

Gastrosocopy and Colonoscopy explained Combined oesophago-gastro duodenoscopy (OGD) and Colonoscopy *performed at* the Royal Berkshire Hospital and West Berkshire Community Hospital

Information and consent form

Please bring this booklet with you

Introduction

- You have been advised by your GP or hospital doctor to have two separate procedures to investigate the upper gastrointestinal tract and the large bowel at a single appointment.
- This booklet has been written to enable you to make an informed decision to the investigations.
- The consent form in the back of this booklet is a legal document please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigations, please sign and date the consent form which is attached at the back.
- If there is anything you do not understand or wish to discuss further but still wish to attend, please bring the unsigned form with you and you can sign it after you have spoken to a health care professional about your concerns.
- If you are unable to keep your appointment please inform us 0118 322 7459 or 5249 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 who fail to attend their appointment will not automatically be offered another appointment.
- At Royal Berkshire Hospital (RBH), There is a small pay and display car-park in front of the Endoscopy Unit. The charge is £3.00 for 2 hours, £4.50 for 3 hours and £6.50 for 4 hours (*correct at time of printing*). There is also limited free drop off and collection parking (30 minutes Maximum) and free disabled parking. Alternatively, pay on exit parking can be found in the main multi-storey car park on Levels 0, 1, 2 and 3.

- Please note that there is no access to the Endoscopy Unit through at main building of Royal Berkshire Hospital (RBH), the entrance of Endoscopy 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, with parking for motor cycles and bicycles. There is also a Drop Off point and a taxi-rank near the main entrance.
- Please arrive 20 minutes before your appointment time so you can be assessed by the nurse.

For our information: collection details

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

Name: _____
Telephone number: _____

Combined oesophago-gastro duodenoscopy (OGD) and colonoscopy information

The first procedure you will be having is called an oesophagogastro duodenoscopy (OGD), sometimes known more simply as a gastroscopy or endoscopy. This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum.

The second procedure you will be having is called a colonoscopy. This is an examination of your large bowel (colon).

They will be performed by or under the supervision of a trained doctor or nurse endoscopist (specialist trained to perform examinations or provide treatments using an endoscope) and we will make the investigation as comfortable as possible for you.

Before you have a combined gastroscopy and colonoscopy procedure you will usually be given sedation (to make you relaxed and drowsy) and a painkiller.

Why do I need to have an OGD and colonoscopy?

You will have been advised to undergo these combined procedures to identify the causes of your symptoms to help with facilitating treatment, and if necessary, to decide on further investigations.

The main reason for having these combined procedures is to investigate the cause of anaemia with or without changes in your bowel habit.

Is there an alternative procedure to OGD and colonoscopy?

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

What is gastroscopy?

This test is a very accurate way of looking at the lining of your upper digestive tract, and 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 which enables light to be directed onto the lining of your upper digestive tract and another which relays pictures back to the endoscopist onto a television screen. During the investigation, the doctor may need to take some tissue samples (biopsies) from the lining of your upper digestive tract for analysis, this is painless. The samples will be retained. Photographs may be taken for your medical records.

What is colonoscopy?

This examination is a very accurate way of looking at the lining of your large bowel (colon) to establish whether there is any disease present. This examination also allows us to take tissue samples (biopsy) for analysis by the pathology department if necessary.

The instrument used in this procedure is called a colonoscope and is flexible. Within each scope there are illumination channels which enable light to be directed onto the lining of your bowel and which relay pictures back onto a monitor. This enables the endoscopist to determine whether or not disease or inflammation is present.

Preparing for the investigations

Eating and drinking

It is necessary to have clear views of both the stomach and the lower bowel so you will need to follow some instructions to ensure that your stomach and bowels are empty.

One day before

You should take clear fluids only (no solid food) e.g. glucose drinks Bovril, black tea and coffee with sugar, clear soup and fruit jelly.

In addition you will need to take the laxative which should have arrived with this booklet along with clear instructions on how to administer it. If you have any queries do not hesitate to contact the Endoscopy Unit and someone will assist you.

On the day of the examination

It is very important that your stomach is empty for this investigation so on the day of your procedures it is important that you continue taking clear fluids up until 6 hours before the examination but only sips of water up to 2 hours before your appointment. You will not become dehydrated, as the laxative effects are short lived.

