

Upper Gastrointestinal Endoscopy and Colonoscopy with Picolax

Information for patients

Your doctor has referred you for an upper gastrointestinal (GI) endoscopy and a colonoscopy with Picolax.

What is an upper GI endoscopy?

The procedure is sometimes known more simply as an endoscopy.

An endoscopy is an examination of your oesophagus (sometimes called your gullet or food pipe), stomach and duodenum. The duodenum is part of your small intestine. A flexible tube (endoscope) is passed to the back of your mouth and down into your gullet. This will give the endoscopist a clear view of the lining of the gullet, stomach and the first part of the small bowel (duodenum).

Why do I need to have an endoscopy?

An endoscopy is usually carried out when someone develops new symptoms of indigestion, heartburn or has difficulty passing food into the stomach. It can also be carried out when someone develops a low blood count (anaemia).

Some people have conditions that need to be monitored by endoscopy.

What is a colonoscopy?

A colonoscopy is an examination of your large bowel (colon). A flexible tube (colonoscope) is passed into your back passage and around the bowel. This will give the endoscopist a clear view of the lining of your bowel.

Picolax is a laxative which is taken the day before your colonoscopy to clean the bowel so that the endoscopist can see the lining of the bowel clearly.

Why do I need to have a colonoscopy?

Colonoscopy is usually carried out as part of the Bowel Screening Programme or to investigate when someone has any changes with their bowel. Some people have conditions that need to be monitored by colonoscopy.

How do I prepare for these tests?

You need to fast to have the upper GI endoscopy so you should have nothing to drink for 4 hours before your appointment. This is very important. There are instructions for taking the medicine to clear your bowel below and include information on stopping solid food the day before your test.

How long will I be in the Endoscopy Unit?

You could be in the unit all morning or all afternoon depending on how busy it is, so you may want to bring something to pass the time, such as a book or magazine.

Please do not bring any valuables (including jewellery) into the hospital.

What does the test involve?

A nurse will look after you while you are in the Endoscopy Unit and you can ask questions at any time. You need to undress and put on a hospital gown. You can bring a dressing gown and slippers in with you if you like. An extra gown will be provided if you don't bring your own. Piercings and nail polish should be removed. The test will be done by a trained endoscopist, or by a trainee supervised by a trained endoscopist.

Before we start the tests we will check your breathing, heart rate, blood pressure and oxygen levels. You might be given oxygen to breathe through a mask or small tubes placed at your nose. Some local anaesthetic will be sprayed to the back of your mouth to numb the area before the endoscopy is carried out. A small plastic guard will be placed in your mouth to protect your teeth and to keep your mouth in a comfortable position.

The endoscopist will pass the endoscope over your tongue to the back of the mouth and down into your stomach. This will not interfere with your breathing and you will be able to breathe through your nose or your mouth, whatever you prefer. This test takes around 5 – 15 minutes and is not painful.

For the colonoscopy the endoscopist will puff some air into the bowel which may give you a bloated, windy feeling. When the scope passes round a bend in your bowel you might feel some pain or discomfort for a short period of time. You can be given a painkiller to help: either an injection or Gas and Air if you prefer. The test usually takes up to 30 minutes but sometimes takes longer.

A biopsy (a small sample of the bowel lining) might be taken and sent to the laboratory for further testing. You will not feel this being done. Photographs and/or a video recording might be taken for your records.

If you have a polyp this can usually be removed during your colonoscopy. In some cases where the polyp is very large it would need to be removed by a different specialist, and you would need another appointment to have this done.

Some people feel anxious about the thought of having these tests done. We can help with this by giving you an injection of a medication like valium (sedation). Its main purpose is to take away the feeling of anxiety. If you choose to have this you **must** have someone to pick you up from the unit, take you home and stay with you for the next 12 hours. If you do not do this, you will not be able to have sedation for your test. We would advise you to arrange to have someone stay with you overnight.

Sometimes medication is given to relax the bowel during the colonoscopy. This medication is given through a cannula in your hand or arm so you may still need an injection even if you are not having sedation.

Consent

Before we can do the test, we need you to sign a form giving us permission, if you are happy for the test to be done.

Before you do this you need to understand why the test is being done and any potential risks. The following information will help with this but if you have any questions, please contact the nursing staff on the numbers provided on page 11 of this booklet.

Benefits of the procedures (endoscopy and colonoscopy)

There are a few different ways of looking at the lining of the gut. The benefit of these tests is that the lining of the gullet, stomach, duodenum and bowel is seen directly and if any biopsies need to be taken or polyps removed, they can usually be done at this time.

