



Gastroscopy (OGD) and flexible sigmoidoscopy explained

This leaflet tells you about having a gastroscopy and flexible sigmoidoscopy. It explains what is involved and what the possible risks are. If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you in the Endoscopy Unit. Please bring this leaflet with you.

Introduction

- Your GP or hospital doctor has asked you to have two separate investigations to investigate the upper gastrointestinal tract and the left hand side of your bowel at a single appointment.
- This leaflet aims to give you enough information to enable you to make an informed decision in relation to agreeing to the investigation.
- If you are unable to keep your appointment please inform us 0118 322 7459 as this will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you. **Any patients failing to attend for their appointment will not routinely be offered another appointment.**
- There is limited free drop off / collection parking and 2 disabled spaces outside the unit.
- If you are parking in the multi-storey, North Block or Endoscopy car parks, you will not need to take a ticket or display a ticket when you enter as your car will be registered with the Automatic Number Plate Recognition (ANPR). You will need to pay on exit. The barriers at the multi-storey car park will automatically rise whether you have made payment or not.
- Pay machines can be found on levels 0, 1, 2, and 3 and accept coins or card (no change given). Payment can also be made using the APOCA Connect App or on their website using the 'Late Pay Option' within 24 hours of exiting the car park.
- There is a Park and Ride service run by Reading Buses at Mere oak RG7 1PB. This service runs Monday to Friday 6.25am to 7.15pm. There is a very small charge to park the car and a bus fare will need to be paid. Use the 300 bus service to get to the hospital. Buses run every 20 minutes.
- Please note that there is no access to the Endoscopy Unit through the main hospital, the entrance is in Craven Road. The Unit is situated at the top of Craven Road, past the main entrance and maternity block.
- At West Berkshire Community Hospital (WBCH): Pay and Display car parking is available at the hospital, as well as designated spaces for disabled parking, motor cycles and bicycles. There is also a drop-off point and a taxi rank near the main entrance.
- Please arrive at the time stated in our letter so you can be assessed by the nurse and if necessary have a blood test taken pre-procedure.

- Please note your appointment time is your arrival time on the unit, not the time of your test. Your test will happen sometime later and although there may be other patients in the unit who will arrive after you but are taken in for their test before you, this is for medical reasons or because they are seeing a different endoscopist (doctor).

For our information: collection details

Please write your relative's or friend's name and telephone number below:

Name: _____

Telephone number: _____

What is a gastroscopy?

This test is a very accurate way of looking at the lining of your upper digestive tract, to establish whether there is any disease present.

The instrument used in this investigation is called a gastroscope. It is flexible and has a diameter less than that of a little finger.

Within each gastroscope is an illumination channel that enables light to be directed onto the lining of your upper digestive tract and another that relays pictures back to the endoscopist onto a monitor.

What is a flexible sigmoidoscopy?

This test is a very accurate way of looking at the lining of the left side of your large bowel (colon). The instrument used in this investigation is called a flexible sigmoidoscope. Within each scope is an illumination channel which enables light to be directed onto the lining of your bowel, and another that relays images back on to a monitor. This enables the endoscopist (specialist trained to perform examinations or provide treatments using a scope) to have a clear view and to check whether or not disease or inflammation is present.

During both investigations, the endoscopist may need to take some samples (biopsies) from the lining of your upper digestive tract and from your colon for analysis. These will be retained. Photographs and a video may be taken and kept in your medical records.

Why do I need to have a gastroscopy and flexible sigmoidoscopy?

You have been advised to undergo these combined investigations to help find the cause for your symptoms so we can find the right treatment, and if necessary, to decide on further investigations

Is there an alternative test?

X-ray examinations are available as alternative investigations but have the disadvantage of not allowing tissue samples to be taken and can be less informative than endoscopy.