What about my medication?

Routine medication

Your routine medication should be taken. If your appointment is in the morning your medication should be taken at 6am with a little water. However, if your appointment is in the afternoon your medication should be taken by 8am.

Digestive medication

- If you are having a follow-up OGD 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.
- If you are taking iron tablets you must stop these one week prior to your appointment. If you are taking stool bulking agents (e.g. fybogel, regulan, proctofibe), loperamide (Imodium), lomotil or codeine phosphate you must stop these 3 days prior to your appointment.

Diabetics

If you are diabetic please follow the advice at the end of the booklet.

Anticoagulants

Please telephone the unit if you are taking anticoagulants such as Warfarin or Clopidogrel, Dabigatran, Rivoroxaban, Ipixaban.

How long will I be in the Endoscopy Unit?

This largely depends how busy the unit is. You should expect to be in the unit for approximately 3-5 hours. The unit also looks after emergencies and these can take priority over the outpatient list.

What happens when I arrive?

- When you arrive in the department you will be met by a qualified nurse, who will ask you a few questions, one of which concerns your arrangements for getting home. You will also be able to ask further questions about the investigations.
- The nurse will ensure you understand the procedures and discuss any outstanding concerns or questions you may have.
- Following sedation you will not be permitted to drive or use public transport, so you must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that she can contact them when you are ready to go home.
- You will have a brief medical assessment when a qualified endoscopy nurse who will ask you some questions regarding your medical condition and any surgery or illnesses you have had in the past and will confirm that you are fit to undergo the investigation.
- Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose level will also be recorded.

- If you suffer from breathing problems a recording of your oxygen levels will be taken.
- 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.
- The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.
- You will be asked to undress and put on a hospital gown, your dressing-gown and slippers.
- Please note, your appointment time is your arrival time on the unit, not the time of your test. Your test will happen sometime later. There may be other patients in the unit who may 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.

If you are given sedation you will not be permitted to drive home or use public transport alone so you must arrange for a family member or friend to collect you from the unit. The nurse will need to be given their telephone number so that she/he can contact them when you are ready for discharge.

Intravenous sedation

- The sedation and a pain relief will be administered into a vein in your hand or arm, which 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 and therefore will be able to follow simple instructions during the investigation. Sedation sometimes 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 may also be recorded at intervals.
- 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.

Entenox sedation

What is entonox and what is it used for?

Entonox is a medicinal gas mixture and is used to relieve pain and discomfort during the colonoscopy procedure.

Please inform the nurse when you are being admitted for an endoscopic procedure if you are taking any of the following medications:

- You are taking Methotrexate for treating arthritis IBD or cancer. Taking entonox with Methotrexate affect your blood cell count.
- You are taking medicines to treat anxiety or help you sleep, such as diazepam or lorazepam. These drugs 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.
- Severely bloated stomach.
- 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. The mouthpiece 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.

Driving and using machines

If you have entonox on its own for pain relief, it is important that you feel capable before considering whether to drive. You must wait at least 30 minutes after use before driving or using any machines.

The nurse that will be discharging you from the Endoscopy Unit will advise you whether it is safe for you 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, which may affect your blood cell count.
- Effects on nerve function including sensations of numbness and weakness.
- Difficulty when breathing.

The gastroscopy

- When it is your turn you will be escorted into the procedure room where the endoscopist and the 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. The sedation 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, rather like the one used at the dentist.
- The endoscopist will introduce the gastroscopy 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 colonoscopy

- On completion of the gastroscopy the nurse will reposition the trolley you are on ready for the endoscopist to proceed with the colonoscopy.
- The colonoscopy involves passing the colonoscope around the entire length of your large bowel. There are some bends that naturally occur in the bowel and negotiating these may be uncomfortable for a short period of time. The sedation and painkillers minimise any discomfort.
- Air is gently passed into the bowel during the investigation to facilitate the examination but most of this is removed when the scope is withdrawn from the bowel.
- During the procedure samples (biopsies) may be taken from the lining of your bowel for analysis in our laboratories. These will be retained.