A CT scan can sometimes be done instead of a colonoscopy. In some people a Barium enema or swallow with X-ray pictures is best. These tests are carried out without sedation but involve exposure to radiation. The CT scan and Barium enema need you to take laxatives to clear out your bowel.

CT scans and barium enemas or swallows are not as good at seeing some conditions as colonoscopy and endoscopy and do not allow samples to be taken. If we find something abnormal during these tests we may need to do a colonoscopy or endoscopy too.

Your doctor will have thought about the other ways of looking at your gut and decided that endoscopy and colonoscopy are the best tests for you.

Risks of the procedure

Colonoscopy and endoscopy are usually safe tests to have done but there are risks that you need to know about before you decide to give us permission (consent). The endoscopists are trained in cutting down risks as much as possible, but we cannot remove risk completely. The main risks of this procedure are:

Bleeding

There could be some bleeding if a biopsy is taken or polyp removed. The risk is about 1 for every 250 polypectomies (American Society for Gastrointestinal Endoscopy, 2011). Bleeding is usually minor and stops on its own, but may need to be controlled by the endoscopist using heat, injection or clips, all placed through the colonoscope. The risk of bleeding during a simple endoscopy is very small.

Perforation

Perforation is a tear of the lining of the gut. An operation is nearly always needed to repair the hole. The risk is approximately 1 for every 1000 colonoscopies (American Society for Gastrointestinal Endoscopy, 2011). The risk of perforation is higher if a polyp is removed. The risk of perforation during a simple endoscopy is very small.

Missed pathology

Colonoscopy is the best test for looking at the lining of the bowel. However, due to the bends and folds in the gut, it is possible that something small could be missed during your test. If you have a normal colonoscopy or endoscopy and then have some changes in your bowel habit or bleeding, or new indigestion, you should still let your GP know.

Intravenous sedation

Sometimes sedation can cause problems with breathing, heart rate and blood pressure. If any of these problems do happen, they usually don't last long. A trained nurse will look after you during the test and will deal with any problems straight away.

Older people, people who have breathing difficulties or people who have problems with their heart may be checked by a doctor before having the test. It might be safer for these people to have less or no sedation, because the risk of problems from sedation might be higher for them.

Gas and Air (Entonox)

This is very safe for most people but people with some medical conditions are advised not to use it. You should not use Gas and Air if you have:

- Had a recent ear infection or an operation on your ears
- Had recent eye surgery where injections of gas have been used
- Been scuba diving within 48 hours or have decompression sickness
- A collapsed lung (pneumothorax)
- Lung disease or breathing difficulties (unstable asthma, emphysema)
- A head injury (or suspected or known increased pressure on the brain)
- A known problem with air trapped in the body (e.g. in an artery)
- A severely bloated stomach
- Injuries to the face and jaw
- Paraquat poisoning (a weed killer).

Some people find the side-effects of Gas and Air (dizziness or nausea) unpleasant but these feelings wear off very quickly if you have a short break from it.

Damage to teeth

Very rarely this test can result in damage to teeth, especially if your teeth are weak or damaged. Every attempt will be made to prevent this however we cannot take away this risk completely. For this reason dentures are removed and you will be asked about loose or weak teeth, crowns or bridgework before we start the test.

Incomplete procedure

There is a small chance that we are unable to complete your procedure for various reasons. If your laxative hasn't worked well enough then the endoscopist may have to abandon the test. Some people have very sensitive bowels which makes the procedure painful. If your test is not completed on the day of your appointment, the endoscopist will speak to you before discharge and let you know the next step.

You can ask for more information at any time, so if you have questions please bring this information booklet along with the consent form unsigned and you can speak to a health care professional before signing the form. There is a video of what will happen during your admission on NHS Lothian's Vimeo page on the internet. You can access it from the following web address <https://vimeo.com/345862918>. The video was filmed in the Endoscopy Unit at the Western General Hospital but the information is useful no matter where your appointment is.

If you have read the information and you do not wish to go ahead with the test, please speak to your GP or hospital doctor as soon as possible.

Please let us know if you do not plan to come to your appointment. There is a waiting list for this test and we could give your appointment to someone else who is waiting.

Medicines

Please bring your current medicines with you on the day of your test.

Some of the tests need you to stop taking medicines that thin your blood (anticoagulants/antiplatelets)

Warfarin

Heparin

Clopidogrel

New anticoagulants (rivaroxaban, apixaban or dabigatran).

If you are taking any of these medicines, you **must** contact the Endoscopy department phone number on page 11 of this booklet. A nurse will ask you a few questions and let you know if you should stop taking your medicines.