Preparing for the gastroscopy and flexible sigmoidoscopy

Home preparation

- We advise you to wear loose fitting clothing, as this is more comfortable for you during and after the test. Please bring a dressing gown and slippers if you can.
- The left side of your bowel needs to be cleaned properly using an enema. You have been sent an enema with clear instructions to use at home one and a half (1 ½) hours before your appointment. Please try to retain the fluid in your bowel for as long as possible (for up to 5 minutes) before going to the toilet.
- Instructions for using the enema are at the back of this leaflet and also in the box with the enema.

Eating and drinking

- It is necessary to have clear views so your stomach must be empty. Do not eat anything for at least 6 hours before the procedure.
- If your appointment is in the morning, have nothing to eat after midnight. If your appointment is in the afternoon, you may have a light breakfast no later than 8 am.
- Small amounts of water are safe up to two hours before the procedure.

What about my medication?

Routine medication

- If you are taking iron (ferrous sulphate), it should be stopped 7 days before the procedure.
- If you are taking stool bulking agents (e.g. Fibogel, Regulan, Proctofibe), Loperamide (Imodium), Lomotil or Codeine Phosphate), you must stop these 5 days before your appointment.
- If you are having a follow-up gastroscopy to check for healing of an ulcer found during the last 2-3 months, then please continue your acid reducing medications right up to the day before your repeat endoscopy.
- All your other routine medication should be taken as normal.

Anticoagulants and Antiplatelet (drugs that affect the blood):

- Please telephone the Endoscopy Unit on 0118 322 7459/5249 if you are taking anticoagulants such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel, Ticagrelor and Dipyridamole..

When telephoning the unit, please have to hand, the procedure you are having, the name of blood thinning medication you take, why you take it and the best contact number to reach you. Please be aware that calls from the hospital will be withheld, so please ensure that the number you give to us, will receive our calls.

- If you have diabetes, please continue your medication as normal.

How long will I be in the Endoscopy Unit?

Overall, you may expect to be in the unit for **up to 4 hours**. The unit also looks after emergencies and these can take priority over our outpatient lists.

What happens when I arrive?

- On arrival, please go to the main desk where the receptionist will check your personal details.
- You will be greeted by a nurse and escorted to the assessment area. Here you will be asked a number of questions about your medical history and have your pulse and blood pressure taken.
- If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point. This may be done electronically.
- The nurse will ask you to remove your lower garments and put on dignity shorts and a hospital gown.

Intravenous sedation

- Sedation is rarely required for this procedure and is not routinely offered. In exceptional circumstances if it is necessary, it will be given via a vein in your hand or arm. The sedation will make you lightly drowsy and relaxed but not unconscious. You will be in a state called co-operative sedation. This means that although drowsy, you will still hear what is said to you so will be able to follow simple instructions during the investigation. Sedation has an amnesic effect – this means you are unlikely to remember the procedure.
- While you are sedated, we will monitor your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason, you will be connected by a finger probe to a pulse oximeter, which measures your oxygen levels and heart rate during the procedure. Your blood pressure will also be recorded.
- **Please note as you have had sedation you must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure and you will need someone to accompany you home.**

Entonox

- Entonox is a medicinal gas mixture used to relieve pain and discomfort during the procedure.
- Please inform the nurse when you are being admitted for an endoscopic procedure if you are taking any of the following medications:
 - Methotrexate for treating arthritis, Inflammatory Bowel Disease or cancer. Methotrexate can affect your blood cell count.
 - Medicines to treat anxiety or help you sleep, such as diazepam or lorazepam. These medications may increase the effect of entonox

- If you have had any of the following experiences, please tell us before using entonox:
 - Collapsed lung.
 - Decompression sickness or recent deep diving (within past 48 hours).
 - Lung disease or any breathing difficulties.
 - Injuries to face and jaw.
 - Head injuries.
 - Recent eye or ear surgery (not cataract surgery).
 - Known or suspected increased pressure on the brain.

How is entonox used?

- In the Endoscopy Unit, entonox is given to you by the medical team looking after you during the procedure. The team will ensure that entonox is suitable and safe for you to use. You will be given a mouthpiece that is connected to the demand valve system, which only delivers entonox to you as you breathe in.
- Entonox will begin to take effect immediately when you start to breathe in the gas. The effects of entonox will quickly wear off once you stop breathing the gas. You will be able to control how much entonox you use, depending on the amount of pain that you experience.

