHS Trust
 Lancaster Park Road
 Harrogate HG2 7SX

Harrogate and District
 NHS Foundation Trust

Helpline/Enquiries

For appointment/ booking queries please call: **01423 553769.**

For any medical queries (e.g. medications, bowel preparation, diet or sedation) please call: **01423 553370.**

On the day of your procedure

- If you have any concerns during your time in the Endoscopy Department please ask to speak with the Nurse in Charge. The Nurse in Charge will be wearing a Red badge and is normally a Senior Nurse.

HAVING A GASTROSCOPY AND FLEXIBLE SIGMOIDOSCOPY

- Your appointment time and date are detailed on the enclosed admission letter. If you are unable to keep this appointment or have any other queries, please ring the helpline number above.
- We try to keep delays in appointment times to a minimum. Sometimes procedures take longer than expected or emergencies arise, delaying the time of your procedure. We will endeavour to keep you informed of any delays where possible.
- **PLEASE NOTE YOU MAY BE IN THE DEPARTMENT FOR UP TO 4 HOURS.**
- Please bring the telephone number of the person picking you up, so that we can notify them when you are ready to go home.

If you have sedation you MUST have someone to collect you and stay with you for a minimum of 12 hours (preferably 24 hours).

If you fail to make appropriate arrangements we cannot give you sedation

Sedation: For 24 hours after the procedure, you should not:

- **DRIVE A VEHICLE** This is illegal if you have had sedation.
- **SIGN ANY LEGALLY BINDING DOCUMENTS**
- **TAKE SLEEPING TABLETS** or sedatives
- **WORK AT HEIGHTS – INCLUDING LADDERS**
- **USE MACHINERY** including home appliances e.g. Kettle

➤ **DRINK ALCOHOL**

- If you are pregnant, have had a heart attack, stroke or surgery in the last 6 weeks please phone the department as we may need to delay your procedure.
- Long distance travel is not advised for 48 hours following the procedure. For air travel this is 14 days. Please ring the unit if this is a problem.
- If you are a diet-controlled diabetic follow the normal instructions. If you are a tablet or insulin controlled diabetic there should be an additional instruction sheet enclosed. Please telephone 01423 553769 if you don't have the diabetic instructions.

WHERE IS THE ENDOSCOPY DEPARTMENT?

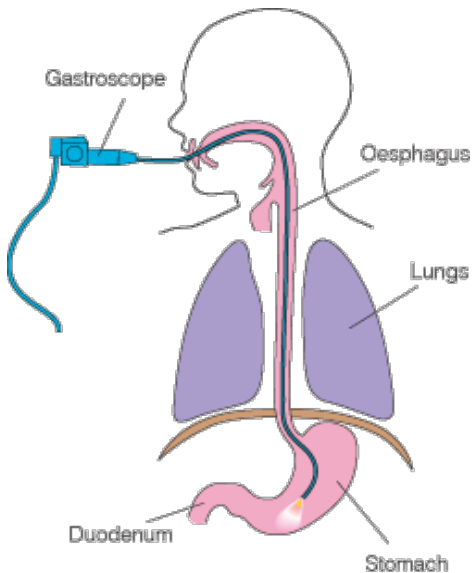
When entering Harrogate District Hospital via the front entrance, go straight ahead and take the first stairs or lift on the left hand side up to the first floor.

Turn left and follow the main corridor, about half way down you will see the Endoscopy Unit sign posted on your right.

WHY DO I NEED A GASTROSCOPY AND FLEXIBLE SIGMOIDOSCOPY?

You have been referred for a gastroscopy and flexible sigmoidoscopy to help find the cause of your symptoms. The aim of the gastroscopy is to assess the lining of your upper intestine and the flexible sigmoidoscopy is to examine the lowest part of your bowel.

WHAT IS A GASTROSCOPY?



A gastroscopy is an examination, which allows us to look at the lining of your oesophagus (gullet), stomach and duodenum (the first part of your small bowel).

A long flexible tube with a camera is passed over the back of your tongue, and into your oesophagus, stomach and duodenum.

The gastroscope is a long flexible tube with a bright light at the end, which is about the thickness of your little finger.

The procedure will not interfere with your breathing.

