



# Colonoscopy and Gastroscopy

This booklet contains details about your appointment, information about the examination and preparation.

**PLEASE READ THIS LEAFLET CAREFULLY, AS  
FAILURE TO FOLLOW THE INSTRUCTIONS  
MAY RESULT IN YOUR PROCEDURE BEING  
CANCELLED ON THE DAY.**



If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: [customercare@salisbury.nhs.uk](mailto:customercare@salisbury.nhs.uk)

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: [www.salisbury.nhs.uk/FriendsFamily](http://www.salisbury.nhs.uk/FriendsFamily) or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

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## Checklist

- Note appointment date and time
- Read all procedure information
- Stop Iron tablets 7 days before procedure.
- Telephone the booking number straightaway
  - If taking anticoagulation (blood thinners) as you will need to be advised by a health professional before your procedure.
  - If you have a pacemaker.
  - If tablet controlled diabetic.
- Contact your diabetic nurse if taking insulin.
- Arrange for someone to drive you home and stay with you for 24 hours if having sedation
- bring this booklet, consent form and completed health questionnaire with you to your appointment.

## Your appointment

Please write in your appointment date and time here

Date:

Time:

Salisbury District Hospital, Endoscopy booking office telephone **01722 429385**  
(9am – 4.30pm Monday – Friday)

If we are unable to answer your call please leave a message and we will call you back.

- Please telephone the above number if, due to unexpected circumstances, you are unable to keep your appointment. This will enable staff to arrange another date and time for you and give your appointment to someone else.
- Your procedure may be observed by students. If you prefer not to have a student involved in your care please let us know.
- Your procedure may be carried out by a qualified doctor or nurse training to perform the procedure under the close supervision of a trained endoscopist. This is an essential part of training new endoscopists. If you prefer not to have a trainee endoscopist involved in your care please let us know.
- On occasion company representatives may be present in the department for development purposes. If there is a representative in the department on the day of your procedure you will be informed by the nursing staff when you are admitted. If you do not wish a representative to be present during your care please tell the admitting nurse.
- If after reading this leaflet you have decided not to go ahead with your procedure please telephone the booking office immediately to cancel your appointment and contact the medical professional who requested your appointment to discuss your decision. Patients who do not attend their appointments cost the NHS approximately £450 per procedure. Please help us to use our NHS resources wisely. If you fail to attend without notifying us then you may not be offered another appointment.

## Introduction

You have been advised by your G.P or hospital doctor to have a colonoscopy. **We need to have your formal written consent before we can carry out your examination.** This booklet explains how the examination is carried out and what the risks are. This will help you to make an informed decision when agreeing to the examination and to having sedation. The consent form is included with this booklet.

If there is anything you do not understand or anything you wish to discuss further, do not sign the consent form. Please bring it with you and you can sign it after you have spoken to a nurse.

**The consent form is a legal document- please read it carefully.** Once you have read and understood all the information, including the risk of complications, and you agree to undergo the examination, please sign and date the consent form. Please remember to bring the consent form with you.

## What are a gastroscopy and a colonoscopy?

These procedures are carried out by (or under the direct supervision of) a trained doctor or nurse called an Endoscopist. A gastroscopy is an examination of your gullet, stomach and first part of the small bowel through your mouth. A colonoscopy is an examination of your large bowel (colon) through your back passage. These are very accurate ways of looking at the lining of your upper digestive tract and large bowel to establish whether there is any disease or abnormality present. The instruments used are called a gastroscope and a colonoscope and are thin flexible tubes with a light at the end which is shone onto the lining of your digestive tract. They also have a very small camera which sends live images to a screen where it is viewed by the Endoscopist as the scope is passed around your digestive tract.

During either examination the Endoscopist may need to take some small tissue samples, called biopsies; this is painless. The samples will be looked at under a microscope by a special doctor called a Pathologist. The tissue sample and associated clinical information will be kept and may be used for teaching or research purposes aimed at improving diagnosis and treatment of digestive diseases. This may benefit other patients in the future. If you do not wish us to keep the tissue samples for this purpose or have any questions or concerns, please ask the admitting nurse before signing the consent form. Images from the gastroscopy and colonoscopy will be retained in your healthcare notes.

