

Having a Gastroscopy & Flexible Sigmoidoscopy

If you have any questions prior to your procedure please ring on 0207-460-5605

Before you arrive

If possible you should discontinue acid suppressant medication at least 14 days before the procedure such as:

- Omeprazole (Losec)
- Lansoprazole (Zoton)
- Rabeprazole (Pariet)
- Esomeprazole (Nexium)
- Pantoprazole (Protium)
- Cimetidine (Tagamet, Dyspamet)
- Nizatidine (Axid)
- Ranitidine (Zantac)
- Famotidine (Pepcid)

If you cannot discontinue this medication, please discuss with your doctor or with the endoscopy staff.

If you are diabetic please let us know.

It is essential that you have nothing to eat for 6 hours and Only clear fluids up until 2 hour before the procedure.

If you are taking any blood thinning tablets (clopidogrel, warfarin) please consult your doctor or ring the Endoscopy department for advice

Unless you have been advised otherwise you should take your usual medicines normally (with a few sips of water)

Consent

The Consultant must by law obtain your consent to treatment beforehand. He will explain all the risks involved, benefits and alternatives before asking you to sign a consent form.

What is a Gastroscopy & Flexible Sigmoidoscopy?:

Gastroscopy also called OGD (oesophageal gastro duodenoscopy) is a procedure that allows your doctor to look inside your oesophagus (food pipe/gullet) your stomach and the first part of your small intestine (duodenum). It is done using a narrow, flexible telescopic camera called a gastroscope. The scope is passed down to your gullet into your stomach.

Gastroscopy can help to find out what is causing symptoms such as:

- difficulty in swallowing
- repeated nausea(feeling sick), vomiting and vomiting of blood
- persistent upper abdominal pain
- anaemia

It is also used to check for certain condition such as

- coeliac disease
- ulcers
- Barrett's oesophagus
- early signs of cancer

A **flexible sigmoidoscopy** is a procedure used to look inside your back passage (rectum) and the lower part of the bowel (colon). It's done using a narrow, flexible, tube-like telescopic camera called a sigmoidoscope. Your doctor will pass the sigmoidoscope into your bowel through your rectum.

Sigmoidoscopy can help to find out what is causing symptoms such as:

- a change in your bowel habit or bleeding or pain from your rectum

It's also used to check for certain bowel conditions such as:

- colitis, early signs of cancer, polyps

If necessary, biopsies (small samples of tissue) can be taken during the procedure and sent to the laboratory for further examination.

Sedation:

This will be given to you through a small plastic tube (cannula) in a vein on the back of your hand. This is not as strong as the general anaesthetic but will make you feel more calm and relaxed.. If you have sedation you will need to rest for about an hour before you can go home. Once you are fully awake, you will be able to have something to eat and drink.

Following sedation, a relative or friend must accompany you home. You will need to organise to go by a car with someone else driving as you shouldn't use public transport. You will also need to arrange for someone to stay with you overnight. Please make sure that you will have access to telephone when you return home. If you haven't been able to make these arrangements, you should speak to endoscopy staff.

Preparing for your Gastroscopy & Flexible Sigmoidoscopy

Gastroscopy & Flexible Sigmoidoscopy is usually done as a day case so you will not need to stay overnight in the hospital. However because you may receive sedative drugs during the procedure, you need to arrange for someone to collect you and take you home afterwards.

As your rectum and lower colon need to be completely empty for flexible sigmoidoscopy, one of the nurses will give you an enema (a fluid inserted into your rectum). This works like a laxative and cleans the part of your bowel that will be examined.

Before going into the examination room you will be asked to change into a hospital gown. You will have to take off all your jewellery, so it's a good idea to leave it at home

About your procedure

Your Consultant will discuss the procedure in detail with you and you'll be asked to sign a consent form. This is to make sure that you understand the risks and benefits of having the test.

In the examination room, you will be asked to lie on your side, with your knees slightly bent. You'll be connected to a monitor, which will record your blood pressure and pulse throughout the procedure. Oxygen will be given to you through your nose and a small sensor will be placed on your finger to monitor this.

The nurse or Consultant will insert a small plastic tube (cannula) into a vein on the back of your hand. The sedative will be given through this and you should start to feel relaxed and drowsy almost immediately.

If necessary, your Consultant will take a biopsy (a small sample of tissue) or remove small polyps. This is done using special instruments passed inside the colonoscope and is quick and painless, although you may feel a slight pinch. The samples will be sent to a laboratory for testing to determine the type of cells and if they are benign or malignant (cancerous).

The procedure itself usually takes between 40 and 40 minutes, after this you may spend up to an hour in the recovery bay. Before you go home you will be offered refreshments.

After your procedure

After the procedure you will rest for about an hour, As you will have had sedation during the test, a relative or friend must accompany you home. You'll need to organise to go by car with someone else driving, as you shouldn't use public transport. You'll also need to arrange for someone to stay with you overnight. Please make sure that you will have access to a telephone when you return home. If you haven't been able to make these arrangements, you should speak to the Endoscopy unit nursing staff.

Getting your results

In many cases, the results are available immediately after the examination. However, biopsy results may take five to seven days. You can talk to your Consultant about the results and any necessary treatment at your next appointment.

Some frequently asked questions

Can I bring someone with me?

We encourage escorts to drop you off at the department and nursing staff will phone your escort when you are ready to be discharged home, if you need to have someone with you. This is due to limitations of space in the department. If you feel you need someone to remain with you throughout your admission, this will be accommodated.

Please note that we do not have facilities in the unit for babies and children.

Do I need to bring anything with me?

It would be helpful if you could bring a list of the medicines that you take or bring in the medicines, as these will need to be noted in your records.

How are the scopes cleaned?

After each use they are thoroughly cleaned, disinfected and sterilised. The hospital cleans and disinfects all scopes according to national standards set by the British Society of Gastroenterology.

What if I need a translator?

If you need help with translation, there are always translators available who speak Arabic – if you require a different language – please let us know and we can arrange this.

Are there any risks associated with this procedure?

Upper gastrointestinal endoscopy and lower gastrointestinal endoscopy are classified as invasive investigations and because of that it has the possibility of associated complications. These occur extremely infrequently, we would wish to draw your attention to them. The risks can be associated with the procedure itself and with the administration of the sedation.

Gastroscopy

The main risks are of mechanical damage;

- to teeth or bridgework
- perforation or tear of the linings of the stomach or oesophagus which could entail you being admitted to hospital. Although perforation generally requires surgery to repair the hole. Certain cases may be treated conservatively with antibiotics and intravenous fluids.
- bleeding may occur at the site of biopsy and nearly always stops on its own.

Flexible Sigmoidoscopy

- bleeding (risk approximately 1: 100-200) may occur at the site of biopsy or polyp removal. Typically minor in degree, such bleeding may either simply stop on its own or if it does not, be controlled by cauterization or injection treatment.
- Perforation (risk approximately 1 for every 1,000 examinations) or tear of the lining of the bowel. An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal.

If you have any questions or need further information, please contact the Endoscopy unit:

Tel: 020 7460 5605

Fax: 020 7460 2438

The unit is open from 8.00am to 6.00pm, Monday to Friday.

www.cromwellhospital.com

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