The procedure may be uncomfortable but shouldn't be painful. It usually lasts between 5-10 minutes.

We may take biopsies (a small tissue sample) which are sent to the laboratory for examination. These are painless procedures.

WHAT ARE THE RISKS OF HAVING A GASTROSCOPY?

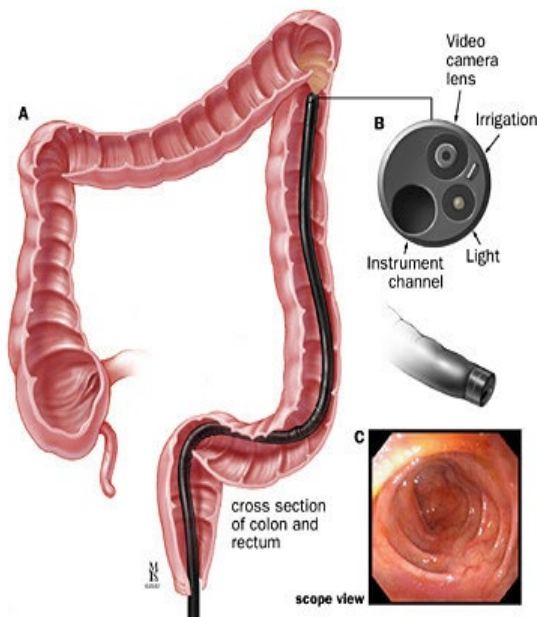
A gastroscopy is considered to be a safe procedure, but occasionally there can be side effects and complications. These include:

- Bloating and abdominal discomfort (this is not unusual for a few hours).
- Reactions to the drugs given which may require you to stay in hospital.
- Very unusually; (1 in 100,000) there is a tiny risk of bleeding or perforation (tearing) of the gut.
- It is recognised that although normally an accurate test, in a small percentage of people (about 5%) a gastroscopy can miss a significant abnormality.

Very rarely, a blood transfusion or surgery is needed to put right these types of complications.

You will be cared for by a skilled team of doctors, nurses and other healthcare professionals who are involved in this type of procedure every day. If problems arise, we will be able to assess them and deal with them appropriately.

WHAT IS A FLEXIBLE SIGMOIDOSCOPY?



A sigmoidoscopy is an extremely useful test that examines the first part of your large bowel (colon).

A long flexible tube with a camera is passed through your back passage to look at the lower part of your colon

We may take biopsies (a small tissue sample) or remove polyps (small growths of tissue), which are sent to the laboratory for examination. These are painless procedures.

If haemorrhoids (piles) are found during the procedure, they may be treated.

WHAT ARE THE RISKS OF HAVING A FLEXIBLE SIGMOIDOSCOPY?

A flexible sigmoidoscopy is considered to be a safe procedure, but occasionally there can be side effects and complications. These include:

- Bloating and abdominal discomfort (this is not unusual for a few hours).
- Reactions to the drugs if given which may require you to stay in hospital.
- Very unusually (1 in 5,000) there is a risk of bleeding or perforation (tearing) of the bowel.
- It is recognised that although normally an accurate test, in a small percentage of people (about 5%) a flexible sigmoidoscopy can miss a significant abnormality.

Very rarely a blood transfusion or surgery is needed to put right these types of complications.

You will be cared for by a skilled team of doctors, nurses and other healthcare professionals who are involved in this type of procedure every day. If problems arise, we will be able to assess them and deal with them appropriately.

MAKING YOUR PROCEDURE MORE COMFORTABLE

When having this procedure you will be offered the choice of sedation and/ or throat spray.

Throat spray (if used)

- This will be sprayed at the back of your throat to make the area numb.
- You will not be able to have anything to eat or drink for about an hour after the test.

Sedation

- If you choose sedation, it will be given through a cannula inserted into a vein.
- **Sedation is not a general anaesthetic** but will help you relax and may make you feel sleepy. You may also forget the test and what is said to you afterwards as a side effect of the sedation.
- Once you get home, it is important to rest quietly for the remainder of the day and **you must not drink any alcohol.**
- **You should not be left alone for at least 12 hours after the procedure. We do recommend you have someone available for 24 hours** as the effects of sedation can last up to 24 hours. We advise you not to work the following day.

