

# Gastroscopy (OGD) and flexible sigmoidoscopy explained: 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, a gastroscopy and a flexible sigmoidoscopy at a single appointment. These will investigate the upper gastrointestinal tract and the left hand side of your bowel.
- Gastroscopy is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum.
- Flexible sigmoidoscopy is an investigation of part of your large bowel (colon).
- This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation.
- The consent form in the back of this booklet is a legal document; therefore, please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigation, please sign and date the consent form.
- However, if there is anything you do not understand or wish to discuss further but still wish to attend, do not sign the form, but bring it 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 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 two disabled spaces outside the Endoscopy Unit. Public parking can be found in the main multi-storey car park on levels 0, 1, 2 and 3. Payment is 'on exit' with pay point machines on level 0 and 2.
- Please note that at RBH 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 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 procedure. This will happen sometime later and although there may be other patients in the Unit who will arrive after you but are taken in before you, this is for medical reasons or because they are seeing a different endoscopist.

### For our information: collection details

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

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

### 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.

### 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 thereby facilitating treatment, and if necessary, to decide on further investigations.

### Is there an alternative test to a gastroscopy and flexible sigmoidoscopy?

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.

### 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 which relays images back on to a television screen. 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 the investigation

During the investigation the endoscopist may need to take some samples (biopsies) from the lining of your colon for analysis. These will be retained. Photographs and a video may be taken for your medical records.

### Preparing for the test

#### Home preparation

- It is advised that you 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 can 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 and retain the fluid in your bowel for as long as possible (for about 5 minutes) before going to the toilet.
- Instructions for using the enema are at the back of this booklet and also in the box with the enema.

### On the day of the examination

#### Eating and drinking

- It is necessary to have clear views and for this the stomach must be empty. Therefore, **do not have anything to eat 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 test.

### Hospital preparation

In special circumstances we can arrange for the enema to be administered by the nursing staff at the hospital upon your arrival in the Endoscopy Unit.

If this is necessary, please arrive 30 minutes before your appointment time.

### What about my medication?

#### Routine medication

- If you are taking Iron (ferrous sulphate), or clopidogrel, these medications 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 prior to your appointment.

- 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.
- All your other routine medication should be taken as normal.

### Diabetics

If you have diabetes please see information at the back of the booklet.

### Anticoagulants and Antiplatelet (drugs that affect the blood)

Please telephone the Endoscopy Unit on 0118 322 7458/5249 if you are taking anticoagulants such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel, Ticagrelor and Dipyridamole.

### How long will I be in the Endoscopy Unit?

Overall you may expect to be in the unit for up to 3 hours. The unit also looks after emergencies and these can take priority over our outpatient lists.

### What happens when I arrive?

- On arrival please report 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 are on anticoagulants and antiplatelet drugs, you will have a blood test to check for clotting level.
- 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.
- The nurse will ask you to remove your lower garments and put on dignity shorts and a hospital gown.

### The investigation

- 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. 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, rather like the one used at the dentist.

- 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 distressing enough to stop the examination.
- During the procedure samples may be taken from the lining of your bowel for analysis in our laboratories. These will be retained. Any photography will be recorded in your medical notes.

### Sedation

Sedation is rarely required for this procedure and is not routinely offered. In exceptional circumstances if it is necessary, it will be administered into 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 and therefore will be able to follow simple instructions during the investigation.

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. Sedation sometimes has an amnesic effect - this means you are unlikely to remember the procedure.

Please note that if you decide to have sedation you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours. Following the procedure you **must** have someone to accompany you home and stay with you for up to 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.

### What is entonox and what is it used for?

Entonox is a medicinal gas mixture and is used to relieve pain and discomfort during an endoscopy 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 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, 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. To breathe Entonox 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

Like all medicines, 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.

