

Community Endoscopy Service

Colonoscopy and Gastroscopy Instruction Notes

Our aim is to make your visit to the Community Endoscopy Service as safe, easy and as relaxed as possible.

To help us achieve this, please read these notes and follow the instructions as stated.

Your GP has requested that both procedures are completed at the one appointment.

A colonoscopy and gastroscopy has been booked for you. Please see the enclosed letter.

If you are unable to attend this appointment, please telephone the number detailed on your letter.

The centre is open Monday to Friday (see letter for opening times) and whilst it is not always possible for calls to be answered personally, an answer phone service is available and your call will be returned as promptly as possible.

All patient records are handled ensuring patient confidentiality is maintained at all times.

Patient Data

All patient records are handled ensuring patient confidentiality is maintained at all times. Information from your diagnostic test will contribute to the Diagnostic Imaging Dataset.

Nothing will ever be reported that identifies you.

The Diagnostic Imaging Dataset (DID) is a database that holds information on the imaging tests and scans carried out on NHS patients. This will allow the Health and Social Care Information Centre to see how different tests are used across the country.

The following information is collected:

- information about the diagnostic tests that you have
- your NHS number
- your date of birth
- postcode

All information is stored securely. It is only made available to appropriate staff, and is kept strictly confidential.

The dataset will be most effective when it has information from as many patients as possible.

However, if you do not want your information to be stored in the DID, **please tell the people who are treating you**. They will make sure your information is not copied into the DID. You may, at a later date, still decide to opt out. Please contact the Health and Social Care Information Centre directly, their contact details are: •Telephone: 0845 300 6016 • Email: enquiries@ic.nhs.uk • Website: www.ic.nhs.uk

| Check List of items to bring with you | |
|--|--|
| Consent Form | |
| Health Questionnaire | |
| List of medication | |
| Dressing gown and slippers | |
| Contact number of transport home | |
| Please leave all valuables at home the clinic cannot take responsibility for the loss or damage to personal property during your time on the premises. | |

What is a Colonoscopy?

A colonoscopy is a visual examination of the whole of the large intestine (Colon). The colonoscope is a long, flexible tube about the thickness of your index finger, which is passed through the anus into the large intestine. The endoscopist gets a clear view of the lining of the bowel and can check whether or not any disease is present.

Sometimes the endoscopist takes a biopsy, a sample of the lining for examination in the laboratory. A small piece of tissue is removed painlessly through the Colonoscope using tiny forceps. It is also possible to remove polyps during the Colonoscopy. Polyps are small lumps on the bowel wall, which the doctor will want examined by the laboratory.

The procedure itself takes approximately 30 minutes, however you should expect to be at the clinic for 2-3 hours, this does vary from clinic to clinic and is dependent on whether you have sedation. The admitting nurse will be able to give you an estimated time on the day.

Instructions for all patients

- If you are diabetic and take insulin or tablets please make sure you read page 3 & 4
- If you are taking Warfarin, Aspirin or other tablets to thin your blood please make sure you read page 3 & 4.
- Regular medication may be taken on the morning of the procedure with a small amount of water.
- If you are on iron tablets please stop taking them **7 days** before the test.
- Please bring with you a list of all current medication and inhalers.
- Please try **not** to smoke for 2 days prior to this procedure.

Preparation for your Colonoscopy

In order to carry out the examination it is necessary to have your bowel empty and clear of faeces (bowel motion). If the bowel is not clear an accurate examination cannot be performed, so please carefully follow the detailed instructions contained separately within this pack. **It is important that as you are undergoing both a colonoscopy and gastroscopy that you stop all fluids 6 hours before your appointment. This includes water; this is so your stomach is empty for examination.**

Possible side effects

Many people who have the procedure will experience mild abdominal discomfort, such as cramp, soreness in the back passage and loose motions for a few days after the test or slight bleeding from the lower part of the bowel.