Most patients having a flexible sigmoidoscopy don't have any pain relief or use Entonox. However sedation can be given if needed.

Entonox

Entonox is well established sedative and pain relieving gas mixture which consists of two gases, 50% Nitrous Oxide and 50% oxygen and is more commonly known as Gas and Air.

It is controlled by you as you take it through a mouth piece, which you will be shown how to use before your procedure begins. As you continue to use the Entonox you may become light-headed or drowsy. The Entonox gas only works when you breathe it in. When you stop breathing the gas, the effects wear off very quickly.

Entonox should not be used if you have the following:

- Had any recreational drugs or alcohol as Entonox may increase the effects of these
- Pneumothorax (this is when air leaks into the space between the chest wall and the outer tissue of the lungs. It is often caused by an injury)
- Have a blockage in the bowel
- Have had a head injury
- Recent surgery to the ear
- If you have a tracheostomy
- Entonox cannot be used if you have been diving in the last week.

As Entonox leaves your system during your recovery period, you will be able to leave the department after about thirty minutes, without someone to accompany you. You may drive home and return to work the next day.

WHAT PREPARATION DO I NEED?

You must have nothing to **drink or eat for 6 hours before your appointment.**

To allow us to see clearly inside your stomach, it must be completely empty of food and fluid for 6 hours before the gastroscopy. If it is not, we may not be able to see certain areas of your stomach and we may have to repeat the test.

Enema instructions- Do not eat or drink after you have had the enema - as it will stimulate your bowel.

To allow us to see clearly inside your bowel, it must be as clear as possible of food and fluid. An enema is a quick, convenient way to empty your lower bowel.

Give the enema one hour before you leave home for the examination, making sure you are near a toilet.

- Pull off the tip from the nozzle, holding the enema upright so it does not spill.
- Lie on your left-hand side on an old towel.
- Gently insert the nozzle into your back passage.
- Squirt the contents in, remove the nozzle and stay laying down.
- Try to keep the liquid in for 5-10 minutes.
- Go to the toilet and empty your bowels. You may need to go a few times.

Occasionally some people feel mild cramps and a little dizzy. Lie down until you feel better.

Occasionally a stronger preparation is needed for this you will receive a box containing your bowel preparation, which must be taken before your procedure. You will be given a sheet advising you how to take this bowel preparation. Please read this carefully, as some bowel preparations require you to make adjustments to your diet for a few days prior to taking the medication. A sheet with additional information regarding the bowel preparation can be found in the box along with the sachets of preparation.

General Information

Please do not bring valuables and only a small amount of money with you (You may need a small amount of money to cover the cost of parking, and any prescription if necessary). Harrogate and District NHS Foundation Trust cannot accept responsibility for these items.

Please do not use any body lotion on the day of your procedure.

You may find wearing loose-fitting casual clothes more comfortable to travel home in.

We sometimes have trainee doctors and endoscopists who work under supervision of a senior endoscopist. You can decline to have a trainee and this will not affect your care or treatment.

We aim to run the Endoscopy lists to time, however the time taken to complete procedures varies and may lead to delays. We also need to see emergency patients which may delay a list.

Please bring details of all drugs you are taking, a list of tablets or repeat prescription.

ANTICOAGULANT ADVICE (drugs that thin your blood)

If this is your **first procedure** it will normally be a diagnostic procedure (to find out why you are having symptoms) please follow the advice below.

- Aspirin - omit when taking bowel prep
- Dipyridamole (Persantin) - keep taking as usual
- Clopidogrel (Plavix) - keep taking as usual
- Ticagrelor (Brilique) - keep taking as usual
- Prasugrel (Effient) - keep taking as usual
- Apixaban (Eliquis) - do not take on the day of procedure
- Dabigatran (Pradaxa) - do not take on the day of procedure
- Rivaroxaban (Xarelto) - do not take on the day of procedure
- Edoxaban (Lixiana) - do not take on the day of procedure

These are the more common blood thinning drugs. Please ring us if you are on any others.

If you are on warfarin please bring your anticoagulation record with you. You need your INR checked at your GP Practice two days before your appointment. If this is a problem please ring the department.