## What is a polyp?

A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the bowel wall by a stalk and look like a mushroom, some are flat without a stalk. If a polyp is found, or if we already know you have a polyp, it is usually removed by the endoscopist as it may grow and cause problems later. Polyps are removed or destroyed using a high frequency electrical current. Alternatively, the endoscopist may take some samples for further examination.

## What are the alternatives to gastroscopy and colonoscopy?

An alternative to a gastroscopy is a barium swallow or meal.

An alternative to a colonoscopy is a CT scan, but the disadvantage of these is that we cannot collect tissue samples that may be important for a diagnosis. This may mean that you will still need to have a gastroscopy and colonoscopy at a later date.

If you would like to discuss these options please speak to your doctor/G.P.

## What are the risks?

Colonoscopy and gastroscopy are safe examinations for most people. Serious problems are rare. However, you need to weigh up the benefits against the risks of having the procedure. There can be risks from having the examination itself as well as from the sedation. If you are elderly, frail or have certain pre-existing medical conditions these risks may be increased.

The main risks are:

- A tear (perforation) in the lining of the bowel. Nationally this happens to approximately 1 in 1000 patients for colonoscopy and 1 in 3,000 patients for gastroscopy. The risks of a tear are higher with colon polyp removal. If we know before your colonoscopy that you have a large or difficult polyp, your endoscopist will discuss the risks with you in more detail. An operation may be required to repair the tear if it cannot be closed during the colonoscopy or gastroscopy.
- Bleeding where we take a sample (biopsy) or have removed a colon polyp happens to approximately 1 in 150 patients for colonoscopy and approximately 1 in 3,000 for gastroscopy but this is usually minor and often stops on its own.
- Aspiration – gastric juices or saliva entering the lungs. A small suction tube is used to minimise this risk during gastroscopy.
- Short term problems with breathing, heart rate and blood pressure (related to sedation). We will monitor you carefully so that if any problems do occur they can be treated quickly. Older people and those with significant health problems (for example people with serious breathing difficulties) may be at higher risk.
- Heart attack or stroke (related to sedation) – though this is very unlikely.
- Small abnormalities may be missed – though this is unlikely

## Pain relief and sedation

We routinely offer a light sedative and a pain-killing injection to help you relax. The sedative injection and painkiller will be injected into a cannula (thin tube) inserted into a vein in your hand or arm. It will make you lightly drowsy and relaxed but will not put you to sleep. You are likely to be aware of what is going on around you and will be able to follow simple instruction during the examination. We will monitor your breathing and heart rate throughout the examination.

**After sedation you will not be allowed to drive home. You should also not go home alone on public transport. You must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so we can contact them when you are ready to go home.**

**You will need someone responsible to stay with you overnight after your colonoscopy. However, if this is not possible you may not be able to have sedation and may be offered an alternative.**

Depending on your general health and suitability, this will be a gas that is inhaled called Entonox (gas and air). This is an effective pain relief which will wear off after you stop breathing it in. You will be able to drive after 20 minutes and do not need an escort, although you may prefer to have someone accompany you after your examination.

If you would prefer not to have sedation please discuss this with your Endoscopist when you come for your examination.

## **Bowel preparation instructions**

You will need to take bowel preparation which usually consists of 2 sachets of Picolax. You **must follow the instructions below carefully.**

This bowel preparation is to make sure that your bowel is thoroughly cleaned and we can carry out a complete examination.

For some people a more suitable alternative preparation is required. If a different bowel preparation has been sent there will be separate instructions sent with this leaflet. **Please follow the instructions on the Salisbury NHS foundation Trust leaflet not the manufacturer's information.**

### **7 days before the examination**

Stop taking Iron tablet. This is because iron tablets may make it difficult to clean the bowel effectively and may affect viewing the lining clearly.