Complications – these are very rare;

- An abnormality might be missed, perhaps because the bowel was not clean or for technical reasons. This may occur in less than 5% of cases, but usually only with polyps smaller than 1 centimetre.
- Bleeding happens about once in every 16,000 procedures and once in every 1,000 procedures when removal of a polyp is necessary. Occasionally it can be severe and requires a blood transfusion and a few days in hospital.
- Perforation-a hole in the bowel wall that may require an operation to repair it. This may happen
less than once in every 1500 procedures,
- Allergic reaction to sedation is rare.

Sedation

A colonoscopy can sometimes be uncomfortable and can cause 'cramp' like pains. For this reason patients may require sedation in order to undergo the procedure. This is not a general anaesthetic but a sedative and is known as 'conscious sedation' this will make you relaxed and sleepy. A pain killing injection is also normally given.

On occasions Entonox is given (50% nitrous gas and 50% Oxygen) which is inhaled by a mouthpiece, which is held by the patient.

Specific instructions for patients receiving sedation are as follows;

- You will not be able to drive a car, travel by public transport, operate machinery or sign any legal documents until 24 hours after your procedure as your judgement may be impaired.
- You must arrange for someone to take you home, this could be up to three hours after your appointment time.
- You will need a responsible adult at home to stay with you until twelve hours post procedure.
- You are advised not to drink alcohol or smoke.

You should rest overnight and if you feel well enough you should be able to return to work the next day.

If you are diabetic on insulin follow the instructions below:

For a morning appointment

- The day before your colonoscopy /gastroscopy - Take your bowel preparation as instructed in the enclosed leaflet and also follow the diet instructions this includes, going to clear fluids after breakfast and take HALF your normal insulin dose. Check your blood sugars regularly- taking extra sweet drinks if the level is low.

- The day of your colonoscopy - Do NOT take your insulin; continue taking clear fluids until 6 hours before the test. Bring your insulin with you to the clinic. Continue to check your blood sugar and take sweet drinks if the level is low.
- After the test - Take HALF your normal dose of insulin and a sandwich. Return to normal insulin dose in the evening, but continue to check your blood sugar.

For an afternoon appointment

- The day before your colonoscopy / gastroscopy- Take your bowel preparation as instructed in the enclosed leaflet and also follow the diet instructions this includes, going to clear fluids after lunch and take HALF your normal insulin dose. Check your blood sugars regularly- taking extra sweet drinks if the level is low.
- The day of your colonoscopy - Take HALF your morning dose of insulin, and bring your insulin to the clinic. Check blood sugars regularly and take sweet drinks if it is low.
- After the test - take HALF the morning dose of insulin when you start to eat and drink. In the evening take HALF the evening dose of insulin. Continue to check your blood sugars.

If you are diabetic on tablets follow the instruction below:

For a morning or afternoon appointment

- The day before your colonoscopy/ gastroscopy - Follow the diet instructions and take the bowel preparation as instructed on the enclosed leaflet. Move onto the liquid diet following your last meal. Take your normal tablet dose and check blood sugars regularly- taking extra sweet drinks if the level is low.
- Day of your colonoscopy/ gastroscopy - Do NOT take your tablets; continue taking fluids until 6 hours before the test. Continue to check your blood sugar, taking sweet drinks if the level is low.
- After the test – Return to your normal tablet dose and eat as normal in the evening but continue to check your blood sugar.

If you are taking tablets to thin your blood such as Warfarin please read the following instructions carefully:

- Make an appointment to have your INR checked the day before your procedure and bring the results with you.
- If it is in the therapeutic range (the range individually specified for you by your doctor) then continue with the same dose of Warfarin.
- If the INR is above your therapeutic range, then you will need to reduce the dose of Warfarin to bring the INR back to within the therapeutic range.
- You do not need to stop taking the Warfarin tablets.

If you are taking anti-platelet tablets_(drugs which thin the blood and reduce clots) for example, Aspirin, Dipyridamole (Persantin) or Clopidogrel (Plavix)

- You do not need to take any action and should continue with your medication at the same dose.