Please note: you do not need to stop taking Aspirin before your procedure. (British Society of Gastroenterology, 2016)

Other medicines

Please stop taking:

- Iron tablets (7 days before your appointment)
- Water tablets (2 days before)
- Anti-inflammatory pain-killers (2 days before)
- Fibre supplements (2 days before)
- Anti-diarrhoea tablets (2 days before).

Keep taking all other medicines that are not mentioned above.

If you are taking the oral contraceptive pill, the bowel preparation may cause it not to work. Other contraceptive methods should be used during the bowel preparation and for a week following the procedure.

If you have any questions about your medicines please call the telephone number for the nurses shown on page 11.

Preparing/attending for your appointment

Bowel preparation

If you have problems with your heart or kidneys please contact the nurses on the number on page 11 of this booklet before starting your bowel preparation.

2 days before your appointment

Please follow the advice in the table below and continue to eat (but avoid high-fibre foods).

You can eat and drink from the list below
Cornflakes, Rice Crispies, Ricles, Sugar Puffs, Coco Pops
White bread (with butter/margarine)
White pasta, white rice
Peeled potatoes
Chicken, turkey, fish, cheese and eggs
Puddings, pastries, cakes, etc: Milk puddings, mousse, jelly (not red), sponge cakes, Madeira cake, rich tea, wafer biscuits
Sugar, jelly jam, jelly marmalade, honey, syrup, lemon curd, Fruit Pastilles, Wine Gums, Jelly Babies
Clear or sieved soup
Tea and coffee All fizzy drinks All squashes Oxo, Marmite, Vegemite, Bovril Fruit or herbal tea Clear apple juice

1 day before your appointment

The day before your appointment, you should stop all solid food but keep drinking clear fluids from the list. Do not put milk in your tea or coffee.

You should stop taking clear fluids up to 4 hours before your appointment.

The laxatives are needed to clean your bowel so the endoscopist can have a clear view of the lining of the bowel. If the bowel is not clean then there is a higher chance that something can be missed. You **must** take the two doses of Picolax you received. **Please follow the instructions below and not those in the Picolax box.**

The table below shows you when you should take the two doses:

	First Dose	Second Dose
Morning Test (between 7am and 12 midday)	Take at 8am the day before the test	Take at 4pm the day before the test

	First Dose	Second Dose
Afternoon Test (between 12 midday and 5pm)	Take at 4pm the day before the test	Take at 6am the day of the test

Dissolve the contents of one sachet in a cup of water (approximately 150ml). The fluid will become an off-white cloudy liquid. If it becomes hot wait until it cools and then drink it followed by a litre of clear fluid over the next 2 hours. Repeat with the second sachet at the time shown above.

Keep within easy reach of a toilet as Picolax will give you diarrhoea and make you run to the toilet. It can start working within 30 minutes but sometimes takes longer. The effects can last up to six hours or more.

What happens after the test?

You will be able to rest in the recovery area until you feel able to have a drink and something light to eat. This varies from person to person but is usually around 30-60 minutes. You will have your pulse and blood pressure checked a few times and your nurse will ask you how you feel. Once everything has returned to normal you will be ready for discharge. Some people recover quickly but others need a bit more time. If you have had sedation you **must** be picked up from the unit.

Before you go home the nurse or endoscopist will go over the results of the test and any medication or extra tests needed and they will tell you if you need another appointment. You will also be given some written information with details of the results of the test.

If the person taking you home has left the department, the nursing staff will telephone them when you are ready to go.

If you have had sedation you might feel drowsy for the rest of the day. The effect of the sedation lasts for 24 hours.

If you have sedation and/or a painkilling injection:

You should not drive for 24 hours or you will be driving under the influence of drugs.

You should not drink alcohol, look after other people, sign any legally binding documents or operate machinery or possibly dangerous household appliances for 24 hours following the procedure.

Points to remember

- If you are having sedation, you **must** have someone to take you home and stay with you for 12 hours. We would advise that you arrange to have someone stay with you overnight.
- Our aim is for you to be seen and have your procedure as soon as possible after your arrival. However, the department is very busy and also deals with emergencies so it is possible under these circumstances that your procedure may be delayed.
- If you have any problems with worsening abdominal pain or continuing bleeding after your procedure, please contact the Endoscopy department between the hours of 8am – 5pm Monday to Friday on the telephone number on page 11 of this booklet.
- Out with these times please phone NHS24 on 111.