If you are having a **second** more complex procedure, for example, if you need a therapeutic intervention such as having your gullet stretched or a polyp removed from the bowel, you will have been asked to stop this medication by a consultant or an endoscopist.

If you are on a Proton Pump Inhibitor (PPI) such as Omeprazole, Lansoprazole etc., you will need to stop these for seven days before the procedure, unless you are on them long-term for a condition such as a Barrett's oesophagus.

If you are unsure of anything please ring the department. 01423 553370.

- Take essential medication (those you can take on an empty stomach). You may have sips of water up to an hour before your procedure.
- If you have a pacemaker or other implanted cardiac device, please telephone the Endoscopy helpline to inform the staff.
- If you have sleep apnoea and have a CPAP machine, please ensure you bring this with you. Please telephone the Endoscopy helpline on 01423 553370 to inform the staff, as it may be suggested that your procedure will be safer without sedation. Patients with sleep apnoea will need to remain in recovery for an extended period.

WHAT HAPPENS WHEN I ARRIVE IN THE ENDOSCOPY DEPARTMENT?

When you arrive a nurse will greet you, take some details and discuss and explain the procedure. Please feel free to ask about anything that may be worrying you regarding the procedure.

If, having read this leaflet, you are still unsure about any aspect of the procedure, you will be able to discuss it with the endoscopist before signing the consent.

Once the nurse has completed the necessary paperwork you will be asked to change into a hospital gown, dignity shorts and dressing gown. You will then be shown to a waiting area.

Prior to taking you to the Endoscopy Room, the endoscopist will discuss the procedure with you, will discuss any problems and complications in relation to the procedure and answer any remaining questions you might have prior to you signing the consent form.

WHAT HAPPENS IN THE PROCEDURE ROOM?

Firstly, the nurse in charge will go through the safety checklist with you.

If you have chosen to have throat spray for the procedure, the endoscopist, or one of the nursing staff will spray your throat with local anaesthetic.

You will then be asked to lie on your left hand side on the trolley. If you are having sedation, it will be given at this point. The nurse who will be looking after you during the procedure will attach a small device to your finger to monitor your pulse rate and oxygen level. To keep your mouth in a comfortable position and to protect the endoscope, we will insert a plastic mouthpiece between your teeth and gums.

The endoscopist passes the endoscope through the mouthpiece into your stomach. You may be asked to swallow it to help it pass over the back of the tongue. Any saliva will be removed from your mouth using a small suction tube. Air will be passed through it to expand the stomach to give a clear view of the lining. This may make you feel bloated. This feeling will pass as most of the air is sucked out as the gastroscope is removed. The procedure generally takes between five and 10 minutes to complete.

The trolley will then be turned for the flexible sigmoidoscopy. When the sigmoidoscope has been gently passed in your anus, carbon dioxide (CO₂) will be passed through it to expand your bowel and give a clear view. You may experience bloating and cramp like discomfort.

On average the test takes 10-15 minutes to complete, but can take longer.

WHAT HAPPENS AFTER THE PROCEDURE?

After the procedures, you may find you have a sore throat and feel a little bloated, this usually settles quite quickly.

You will be transferred to the recovery room and looked after by a trained nurse until you are fully recovered and ready to go home.

If you have had sedation

It is necessary for you to remain in the department for a short time to recover from the sedation, usually one hour. We will give you a drink and biscuit once it is safe for you to drink.

Although you may feel fine after the procedure, the sedatives used can remain in your bloodstream for up to 24 hours. You **must** have someone to collect you from the endoscopy unit and take you home, and a responsible adult must be with you for at least 12 hours.

If you have had throat spray

You must wait an hour for the anaesthetic throat spray to wear off before having anything to eat or drink.

Your results

A report will be sent to the doctor who requested the procedure and your GP. A final diagnosis may depend on the results of biopsies which take up to two weeks to process.

Before leaving the Endoscopy Department you will be informed about the findings, and whether a follow up appointment is needed. This information will be given in writing and verbally. You may want a relative or carer present, especially if you have had sedation.

If you require further information or advice regarding your procedure, please contact your GP or the Endoscopy Department on 01423 553370.