If you are unsure with regard to the above instructions, please consult your GP or practice nurse taking this information with you.

- **If you are taking Aspirin you may continue to take these as prescribed.**

What is a Gastroscopy?

This is a test that allows the endoscopist to look into your oesophagus (gullet), stomach and duodenum (small bowel), using a small flexible tube (endoscope). This contains a camera so that the endoscopist can see the lining of the stomach to check for problems which might be causing your symptoms.

Sometimes the endoscopist takes a biopsy – a sample of the lining - for examination in the laboratory. A small piece of tissue is removed painlessly through the endoscope using tiny forceps. There are now very advanced endoscopes which are slimmer and make the test much more comfortable. We are now able to guide the endoscope through the nose and into the gullet.

Before completing the test we make the inside of the nose and the throat numb using anaesthetic spray so there is virtually no discomfort when the tube is passed. Once the nose is numb we proceed with the gastroscopy. The test takes about five minutes and you are able to breathe and talk normally through your mouth.

If your nose is narrow or has been damaged it may not be possible to pass the nasal endoscope. If this is the case we will pass the endoscope through the mouth after the throat has been made numb.

The procedure takes between 5 – 15 minutes.

Patients undergoing their first Gastroscopy

It is also important to stop the following prescribed acid reduction tablets 2 weeks before the procedure as these drugs can reduce the value of the procedure by masking some symptoms.

| | |
|-----------------------|-----------------------|
| OMEPRAZOLE (LOSEC) | LANSOPRAZOLE (ZOTON) |
| ESOMEPRAZOLE (NEXIUM) | PANTOPRAZOLE (PARIET) |

Patients undergoing a repeat procedure

Continue with your normal acid reduction medication.

What will happen after the Gastroscopy?

Once the test is finished the endoscopist will explain what they have found and give advice on how to improve your symptoms. You will then rest for a few minutes and have a drink of water. Once the nurse has again explained the findings and given you an information leaflet, you can leave the clinic and continue your day as normal.

How should I look after myself afterwards?

Do drink plenty of fluids. You can resume your normal diet.

Are there any complications?

As with every medical procedure the risk must be compared to the benefit of having the procedure carried out. Your doctor who has requested the test will have considered this very carefully.

Gastroscopy is what is known as an invasive procedure and, therefore, carries risks/complication.

The major risks/complications include:

- If an oral procedure is carried out, Loose teeth, crowns and bridgework can occasionally be dislodged.
- If you have a narrowing of the gullet there is a risk of making a small hole [perforation]. This happens very rarely unless it is a cancerous narrowing (stricture) when the chance increases to about 1 in 10
- Pneumonia from stomach juices getting into the lungs can occur in very frail patients.
- Bleeding from the biopsy site. This usually settles on its own.
- Disturbance of your heart rate and breathing.
- A sore throat or abdominal tenderness.
- Incomplete Gastroscopy occurs if the test is abandoned due to technical difficulty or because it was causing you distress. A further test such as a barium swallow/meal may be recommended in the future.

What will happen during the Gastroscopy?

A nurse will explain the procedure to you and check that you have a full understanding of your test and all that it means before verifying your consent for the procedure.

Results

If biopsies have been taken the results will take approximately 2-3 weeks. Please make an appointment with your GP to discuss them after this time. Do not the telephone the clinic for results, as they will not be available

If you are unsure with regard to the above instructions, please consult your GP or practice nurse taking this information with you.

Discharge Instructions

After your test you will be taken out into our recovery area. Your blood pressure and pulse will be taken until you are awake and alert. Before you go home you will be offered refreshments.

The endoscopist will give you the preliminary results of your test.

When the nurse feels you have recovered enough she will discharge you from the unit, to the safety of your relative / friend.