Entonox and driving/using machinery

- If you have entonox only (and not sedation as well), it is important you feel capable of driving before considering whether to do so. **You must wait at least 30 minutes after using Entonox before driving or using any machinery.**
- The nurse discharging you from the Endoscopy Unit will advise you on safety to drive.

Possible side effects

Entonox may cause side effects, although not everybody will get them.

Common side effects that may occur:

- Dizziness.
- Light-headedness.
- Sickness.
- Tingling.
- Disorientation.

Less common side effects that may occur if you use entonox are:

- Problems with the ear to increased pressure inside the ear.
- Tiredness.
- Bowel enlargement due to trapped gas.

Rare side effects that may occur if you use entonox are:

- Interference with the way your body uses Vitamin B12, may affect your blood cell count.
- Effects on nerve function including sensations of numbness and weakness.
- Difficulty when breathing.

The procedure

- When it is your turn, you will be escorted into the procedure room where the endoscopist and nurses will introduce themselves and you will have the opportunity to ask any further questions.
- If you have any dentures, you will be asked to remove them at this point – any remaining teeth will be protected by a small plastic mouth guard, which will be inserted immediately before the examination commences.
- The nurse looking after you will ask you to lie on your left side. She/he will then place the oxygen monitoring probe on your finger. If you decide to have sedation, this will then be administered into a cannula (tube) in your vein.
- Any saliva or other secretions produced during the investigation will be removed using a small suction tube, like a dentist uses.
- The endoscopist will introduce the gastroscope into your mouth, down your oesophagus into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing unhindered. The procedure should not be painful but may cause some discomfort.
- During the procedure, samples (biopsies) may be taken from the lining of your digestive tract for analysis in our laboratories.
- The trolley is then turned around to proceed with the flexible sigmoidoscopy; a colonoscope is gently inserted into your back passage.
- Gas is gently passed into the bowel during the investigation to ease the passage of the colonoscope.
- Some patients experience slight discomfort within the left side of the abdomen but this is rarely uncomfortable enough to stop the examination.
- During the procedure, samples may be taken from the lining of your bowel for analysis in our laboratories.

Polyps

A polyp is a protrusion (lump) from the lining of the bowel. Some polyps are attached to the bowel wall by a stalk, and look like a mushroom; whereas, others are flat without a stalk. Polyps when found are generally removed or sampled by the endoscopist as they may grow and later cause problems. Flat polyps are generally a little more difficult to remove.

- A polyp may be removed (a polypectomy) in one of two ways, both use an electrical current known as diathermy.
- For large polyps, a snare (wire loop) is placed around the polyp, a high frequency current is then applied and the polyp is removed.
- Flat polyps (without any stalk) can be removed by a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting the lining of the bowel that surrounds the flat polyp. This raises the area and allows the wire loop snare to capture the polyp.
- For smaller polyps, biopsy forceps (cupped forceps) are used.
- When having a careful look through the bowel there are certain folds where small polyps might hide. Therefore, there is a small chance that we might miss any potential polyps. The risk is 1 in 5 polyps less than 1cm in size may be missed.

What are the risks of the procedure?

Lower gastrointestinal endoscopy is classified as an invasive investigation so it has the possibility of associated complications. These are very rare but it is important that we tell you about them so you can consider this information to make your decision about consenting to treatment.

The doctor who has requested the test will have considered the risks very carefully before recommending that you have it, and as with every medical procedure, the risk must be compared to the benefit of having the procedure carried out.

The risks are small but can be associated with the procedure itself and with administration of the sedation.

Risks of the endoscopic examination:

The main risks of any endoscopic procedure are of mechanical damage, such as:

- **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 tear. The risk of perforation is higher with polyp removal.
- **Bleeding** may occur at the site of biopsy or polyp removal (risk approximately 1 for every 100-200 examinations). Typically minor bleeding may stop on its own or, if it does not, it can be controlled by cauterization (sealed by heat) or injection treatment.