### **4 days before the examination**

- Stop taking constipating agents e.g. Lomotil, Imodium, codeine phosphate, etc.
- Stop taking any stool bulking agents e.g. Fibrogel, Regulan, Proctofibre
- Continue with all other medication until your appointment unless advised otherwise.

### **2 days before the examination**

To help the bowel preparation to work effectively, you will need to start to eat a low fibre diet. This should consist of white fish, chicken, white bread, eggs, cheese, white pasta, white rice or potatoes without skins. High fibre foods such as red meat, fruit, vegetables, cereals, nuts, salad and wholemeal foods **MUST** be avoided. Have plenty of fluids to drink.

## 1 day before the examination

If your appointment is before 12 noon

Have a low fibre breakfast as described above **the day before the procedure**. **After this DO NOT EAT any food until after your colonoscopy, but drink plenty of clear fluids.** Clear fluid is water, smooth fruit juice (not containing 'bits'), fruit squash, fizzy drinks, tea or coffee without milk, clear soup, Bovril.

At 12 noon dissolve 1 sachet of Picolax in 150mls of cold water in a glass. Stir well until dissolved. The solution may become hot, this is normal. Wait until cooled and drink all at once.

At 6pm dissolve the second sachet of Picolax as above and drink all at once.

If your appointment is after 12 noon

Have a low fibre lunch as described above **the day before the procedure**.

After this **DO NOT EAT any food until after your colonoscopy, but drink plenty of clear fluids.** Clear fluid is water, smooth fruit juice (not containing 'bits'), fruit squash, fizzy drinks, tea or coffee without milk.

At 6pm dissolve 1 sachet of Picolax in 150mls of cold water in a glass. Stir well until dissolved. The solution may become hot, this is normal. Wait until cooled and drink all at once.

At 7am the day of your procedure dissolve the second sachet of Picolax as above and drink all at once.

### **Please note:**

**It is very important that you drink enough clear fluids to satisfy your thirst, ideally this is around 250mls (an average cupful) every hour.** This will help the Picolax to work more effectively and prevent you from becoming dehydrated.

Remember that Picolax will cause frequent loose bowel movements at any time after taking a dose. Stay within easy reach of a toilet. It is normal to experience some intestinal cramping. Using Vaseline or a barrier cream on your bottom will help to prevent soreness.

## The day of the procedure

**You must not have eaten any food for at least 24 hours.** You may have as much clear fluid as you like up to 2 hours before your examination. Do not drink anything after this time.

DAYS BEFORE APPOINTMENT	Food	Drinks
2 (2days before)	Low fibre diet	Normal
1 (day before)	Morning appointment have low fibre breakfast Afternoon appointment have low fibre lunch	Clear fluids only after the low fibre meal
0 (appointment day)	NO FOOD	Clear fluids up to 2 hrs before appointment

## What about my medicines?

You should continue to take your routine medicines – **with the exception of iron tablets and stool bulking agents (as previously explained)**

### Patients with Diabetes

If you have diabetes controlled by insulin please telephone your diabetic nurse for instructions about your medication

If you have diabetes controlled by tablets only, please telephone the Endoscopy booking office so we can advise you about your medication.

### Anticoagulants (blood thinners)

Please telephone the Endoscopy booking office **at least 2 weeks before** your colonoscopy appointment if you are taking Warfarin, Clopidigrel, Dabigatran, Rivaroxaban or Apixaban or medication you have been told thins the blood. You may require a blood test before your colonoscopy. **You may be asked to stop these medications but this must first be checked with a health professional. After you have telephoned to tell us, a nurse from endoscopy will telephone you back to advise you.**

If you take oral contraceptives the diarrhoea from the bowel preparation may reduce their effectiveness. Continue taking oral contraceptives but use other precautions for the remainder of that cycle.

## What to bring with you

Please bring a dressing gown and slippers with you.

Please leave all valuables at home. The hospital cannot accept responsibility for these items.

You may wish to bring a snack with you for the journey home, especially if you have special dietary requirements or alternatively you may use the hospital restaurant once your escort has arrived to collect you.