You may find that you bleed a little, due to the colonoscopy (especially when going to the toilet). This quite normal and will not last long. You may feel bloated and experience some

abdominal discomfort due to the excess wind, do not hold this in, allow it to pass out naturally. This should settle within a few hours.

In the unlikely event of any severe pain or bleeding, this should be reported at once to your GP.

Out of hours attend your nearest Emergency Department.

If you wish to comment or complain about any aspect of the service provided, including these notes, please address your comments to:

National Operations Manager,
Community Endoscopy Service
Beechwood Hall
Kingsmead Road
High Wycombe
Buckinghamshire
HP11 1JL

(Please state clearly within your letter which Endoscopy Unit you attended)

Community Endoscopy Service

| |
|--|
| Patient, please fill in before attending |
| |
| NHS No: |
| Surname: |
| First name: |
| DOB: |
| Address: |
| |
| Tel No: |

Consent Form for Colonoscopy with Sedation or Entonox (Gas and Air)

(Endoscopic examination of the large bowel)

This is a special test to enable us to look at the large bowel. Some common reasons for having this test are a change in the way you open your bowels, blood in your motions, tummy pain, weight loss and anaemia. The test lasts about 30 minutes and involves passing a long, thin, flexible tube with a small camera on the end of it, through your back passage and into your bowel.

Before the procedure starts you will be offered either Sedation, which is administered through a vein in your arm or Entonox (50% nitrous Gas and 50% Oxygen) which is inhaled via a mouth piece. You can begin with Entonox and change to Sedation if required. Both make you slightly drowsy and relaxed, but not unconscious. The effects of Sedation can last up to 24 hours. The effects of Entonox can last up to ½ hour. You will still be able to breathe normally and follow simple instructions during the investigation. Due to the effects of Sedation you may not remember having the procedure. With Sedation you will also need to arrange for a responsible adult to collect you and remain with you for 12 hours following the procedure.

While passing the tube, air will be passed into your bowel, which may feel slightly uncomfortable. This is normal and you may pass wind freely. During the procedure it may be necessary to remove small pieces of tissue (perform a biopsy) or it may be necessary to remove polyp/s (perform a polypectomy) from your bowel for further testing in the laboratory. A photograph of the inside of the bowel may also be taken. It will be kept in your medical records and sent to the doctors looking at your biopsy.

Possible Side Effects

Many people who have the procedure will experience mild abdominal discomfort, such as cramp, soreness in the back passage and loose motions for a few days after the test or slight bleeding from the lower part of the bowel.

Complications – these are very rare;

- An abnormality might be missed, perhaps because the bowel was not clean or for technical reasons. This may occur in less than 5% of cases, but usually only with polyps smaller than 1 centimetre.
- Bleeding happens about once in every 16,000 procedures and once in every 1,000 procedures when removal of a polyp is necessary. Occasionally it is severe and requires a blood transfusion and a few days in hospital.
- Perforation-a hole in the bowel wall that may require an operation to repair it. This may happen once in every 1500 procedures.
- Allergic reaction to sedation is rare.

Sedation Risks

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly. Those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by an endoscopist before having the procedure.

Entonox Risks

Dizziness and nausea can occasionally occur, but this wears off with the cessation of use of the Entonox. In very rare cases Entonox can cause vomiting.

If you have any questions please make a note of them here and we will answer them when you come in for your test.

Unless you have any reservations, please sign this consent form and bring it with you when you come for your appointment.

Statement of Patient [or person with parental responsibility for the patient]

I agree to the procedure as described.

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 the complications associated with the procedure and the risks associated with Sedation or Entonox that may occur.

I understand the possible complications and that any procedure in addition to the Colonoscopy will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.

Signature

.....Date.....

Name

[PRINT].....

...

A witness should sign below if the patient is unable to sign but has indicated his or her consent.

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

.....

Name [PRINT].....Relationship to patient.....

