

Having a Gastroscopy and Flexible Sigmoidoscopy

What is a Gastroscopy?

During a gastroscopy your endoscopist passes a long flexible tube containing a camera and a light through your mouth, over the back of your tongue, down your oesophagus (gullet), into your stomach and the first part of the small bowel (duodenum). This allows your endoscopist to view the lining of these organs.

What is a Flexible Sigmoidoscopy?

During a flexible sigmoidoscopy your endoscopist passes a long flexible tube containing a camera and a light through your rectum and the lower (sigmoid) colon. This allows your endoscopist to view the lining of this organ.

Why would I need a Gastroscopy and Flexible Sigmoidoscopy?

These endoscopy procedures will help your doctor to find out why you are having symptoms and make a diagnosis. They will give your endoscopist a clear view of the lining of your upper and lower digestive tract and allows your endoscopist to take tissue samples (biopsies) if necessary.

What should I do before I come into hospital?

If you are taking iron tablets you should stop taking them 7 days before your procedure as they can affect the visualisation of the bowel lining.

You may take your usual medication with a small amount of water or bring it with you and take it after the test if required. If you are diabetic, your consultant will discuss your diabetic management with you prior to your test. If you have any concerns, please contact our diabetic liaison nurse in our Endoscopy Unit.

- Conquest Hospital Endoscopy Unit – Tel: 0300 131 5297
- Eastbourne DGH Endoscopy Unit – Tel: 0300 131 4595
- Opening hours: Monday to Friday 8.00am to 6.00pm.

If you take any blood thinning medication (except aspirin) such as warfarin or clopidogrel please contact the Endoscopy Unit for further advice as you may have to stop these drugs.

Preparation for Gastroscopy and Flexible Sigmoidoscopy using an enema

For the gastroscopy to be successful your stomach needs to be empty. It is important that you do not have anything to eat for at least six hours before your procedure and only drink water until two hours before your appointment time.

The **enema** can be self-administered at home. If you have not been provided with an enema it can be obtained from the Endoscopy Unit, alternatively it can be administered by nursing staff on the Endoscopy Unit. Conquest endoscopy patients only, will need to ring the Endoscopy Unit at Conquest to discuss with staff if they feel unable to administer the enema yourself.

Preparation for Gastroscopy and Flexible Sigmoidoscopy using oral bowel preparation

If you are given **oral bowel preparation** which is a strong laxative it is important that you follow the instructions, particularly those relating to your diet and fluid intake, these will be provided on

a separate sheet of paper **Bowel Preparation Instructions**. The bowel preparation laxative will give you loose bowel movements and you will need to go to the toilet frequently, please plan your day accordingly. You can further help to empty your bowel by increasing your intake of clear fluids (black tea or black coffee, clear soup, Oxo, squash and water) until **two** hours before your appointment time. If you have any queries regarding your bowel preparation, please contact the Endoscopy Unit.

Will I need conscious sedation?

Should you choose conscious sedation injection you must be aware it is not like having a general anaesthetic. It will make you feel relaxed and drowsy, you will be able to hear and understand what is being said to you. The sedative is given through a small plastic tube (cannula) that will be inserted into a vein in your arm.

For the gastroscopy you will be given the choice of a local anaesthetic throat spray, which numbs the back of your throat making the procedure more comfortable. This can be given as well as conscious sedation.

For colonoscopy you may choose Entonox gas (gas and air). Entonox gas is self-administered, you will be asked to breathe deeply using a mouth piece. You will start to feel light-headed as you breathe the gas. When you stop breathing the Entonox gas you will feel normal again within a few seconds.

What do I need to bring with me?

Please wear loose comfortable clothing and bring the following with you:

- A list of all your medications and any allergies you may have.
- If you plan on having conscious sedation, bring the name and telephone number of the person who will be collecting you. A responsible adult will need to stay with you for 12 hours following the conscious sedation.
- Reading glasses
- Dressing gown and slippers for your use **if you wish**.

Do not bring any valuables with you, as the trust cannot take responsibility for any losses.

What will happen when I arrive on the Endoscopy unit prior to my procedure?

A trained nurse will review your medical history, medications and any allergies. Your blood pressure, pulse and oxygen saturations will be taken. The nurse will explain the procedure, discuss your preference for conscious sedation or a local anaesthetic throat spray and will give you the opportunity to ask questions.

If you choose the conscious sedation you will have a small plastic tube (cannula) inserted into a vein in your arm so the medication can be administered.

You may be asked to put on a hospital gown and dignity shorts if required. Dignity shorts are provided to maintain your modesty.

The risks of the procedure will be discussed and if you wish to proceed you will then be asked to sign a consent form. This is to confirm that you understand the procedure and want to go ahead with it.

You will then be taken to a pre procedure waiting room; you will wait here until you are taken to the procedure room.

What are the potential risks and side effects?