## What happens when I arrive in the Endoscopy unit?

Please book in for your procedure at the CT/MRI reception. Soon after you arrive you will be seen by a nurse who will go over your health questionnaire with you. This is to confirm that you are fit enough to undergo the examination. The nurse will record your blood pressure, heart rate and oxygen levels. If you are diabetic, your blood glucose level will be checked.

The nurse will make sure you understand the examination and you will be able to ask any further questions you have. The nurse will ask you for your signed consent form. If you have not signed your consent form the nurse will be able to answer any concerns you have and go over the consent form with you and you can sign it at this point. Taking of consent is delegated to registered nurses in Endoscopy.



The nurse will also ask you about your arrangements for getting home after your examination. If you decide to have sedation, you must be accompanied home and have a responsible adult stay with you overnight (see page 4).

You will be asked to take a seat in the admission area. A nurse will take you to change just before your examination.

## **What happens during the examinations?**

You will be escorted into the examination room where the nurses and Endoscopist will introduce themselves. Your identity and consent will be confirmed and you will have the opportunity to ask any final questions.

If you are having sedation, a cannula will be placed in a vein in your hand or arm at this point. The nurse looking after you will ask you to lie on your left hand side and the sedative (and or throat spray) will be given. You will quickly become drowsy. A mouthguard will be placed in your mouth to protect your teeth and the scope.

The Endoscopist will move the gastroscope through your mouth into your gullet, stomach and first part of the small bowel. Air is passed gently into your digestive tract to make moving the scope around easier. You may feel slightly full as the Endoscopist passes air through the scope and around your stomach. It is very important you take slow deep breaths throughout the procedure. A gastroscopy takes about 5 minutes. The nurses will then prepare the equipment for the colonoscopy.

The Endoscopist is then ready to start the Colonoscopy. The endoscopist will move the colonoscope through your back passage around the length of your large bowel. A gas is passed gently into your bowel to make moving the scope around easier. You may feel some discomfort when the Endoscopist moves the scope around the natural bends in your bowel. This discomfort will be kept to a minimum by the sedative and painkiller or Entonox gas if not having sedation. A colonoscopy usually takes 30-45 minutes

## **How long will I be in the endoscopy unit?**

This depends upon how quickly you recover from your examination and also how busy the unit is. There are several procedure rooms within the unit carrying out different procedures. Due to this you may not be called through in the order you have arrived. You should expect to be in the unit for most of the morning or afternoon.

The unit also deals with emergencies and these will take priority over people with outpatient appointments. However, we will try to keep any delays to an absolute minimum.

## **After the examination**

We will ask you to rest for up to an hour if you had sedation, depending on your progress. If you have had Entonox you will need to stay in Endoscopy for 20 minutes to allow the effects to wear off completely. Your blood pressure, heart rate and breathing will be monitored. If you are diabetic, your blood glucose will also be checked. Once you have recovered from the initial effects of any sedation you will be offered a drink and a biscuit. You should not have any pain other than discomfort from wind, which will settle after a few hours.



Before you leave the unit, a nurse or the Endoscopist will explain what was seen during the examination and whether you need any further appointments. The sedation can make you drowsy and forgetful for upto 24 hours – even though you may feel alert.

**You must be collected from the Endoscopy unit and accompanied home.** If the person collecting you has left the Unit, a nurse will ring them to ask them to return when you are ready to go home. Please tell your friend or relative to report back to the CT/MRI reception. In order to respect the privacy and dignity of our patients, friends and relatives are unable to come onto or wait in the endoscopy unit.

If you have sedation and live alone you must arrange for someone to stay with you for 24 hours.

For 24 hours after the sedation you must not:

- Drive (This is a legal requirement)
- Drink alcohol
- Go to work
- Operate machinery
- Sign any legally binding documents
- Look after young children alone

Most people feel back to normal after 24 hours.

**In order to respect the privacy and dignity of our patients, friends and relatives are unable to come onto or wait in the endoscopy unit.**