Risks of sedation:

- 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. Very occasionally, some patients become restless and agitated; in these instances, we may need to stop the procedure.
- Older patients and those who have significant pre-existing health problems, for example, people with significant breathing difficulties due to a breathing condition, may be assessed by a doctor before being treated.

After the procedure

- If you have had a polyp removed, you will be allowed to rest in the recovery area, where you will be monitored for a short period.
- Before you leave the department, the nurse or doctor will explain the findings and any medication or further investigations required. She or he will also inform you if you require further appointments. A short written report and aftercare advice will be given to you.
- If you have had sedation, you will be allowed to rest for as long as necessary. Your blood pressure and heart rate will be recorded. If you have underlying breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can administer additional oxygen. Once you have recovered from the initial effects of any sedation (which normally takes 30 minutes) you will be moved to a comfortable chair.

- **If you have had sedation you may feel fully alert following the investigation; however, the drug remains in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory. If you live alone you must arrange for someone to accompany you home and stay with you, or arrange to stay with family or friends for at least 8 hours. You are not allowed home alone in a taxi. If you are having sedation and you do not have anyone to accompany you home, then your procedure will be cancelled.**
- Please note that if you decide to have sedation you should not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours.
- The nursing staff will telephone the person collecting you when you are ready to go home.
- You may return to work the next day if you feel well enough.
- We will tell you as much as possible about what was found after the test. However, biopsy results, or the examination of a polyp, will take 2-3 weeks to arrive (if urgent) or 4-6 weeks (if non-urgent).

Side effects

- If you experience any of the following problems, please contact your GP immediately, informing them you have had a gastroscopy and flexible sigmoidoscopy:
 - Severe abdominal pain (not cramp caused by wind)
 - A sudden passing of a large amount of bleeding from you back passage (a very small amount of blood – take no action)
 - A firm and swollen abdomen
 - High temperature or feeling feverish
 - Vomiting
 - Persistent sore throat
 - Worsening chest or abdominal pain
- If you are unable to contact or speak to your own doctor, contact the Endoscopy Unit during office hours (9.00am to 6.00pm) on telephone number 0118 322 7459/5249.
- You can also ring your GP's out of hour's number or ring NHS 111 they can advise if you need to seek immediate medical care or not.
- Alternatively, for out of office hours and weekends, ring Sidmouth Ward on 0118 322 7469, as per the advice leaflet you will be given upon discharge.

Summary of important information

- A gastroscopy and flexible sigmoidoscopy are safe procedures and a very good way to investigate your symptoms. Risks and complications are rare and the benefits outweigh the risks. **However, it is your decision whether you wish to go ahead with the procedure or not and you are free to change your mind at any time.**
- It is everyone's aim for you to be seen as soon as possible. However, the unit can be busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.

- Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you are unable to keep your appointment, please notify us as soon as possible on 0118 322 7459/6869.

Training

Royal Berkshire Foundation NHS Trust Endoscopy unit has doctors who are trainee endoscopists. You may be asked if you would be willing to be examined by a trainee doctor endoscopist. All trainees are under the direct supervision of an expert consultant trainer until they are fully competent; the consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Royal Berks Charity Gastroenterology Support Fund U200

The Gastroenterology Support Fund was set up with the purpose of providing gastrointestinal services that may not otherwise be available through NHS resources. The Gastroenterology Department carries out many hundreds of complex diagnostic test procedures each year and is one of the most technically advanced departments in the UK. Nevertheless, much of the equipment and some of the staffing are funded through non-NHS money raised by donations and charitable resources. In Endoscopy, this funding supports specialist nurse training. In order to expand these facilities and to remain up to date with the technological advances that are continually occurring, further donations are greatly needed and appreciated.



Donate today to the Royal Berks Charity Gastroenterology Support Fund and help make a difference.