Risks

Upper gastrointestinal endoscopy and lower gastrointestinal endoscopy are classified as invasive investigations and because of this 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 these tests will have considered this carefully. The risks must be compared to the benefits of having the procedure carried out. The risks can be associated with the procedure itself and with the administration of the sedation.

Risks of the gastroscopy

The main risks are of mechanical damage:

- to teeth or bridgework
- perforation or tear to 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.

Risks of the colonoscopy

- 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 (sealed by heat) or injection treatment.
- Perforation (risk approximately 1 for every 1,000 examinations) or tear to the lining of the bowel. An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal.

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 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 health problems (for example, people with significant breathing difficulties due to respiratory disease may be assessed by a doctor before having the procedure.

Additional information

Occasionally, polyps are found during the procedure.

What are polyps?

A polyp is a protrusion (lump) from the lining of the bowel. Some polyps are attached to the intestinal 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.

Polypectomy

- A polyp may be removed in one of two ways, both using 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. These hold the polyp whilst the diathermy is applied, therefore destroying the polyp.
- When having a careful look through the bowel there are certain folds where small polyps might hide. Due to this there is a small chance that we might miss any potential polyps this risk is 1 in 5 polyps that are less than 1cm in size.

After the procedures

- You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. Should you have underlying 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 offered a snack and moved into a comfortable chair.
- Before you leave the unit, 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.
- Since sedation can make you forgetful we recommend you have a member of your family or friend with you when you are given this information although there will be a short written report given to you.
- If you have had sedation you may feel fully alert following the investigation. However, the drugs remain in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory. If you live alone, try and arrange for someone to stay with you, or if possible, arrange to stay with your family or a friend for at least 6 hours.
- If the person collecting you leaves the department, the nursing staff will telephone them when you are ready to go home.

Side effects

If you experience any of the following problems please contact your GP immediately informing them you have had a gastroscopy and colonoscopy:

- 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 pain

If you are unable to contact or speak to your own doctor, contact the RBH Endoscopy Unit as per the advice leaflet you were given upon discharge.

Summary of important information

- Gastroscopy and colonoscopy are safe procedure 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 7459/6869/5608.

Checklist

Things to remember before your procedure

- Read the booklet carefully.
- Note appointment date in your diary.
- 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.
- Wear loose fitting clothing.
- Bring a dressing gown and slippers if you can.
- Follow the bowel preparation.
- Drink plenty of fluids.
- Nothing to eat for 6 hours
- Sips of water up to 2 hours before your test.
- Transport home arrangements made and supervision for 6 hours.
- Bring your medications with you
- If you are taking anticoagulants please ring the Endoscopy Unit at least a week before your test on 0118 322 7458/5249
- Bring this booklet, and consent form with you to the Endoscopy Unit/WBCH Day surgery Unit

Dietary instructions for colonoscopy preparation

Fluids allowed

Twenty-four hours before your examination you should take clear fluids only (no food): Tea (no milk), black coffee, water, strained fruit juice, strained tomato juice, fruit squash, soda water, tonic water, lemonade, Oxo, Bovril, Marmite (mixed into weak drinks with hot water), clear soups and broths, consommé. You may eat clear jellies. You may suck clear boiled sweets and clear mints. You may add sugar or glucose to your drinks.

Fluids not allowed

Drinks or soups thickened with flour or other thickening agents.

Advice for people with diabetes undergoing a lower endoscopy

Before your lower endoscopy you will be given instructions for preparing the bowel. Remember, you are allowed clear fluid which include sugary drinks (see list below).

If your diabetes is treated with tablets:

Do not take your diabetes tablets on the day of the test. Take your next dose of tablets when you are allowed to eat again.

If your diabetes is treated with a combination of insulin and tablets such as Metformin follow advice for tablets as before and insulin in following paragraph on insulin.

If your diabetes is treated with injections of either Exenatide (Byetta), Liraglutide (Victoza), Lixisenatide (Lyxumia) or Bydureon: **do not take the injection 24 hours prior to the examination.** Resume once you are eating normally again.

If your diabetes is treated with insulin:

During the period of bowel preparation when you are having low residue / low fibre diet take two-thirds of your regular insulin whatever your insulin regime.