Information for Patients with Other Medical Conditions

Information for patients with implanted cardiac devices (pacemakers, defibrillators)

Some implanted cardiac devices need to be adjusted before colonoscopy can be carried out. Please telephone the number for the nurses shown on page 11. The nurses can then arrange for this to be done.

Information for patients with diabetes

Most people with diabetes do not need to be admitted to hospital for colonoscopy. We try and arrange for you to have an early morning appointment so that you do not need to fast too long. If you do not have an early appointment please phone the number for the nurses on page 11.

You need to fast before the test so you may need to adjust your diabetes medication to prevent your blood sugar becoming too low. Because of this your diabetic control may not be as good as usual, but it will return to normal soon after the test when you are eating and drinking normally. However, it is important that you avoid low blood sugars (less than 4 mmol/l) and high blood sugars (more than 15 mmol/l).

Diet-Treated Diabetes: If your diabetes is controlled by diet alone (i.e. you do not take tablets or injections to control your blood sugar levels), then the bowel preparation for colonoscopy should have little or no impact on your diabetes. If you are unsure if you take tablets for your diabetes, then you should contact your GP or your Diabetic Specialist Nurse for advice.

Tablet-Treated Diabetes: Continue taking your tablets as normal during your bowel preparation, but on the day before the colonoscopy, do not take any diabetes tablets.

Check your blood sugar more often than usual if you have a monitor. If you do not monitor your sugars, do not worry. The risk of your sugar levels going low or high is much less than for people with insulin-treated diabetes. If your blood sugar drops or you feel shaky and sweaty, you can take a sugary drink like Lucozade or Lemonade (not diet) to bring your levels back up. You should start to feel better within 10 to 15 minutes. If you do not feel better, then you should contact your GP or NHS 24.

Injectable GLP-1 analogue-treated diabetes: Weekly injections of non-insulin medicines (such as Trulicity and Ozempic) do not need to be stopped. If you take daily injections of a non-insulin medicine (such as Byetta, Victoza or Lyxumia) you should stop these on the day of the colonoscopy.

Insulin-Treated Diabetes: Once you start the bowel preparation you need to include some carbohydrate in your diet so you will need to drink some clear fluids containing sugar. It is probably best to drink these regularly throughout the day. The following contain a similar amount of carbohydrate to one medium sized slice of bread:

- 150 mls/5 fl oz unsweetened, clear apple juice
- 150 mls/5 fl oz unsweetened, clear grape juice
- 60 mls/2 fl oz ordinary sweetened squash
- 75mls/2.5fl oz traditional Lucozade
- 250mls/8fl oz ordinary lemonade
- 150ml/5fl oz cola
- 100g/4oz ordinary clear jelly.

Monitor your blood sugars at least 4 times during the day (or scan frequently if you use a Freestyle Libre device), but ideally you should monitor more frequently than this. Continue to take your daily insulin injections, but the amount you take may need to be altered according to how your blood sugar levels are behaving and how much carbohydrate containing drinks you are taking. In general, insulin doses often need to be reduced by 20-30%.

If you take an injection of long-acting insulin in the afternoon, evening or before bed, reduce the dose by 20% on the day before the colonoscopy.

If you are unsure what to do with your insulin treatment, please phone your local diabetes clinic nursing team for advice. If you have blood ketone test strips, ensure you monitor your ketones if your sugar levels are consistently above 12 mmol/l.

You should also look out for signs of low blood sugar or hypoglycaemia (sweaty, shaky, racing heart). If this happens and your blood sugar is less than 4 mmol/L, suck 3 dextrose sweets to begin with and take another 3 if you do not feel any better. You can also drink 80 - 150 mls of a sugary drink like Lucozade, sweetened squash or fruit juices. You should start to feel better within 10 to 15 minutes. If you do not feel better, then you should contact your GP or NHS 24.

On the day of the colonoscopy:

You should have nothing to drink for 4 hours before your appointment time.

Check your blood sugar on waking. If your blood sugar is less than 5 mmol/l, have a small glass of a sugar-containing drink. Inform the nurse on arrival in the endoscopy unit that you have done this.

Do not take any diabetes tablets on the morning of the colonoscopy.

If you are on multiple doses of insulin (4-5 injections per day), do not take your morning dose of quick acting insulin. If you usually take an injection of a long-acting insulin in the morning, take that injection as normal, but reduce the dose by 20%, unless your sugar levels are over 15 mmol/l.

If you take twice daily injections of a mixed insulin, reduce the dose at breakfast by 50% (unless your sugar levels are over 15 mmol/l).

If you use an insulin pump, you should not need to take any bolus insulin before the colonoscopy (unless your sugars are high) and you should put on a temporary basal rate of 80% (unless your sugars are very high).