Patient and visitor Park & Ride 300 bus service

If you are coming to the Royal Berkshire Hospital and wish to avoid long waits for parking in the multi storey, please consider using the park & ride bus service. Running Monday to Friday between 6am and 7pm, the hospital park & ride 300 service links the Royal Berkshire Hospital with the Mere oak and Thames Valley park & ride sites. For timetables and more information, visit <https://www.reading-buses.co.uk/services/RBUS/300> or call 0118 959 4000.

Contacting us

If you have any questions or need any advice, please do not hesitate to contact the Endoscopy Unit on: 0118 322 7459.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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Next review due: August 2028

Checklist

Things to remember before your procedure

- ☐ Read the leaflet carefully.
- ☐ If you would like any of this information translated into another language or in large print format, or you need an interpreter at your appointment, please let us know.
- ☐ Note appointment date in your diary.
- ☐ Wear loose fitting clothing and bring dressing gown and slippers, if possible.
- ☐ Follow the bowel preparation instructions and if you have not received the preparation please ring the Endoscopy Unit on 0118 322 7459.
- ☐ If you are having sedation, you **MUST** have someone to take you home and have arranged to be supervised for 8 hours once home or your procedure will be cancelled. You will not be allowed home alone in a taxi.
- ☐ Bring your medications or repeat prescription with you.
- ☐ Please telephone the Endoscopy Unit, at least 7 days before your procedure, on 0118 322 7459/5249 if you are taking Anticoagulants and Antiplatelet (drugs that affect the blood) such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel, Ticagrelor and Dipyridamole.
- ☐ Bring this leaflet with you to the Endoscopy Unit.

Ready to use enemas: instructions for use

- One and a half hours (1 ½) before the appointment remove bottle from the packet.
- Stand bottle in warm water for 3-4 minutes.
- Remove the protective top.
- Lie on your left side with both knees bent.
- Insert the full length of nozzle into your rectum (back passage).
- The tip of the nozzle is pre lubricated.
- Squeeze the bottle until empty.
- Discard the empty bottle.
- Wait for 5 minutes (still lying on your left side) to allow the enema to work (this is very important).
- Go to the toilet and open your bowel as fully as you can.
- The effects of the enema may last up to 1 hour during which time you may feel some discomfort.
- If for any reason you feel unable to administer the enclosed enema, it can be administered by a nurse, prior to your procedure in the Endoscopy Unit; however, you will need to arrive an hour before your original appointment time. Please note this will extend the time you will be at the hospital. Please contact the Endoscopy Unit on 0118 322 7459.

Advice for people with diabetes undergoing a gastroscopy

The day before the procedure:

- **If not on insulin:**
 - Take your medications as normal
- **If on insulin:**
 - Reduce the dose of long / intermediate acting insulin by 20% (*Lantus, Levemir, Degludec, Humulin I, Insulatard*)
 - No change to Rapid acting (*Humalog, Novorapid, Apidra, Humulin S, Actrapid*)
 - No change to pre-mixed insulin (*Novomix 30, Humalog 25, Humulin M3*)

On the day of the procedure:

- **If not on insulin:**
 - Omit (leave out) morning dose of all tablets
- **If on insulin:**
 - Reduce dose of morning long acting/ intermediate dose by 20% (*Lantus, Levemir, Degludec, Humulin I, Insulatard*)
 - Reduce the dose of your morning pre-mixed dose by half (*Novomix 30, Humalog 25, Humulin M3*)
 - Omit (leave out) your rapid acting insulin until you are able to eat. (*Humalog, Novorapid, Apidra, Humulin S, Actrapid*)

Remember, you are allowed clear sugary drinks if your blood glucose levels are low i.e. below 5 mmol/L.

For people with Type 1 diabetes on Insulin Pump therapy (Continuous Subcutaneous Insulin):

Please discuss what to do before your procedure with a member of the Diabetes Specialist Team. As a general rule, use a temporary basal rate reduction of 10% (divide by 10) from 6.00am on the morning of the test.

Remember to monitor your blood glucose levels every four hours if you are on insulin. If your blood glucose level falls below 4mmol/L, take 4-5 glucose tablets or 150mls of a glucose drink. Remember to inform a member of staff in the Endoscopy Unit if your blood glucose level is low.