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

During the 24 hours before your examination you will be taking clear fluids only. Stop fluid intake two hours before the procedure.

For once daily insulin only e.g. Lantus (Glargine), Levermir (Determir), Tresiba (Degludec), Toujeo (New insulin glargine), Insuman Basal, or Insulatard and Humulin I: if your insulin is due on the morning of the test **take two-thirds of your insulin dose.** Take the normal dose the following morning after your test and once you are eating.

For twice daily long acting or medium acting insulin such as Lantus (Glargine), Levermir, Insulatard, Humulin I or Insuman Basal: **take two-thirds of your normal dose in the morning.** Take the normal dose after the test when it is next due once you resume your normal diet.

For twice daily mixture insulin e.g. Humulin M3, Humalog mix 25, Humalog Mix 50, Novomix 30, Insuman Comb 15, Insuman Comb 25, Insuman Comb 50: **take one-third of the normal dose in the morning.** Resume your regular dose in the evening once you are eating normally.

For four or more injections a day: **omit the quick acting insulin** (Novorapid, Humalog, Apidra, Humalog 200(new), Humulin S, Actrapid or Hypurine neutral, Insuman Rapid) **while you are on clear fluids only. Take two-thirds of the long acting insulin in the morning** if it is due and resume the normal evening dose as soon you are able to have a meal after your procedure.

For people with Type 1 diabetes who normally take long acting insulin at night: take 20% less of the regular dose the night before the examination.

For people with Type 1 diabetes on Insulin Pump therapy (Continuous Subcutaneous Insulin): This can be discussed with a member of the Diabetes Specialist Team but as a general rule **use a temporary basal rate reduction of 10% from 06.00 on the morning of the test.**

Remember to monitor blood glucose levels four hourly 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.

Clear fluids mean:

Water, clear soup or soup that has been strained to remove any solids, black tea or coffee, sugary drinks such as lucozade, lemonade or coke.

This booklet has been reproduced from information from the British Society of Gastroenterology.

This document can be made available in other languages and formats upon request.

Endoscopy Unit
Royal Berkshire NHS Foundation Trust, December 2018
Review due: December 2020

Gastroenterology Support Fund

The Gastroenterology Support Fund has been set up with the purpose of providing equipment to carry out gastrointestinal investigation and treatment which 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 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.

If you would like to help in this way, contributions should be made payable to the Gastroenterology Support Fund or the Nurses Education Fund and sent to one of us.

Consultant gastroenterologists

A Evans	C Green	D Brooks
J Booth	A Desilva	N Patodi
J Simmons	N Chandra	K Evans

Consultant surgeons

S Middleton	P Conaghan	J Ramus
M Booth	M Sampson	G Jones
D Coull	D McGrath	K Thiruppathy

M Mahmalat – Locum consultant

Patient details

Consent form

Patient agreement to endoscopic
investigation or treatment

Name of procedure(s) *(include a brief explanation if the medical term is not clear)*

Oesophago-gastro-duodenoscopy (OGD) and Colonoscopy.

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography).

Biopsy samples will be retained.

Statement of patient

You have the right to change your mind at any time, including after you have signed this form.

I have read and understood the information in the attached booklet including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

Signed

Date

Name (print in capitals)

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have talked to the healthcare professional

Confirmation of consent *(to be completed by a health professional when the patient is admitted for the procedure).*

I have confirmed that the patient/parent understands what the procedure involves including the benefits and any risks.

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

Signed

Date

Name (print in capitals)

Job title

If your patient requires further information please complete last page



Patient details

Consent form

Patient agreement to endoscopic
investigation or treatment

Statement of health professional *(to be filled in by a health professional with appropriate knowledge of proposed procedure, as specified in the consent policy)*

In response to a request for further information I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

1. To diagnose and treat a possible cause of your symptoms.
2. To review the findings of any previous endoscopy.

Serious or frequently occurring risks

Endoscopy risks: Perforation, bleeding, damage to teeth.

Sedation or throat spray risks: Adverse reaction to any of these agents.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any extra procedures which may become necessary and any particular concerns of those involved.

Signed

Date

Name (print in capitals)

Job title

Statement of interpreter *(where appropriate)*

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

Signed

Date

Name (print in capitals)