Confirmation of Consent [to be completed by a health professional when the patient is admitted for the procedure, if the patient / parent has signed the form in advance]

I have discussed with the patient the options for sedation and agreed with them that they

Will receive Entonox for this procedure

Will receive sedation for this procedure for this procedure

I have confirmed that the patient / parent has no further questions and wishes to go ahead.

Signed

.....Date.....

Name [PRINT]Job Title.....

Statement of Health Professional

[To be filled in by health professional with appropriate knowledge of the proposed procedure, as specified in consent policy where the patient is unable to sign.]

I have explained the procedure to the patient/ parent including benefits, and serious or frequently occurring risks.

I have 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 those involved.

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

Name [PRINT].....Job
Title.....

Statement of Interpreter [where appropriate]

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

Top copy to be placed in patient records

2nd copy to be given to the patient/parent

Copy accepted by patient YES / NO [please ring]

Community Endoscopy Service

| |
|--|
| Patient, please fill in before attending |
| |
| NHS No: |
| Surname: |
| First name: |
| DOB: |
| Address: |
| |
| Tel No: |

Consent Form for Gastroscopy (Endoscopic examination of the gullet, stomach and duodenum.)

This is a special test to enable us to look at the lining of your gullet, (oesophagus) stomach and first part of the small bowel (duodenum). It lasts about 10 minutes and involves passing a long, thin flexible tube with a tiny camera on the end of it, down your gullet and into your stomach.

During the procedure it may be necessary to remove small pieces of tissue (perform a biopsy) for further testing in the laboratory. A photograph of any abnormalities seen may be taken and it will be kept on your medical record and shown to doctors looking at your biopsy.

Possible Side Effects

Many people who have the procedure will experience mild discomfort in the tummy and wind.

Complications - these are very rare;

- Loose teeth, crowns and bridgework can rarely be dislodged.
- If you have a narrowing of the gullet there is a risk of making a small hole (perforation). This happens very rarely unless it is a cancerous narrowing (stricture) when the chance increases to about 1 in 10.
- Pneumonia from stomach juices getting into the lungs can occur in very frail patients.

The test takes 2-5 minutes to complete for most people, and is undertaken with local anaesthetic to numb the nasal passages and the back of the throat by means of a spray.

Sedated Patients

On occasions it is necessary to provide sedation by injection to help with the anxiety that some patients associate with this test. Please be aware however that whilst the sedation will make you calmer, you will remain conscious throughout the test. If you do have sedation we insist that you are collected from the clinic by a friend or relative, and that you do not work for the rest of the day.

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. In all cases, sedated or not, we undertake careful monitoring by a fully trained endoscopy nurse to ensure that any potential problems are identified and treated rapidly.

Those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by the doctor doing the test, before having the procedure.

Before the procedure starts you will be given sedation, which will be administered through a vein in your hand or arm. This will make you lightly drowsy and relaxed, but not unconscious. You will still be able to breathe normally and follow simple instructions during the investigation. Due to the effects of the sedation you will not remember much of the examination after recovery.

Local anaesthetic to numb the nasal passages and the back of the throat by means of a spray is used to make the procedure more comfortable for you.

Sedation Risks

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

If you have any questions please make a note of them here and we will answer them when you come in for your test.

Unless you have any reservations, please sign this consent form and bring it with you when you come for your appointment.

Statement of Patient [or person with parental responsibility for the patient]

I agree to the procedure as described.

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 the possible complications and that any procedure in addition to the Gastroscopy will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.

Signature

.....Date.....

Name

[PRINT].....

...

A witness should sign below if the patient is unable to sign but has indicated his or her consent.

Signed

.....Date.....

.

Name [PRINT]Relationship to

patient.....

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]

I have discussed with the patient the options for sedation and agreed with them that they

- Will receive local anaesthetic (Nasal Spray) for this procedure
- Will receive local anaesthetic (Throat Spray) for this procedure
- Will receive sedation for this procedure for this procedure

I have confirmed with the patient that he/she has no further questions and wishes to go ahead.