## Risks

Lower gastrointestinal endoscopy is classified as an invasive investigation 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 the test will have considered this 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 procedure

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 hole. 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 where this is performed). Typically minor in degree, such bleeding may either simply stop on its own or if it does not, can be controlled by cauterization (sealed by heat) or injection treatment.

## Risks of sedation

Sedation can occasionally cause problems with breathing, heart rate or blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by the 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.

## What is a polyp?

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.

## Polyp removal (polypectomy)

A polyp may be removed in one of three ways:

- For large polyps a wire loop snare is placed around the polyp. A high frequency current is then passed through the wire, which heats and removes the polyp.
- 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 while the wire loop snare is used to remove the polyp.

## 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.
- 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. Should 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 and offered a drink.
- Any sedation is likely to affect your memory, so we recommend you have a member of your family or friend with you when you are given the results, although there will be a short written report given to you.
- If you have had sedation you may feel fully alert following the investigation, but however, the drug remains in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory.

Please note that if you decide to have sedation you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours. Following the procedure you **must** have someone to accompany you home and stay with you for up to 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.

- The nursing staff will telephone the person collecting you when you are ready to go home.

## Results

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 flexible sigmoidoscopy and gastroscopy:

- 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.

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 7458.

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 were 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.

## Checklist

### Things to remember before your procedure

- Q Read the booklet carefully.
- Q 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 as soon as possible.
- Q Note appointment date in your diary.
- Q Wear loose fitting clothing.
- Q Bring a dressing gown and slippers if you can.
- Q Follow the bowel preparation.
- Q If you are having sedation, you **MUST** have someone to take you home and have made arrangements to be supervised for 8 hours once home, or your procedure will be cancelled. You will not be allowed home alone in a taxi.
- Q Bring your medications with you.
- Q Please telephone the Endoscopy Unit, at least 7 days before your procedure, on 0118 322 7458/5249 if you are taking Anticoagulants and Antiplatelet (Drugs that affect the blood) such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel, Ticagrelor and Dipyridamole.
- Q Bring this booklet and consent form with you to the Endoscopy Unit.

### Ready to use enemas – directions 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 please contact the Endoscopy Unit on 0118 322 7459.

## Advice for people with diabetes undergoing a gastroscopy and flexible sigmoidoscopy

### 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:

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.

*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.

P2P3597FSIG

Endoscopy Unit

Royal Berkshire NHS Foundation Trust, May 2019

Review due: May 2021

## 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 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.

## How to donate

You can donate to the Gastroenterology Support Fund U200 in a number of ways (please ensure you quote the fund code U200 when making a donation):

- Cheques: Please make your cheques payable to the 'Royal Berks Charity Gastro Fund U200' and post to:

Royal Berks Charity  
South Block Annexe  
Royal Berkshire Hospital  
London Road  
Reading RG1 5AN

Please include your address details so we can acknowledge receipt of your donation and, if applicable, we can send you a Gift Aid form to further boost your donation if you are a UK taxpayer.

- Cash: If you wish to donate by cash, please bring your donation directly to the Charity Office or leave with Main Reception along with your contact details. The Charity Office is located upstairs in South Block Annexe.

**For safety reasons, please do not send cash in the post.**

- Credit and debit card: We accept donations through all major credit and debit cards. Please call us on 0118 322 8860 and quote Gastroenterology Support Fund U200.
- Online: To donate please visit [www.royalberkshirecharity.co.uk](http://www.royalberkshirecharity.co.uk) and click on the 'Donate' button. In the message box please quote Gastroenterology Support Fund U200.



Royal Berkshire  
NHS Foundation Trust

## Consent form

Patient agreement to endoscopic  
investigation or treatment

### Patient details

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

Gastroscopy (OGD) and Flexible sigmoidoscopy

Inspection of the left side of your large bowel (colon) with or without biopsy, photography, removal of polyps, injection treatment.

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 procedures involve, 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**

**If your patient requires further information please complete last page**

Patient details



Royal Berkshire  
NHS Foundation Trust

## 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.

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)**