Take all your blood testing and insulin injecting equipment with you. A nurse will check your blood sugar level when you arrive in the endoscopy unit.

If you need more advice about your diabetes medications, please contact your Diabetes Specialist Nurse as soon as possible. Remember to bring your diabetic tablets, insulin and injecting equipment with you when you attend for your appointment.

After the test the nursing staff will let you know when you can eat and drink again. Take your tablets/insulin once you have had something to eat.

When you get home, your sugar levels may vary for a short time, but this should quickly return to your usual.

Cancellation

While we make every effort to avoid this where possible, there is always a risk that your procedure may be cancelled at short notice. This is due to either emergency patients who require urgent surgery or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your colonoscopy is postponed, you will be offered a new date as soon as possible.

Keeping your appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it as soon as possible by phoning **0131 536 4162**. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

Public transport and travel information

Bus details available from:

Lothian Buses on **0131 555 6363** www.lothianbuses.co.uk

Traveline Scotland on **08712 002 233** or www.travelinescotland.com

Train details available from:

National Rail Enquiries on **03457 484 950** or www.nationalrail.co.uk

Patient transport

Patient Transport will only be made available if you have a medical/clinical need. Telephone 0300 123 1236 *calls charged at local rate up to 28 days in advance to book, making sure you have your CHI Number available. Hard of hearing or speech impaired? Use text relay: 18001-0300 123 1236* (calls charged at local rate). To cancel patient transport, telephone 0800 389 1333 (Freephone 24 hour answer service).

Interpretation and translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in patient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.

For legal reasons family members cannot interpret for you.

Family members cannot come into the procedure room with you.

Patient Information Online

Our information leaflets are now available online. To access these, go to:

<https://policyonline.nhslothian.scot/PatientInformation> and search "Endoscopy". You can then select the relevant leaflet from the list.

Contact telephone numbers

To cancel or change an appointment: 0131 536 4162

To speak to a nurse:

Western General Hospital Endoscopy unit **0131 537 1695**

Royal Infirmary of Edinburgh **0131 242 1600**

St John's Hospital (voicemail) **01506 523 982**

East Lothian Community Hospital **01620 642 885**

Leith Community Treatment Centre **0131 536 6442**

Consent Form for Upper GI Endoscopy and Colonoscopy (with Picolax)	Addressograph, or
	Name
	DOB
Unit No./CHI	

Name of procedure/investigation: **Upper GI Endoscopy and Colonoscopy**

Inspection of the colon and oesophagus, stomach and duodenum using a flexible scope – with or without a biopsy and/or a polypectomy.

Please read the patient information leaflet for further details: **Upper GI Endoscopy and Colonoscopy with Picolax version 4.0**

This procedure will involve:

Intravenous analgesia ☐ Inhaled analgesia (Entonox) ☐ Sedation ☐ None ☐

Following a request for further information: Statement of the healthcare professional

With appropriate knowledge of the proposed procedure, I have explained the procedure to the patient, in particular:

The intended benefits of the procedure:

The possible risks involved. I have discussed and listed below the significant, unavoidable and/or frequently occurring risks, including any risks that may be of specific concern to the patient:

Risks specific to colonoscopy are bleeding, perforation, incomplete procedure, and missed pathology
Risk specific to Upper GI Endoscopy is possible damage to teeth

The benefits and risks of alternative treatments that might be offered for this patient – including the option of no treatment:

Any extra procedure(s) that might become necessary during this procedure
e.g. blood transfusion ☐ Other procedure (please state) ☐

Healthcare Professional's signature:	Date:
Print name and 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 that she / he / they can understand

Signature:	Date:
Print name:	___/___/___
Or, please note the telephone interpreter ID number:	

To the patient

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

I have read and understood the information in the patient information leaflet.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I wish to proceed with the planned procedure.

Signature: Print name:	Date: ___/___/___
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If signing for a child or young person (*delete if not applicable*)

I confirm that I am a person with parental responsibility for the patient named on this form:

Signature: Relationship to the patient:	Date: ___/___/___
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If the patient is unable to sign but has indicated his/her consent, a witness should sign below:

Signature (Witness) Print name: Address:	Date: ___/___/___
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Confirmation of Consent (where the procedure/treatment has been discussed in advance)

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Healthcare Professional's signature: Print name and job title:	Date: ___/___/___
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Withdrawal of patient consent

The option of withdrawing consent has been discussed and agreed by the team treating the patient.

Signature: Print name:	Date: ___/___/___
Healthcare Professional's signature: Print name and job title:	Date: ___/___/___