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

.....

Name [PRINT].....Job

Title.....

Statement of Health Professional

[To be filled in by health professional with appropriate knowledge of the proposed procedure, as specified in consent policy where the patient is unable to sign.]

I have explained the procedure to the patient / parent including benefits, and serious or frequently occurring risks.

I have 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 those involved.

Signed

.....Date.....Date.....

Name [PRINT].....Job Title.....

Statement of Interpreter [where appropriate]

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

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

Name [PRINT].....

Top copy to be placed in patient records

2nd copy to be given to patient

Copy accepted by patient YES / NO [please ring]

Community Endoscopy Service

Health Questionnaire

NAME.....

To help us minimise the risk of the procedure we would like you to answer the following questions:

1. How would you rate your general health? (Please circle) GOOD FAIR POOR

2. Has there been a recent change in your health? YES / NO

If yes – please describe

.....
.....

3. Are you pregnant? YES / NO

4. Have you had any surgery on heart, lungs, stomach or bowels in the past? YES / NO

5. Do you live on your own? YES / NO

6. Please circle any of the following which you have or may have had in the past:

Heart attack or Heart failure YES / NO

Pacemaker YES / NO

Stroke YES / NO

Lung Problems (eg asthma, COPD, emphysema) YES / NO

High blood pressure YES / NO

Diabetes YES / NO

If YES controlled by (please circle) DIET / TABLETS / INJECTION / NONE

Bleeding problems YES / NO

Seizures or epilepsy YES / NO

Rheumatic Fever/Infections YES / NO

Recent chemotherapy or radiotherapy YES / NO

7. Have you ever been advised that you are at risk of CJD or vCJD YES / NO

8. Are you allergic or sensitive to anything eg; other hospital tests, medicines or adhesive tape? YES / NO

If 'Yes', please list and describe what happened

.....
.....

9. Please list any medicines you are taking (including all prescription drugs, even non-prescription Aspirin and 'The Pill')

| Name of Medicine | Dosage (amount) | How many times per day? |
|------------------|-----------------|-------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Entonox (Adult) Patient information Leaflet

In the endoscopy unit we are offering patients the use of entonox as a form of pain relief. This will be offered to suitable patients (assessed on admission) undergoing flexible sigmoidoscopy or colonoscopy.

What Is Entonox?

Entonox is the trade name for the mixture of 50% Oxygen and 50% Nitrous Oxide, also known as 'gas and air'. It is a fairly strong pain killer, and works very quickly to control pain. One of the advantages of this method of analgesia is that it is fully removed by the lungs within a few minutes after the patient has stopped breathing it.

How Does Entonox Work?

The exact way Entonox works is still not fully understood. However, it is believed that once it has been inhaled, Entonox travels to the brain and the spinal cord where it stops the pain from being felt.

How Is Entonox Given?

Entonox is designed to be self administered, and a specially trained nurse will show you what to do. You will be given a mouth piece, which is placed into your mouth. It is important that you hold the mouthpiece firmly between your teeth/lips. You will be asked to breathe deeply, for 1 to 2 minutes before the procedure begins to ensure that the pain killer is in your body. Entonox will only flow when you breathe in, therefore the deeper you breathe, the better your pain relief will be.

What Are The Benefits Of Using Entonox?

Entonox begins to work within 2 minutes, although you may feel some effect after your first few breaths. Once you have stopped breathing the gas it usually wears off within approximately 2-5 minutes. You can drive after 30 mins. Entonox has few side effects and many patients throughout the UK have used Entonox without a single serious incident (BOC 2000).

What Are The Side Effects of Using Entonox?

Entonox can cause dizziness and nausea; however this usually improves, once you stop breathing the gas.

Patients Not Suitable to Use Entonox?

Patients with severe lung disease
Scuba Divers – within 48 hours of scuba diving

Do not allow anyone to hold the mouth piece for you.

Good pain relief is important and some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it gets bad.