Although there are possible complications to this procedure, serious complications are rare. Risks include:

- **Perforation**- it is possible to damage the lining of the upper gastrointestinal tract and make a hole, this occurs in approximately 1 in every 10,000 procedures.
It is possible to damage the lining of the large bowel and make a hole; this can allow the contents of the bowel to escape causing severe inflammation and infection in the abdomen (peritonitis). This occurs in approximately 1 in every 1500 procedures.
An operation may be required to mend the hole.
- **Bleeding**- approximately 1 in 1000 people will experience bleeding as a result of a diagnostic gastroscopy procedure.
Approximately 1 in 500 experiences bleeding following a diagnostic flexible sigmoidoscopy procedure.
If a polyp is found it is advised that it be removed since some types can turn into cancer if left untreated for a long period of time. Removing the polyp when it has not become cancerous eliminates this risk. Following polypectomy (removal of polyp) 1 in 250 polyps bleed depending on the size.
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- **Missed pathology**- there is a risk the endoscopist may fail to identify either the cause of effect of disease; this is more probable if a procedure is incomplete. With colonoscopy, it is also possible to miss small polyps and pathology due to poor bowel preparation or excessive folds in the bowel.
- **Adverse effects of medications** - this can usually be reversed with further medication.

Other Procedures;

- **Polypectomy** - Procedure to remove polyps from the wall of the bowel or stomach, if left in place these can sometimes develop into cancer, depending on the type of polyp.
- **Haemostasis therapies** - treatments used to stop bleeding.
- **Tattooing (for flexible sigmoidoscopy)** - using tattoo ink to make a permanent mark in the bowel so that an identified area can be easily seen again in future procedures.

What happens during the Gastroscopy?

A gastroscopy usually takes less than 10 minutes. Any dentures will need to be removed before the procedure begins. You will be asked to lie on your left side. You will be given oxygen nasally. The nurses will monitor you closely during the procedure and will observe your pulse and oxygen saturations.

Before the gastroscopy starts you will be given the local anaesthetic throat spray and/or conscious sedation injection depending on your choice. A mouth guard is placed in your mouth prior to passing the gastroscope. Your endoscopist will ask you to swallow to allow the gastroscope to pass into your oesophagus and down towards your stomach.

You may cough at this point; any saliva in your mouth will be suctioned away. In order to see the lining of the stomach and duodenum, air will be gently blown through the gastroscop to inflate them. This can sometimes feel a little uncomfortable giving you a bloated feeling.

What happens during the Flexible Sigmoidoscopy?

A flexible sigmoidoscopy takes approximately 10 to 15 minutes.

You will be asked to lie on your left side with your knees bent up towards your chest. You may be asked to change your position during the procedure.

The endoscope is carefully passed through the anus into the large bowel. In order to see and move forward through the loops of the bowel, air will pass into your bowel via the endoscope. This can feel uncomfortable; giving you a bloated feeling, passing wind may relieve this feeling. The endoscopist will look at the lining of the large bowel and take small tissue samples (biopsies) if necessary. If there are polyps in the bowel they can often be removed by a procedure called polypectomy.

What happens after the procedure?

If conscious sedation has been given you will be taken to the recovery area for a minimum of 30 minutes or until you are fully awake. A nurse will check your pulse, oxygen saturations and blood pressure.

If you have not had conscious sedation you will be taken to the recovery area, the nurse will record your blood pressure and discharge you when you have recovered sufficiently. Please note that if the endoscopist has taken oesophageal biopsies you will have to remain for 30 minutes to ensure you are not bleeding.

If you have the local anaesthetic throat spray you will be unable to eat or drink for 1 hour until the local anaesthetic has worn off.

When you are ready to go home a nurse or the endoscopist will discuss the results of your flexible sigmoidoscopy with you in a private room. If you wish to have a family member/friend present, please inform the nurse.

How will I feel afterwards?

If you had conscious sedation you may feel tired for the rest of the day.

The back of your throat may feel sore for the rest of the day. You may feel a little bloated for a few hours after the test. If you do feel bloated, try sitting upright, walking around and taking warm drinks and peppermint to help alleviate this.

You can eat and drink and take your normal medications as usual unless otherwise directed by the endoscopist.

If you develop any of the following symptoms following your procedure you will need to consult a doctor immediately:

- **Vomiting/vomiting blood**
- **Trouble swallowing**
- **Chest pains**
- **Difficulty breathing**
- **A lot of bleeding rectally that does not stop**

- **Severe abdominal pain**
- **Abdominal distension**
- **Fever**
- **Bowel motions turn black**

What can I expect following conscious sedation?

The effects of sedation can last up to 24 hours.

- You will need a responsible adult (aged 18+) to collect you from the Endoscopy Unit and stay with you for at least 12 hours after your test.
- You must not drive a car/motorbike, operate machinery (including using your cooker), drink alcohol.
- You should not look after any young children alone.
- You should not take sleeping tablets.
- You should not sign a legal document within 24 hours of having a sedative.
- We advise you to go home and rest.
- You can eat a light diet, drink as normal.
- You can take your usual medication.
- If you have had sedation then you should be able to return to work after 24 hours.

What can I expect following if I have not had conscious sedation?

You do not need an escort to take you home. You are able to drive a car/motorbike once you have recovered from your procedure and have been discharged. We advise you to go home and rest. You can resume your normal activities as soon as you feel able to.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

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Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Consultant Gastroenterologists: Dr P Mayhead and Dr A Jeevagan
Endoscopy Unit Nurses: JAG Lead Nurse Tara Holmes-Ling.

Next review date: November 2023
Responsible clinician/author: JAG Lead Nurse Tara Holmes-Ling.

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