

Upper Gastrointestinal Endoscopy and Flexible Sigmoidoscopy with a Phosphate Enema

Information for patients

Your doctor has referred you for an upper gastrointestinal (GI) endoscopy and flexible sigmoidoscopy.

What is an upper gastrointestinal endoscopy (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 intestine (duodenum).

What is a flexible sigmoidoscopy (sigmoidoscopy)?

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

A phosphate enema is given when you arrive in the department to clean the bowel so that the endoscopist can see the lining of the bowel clearly. This is done by gently passing some liquid through your back passage into the lower bowel.

Why do I need to have an endoscopy and flexible sigmoidoscopy?

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.

A sigmoidoscopy is usually carried out to investigate when someone has any bright red bleeding from the back passage. It can also be carried out to check if there is any inflammation or 'wear and tear' in the first part of the bowel.

How do I prepare for these tests?

You need to fast to have the endoscopy so you should have nothing to eat for 6 hours and nothing to drink for 4 hours before your appointment. This is very important. You will be given an enema to clear out the lower part of your bowel when you arrive in the department.

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. The test will be done by a trained endoscopist, or by a trainee supervised by a trained endoscopist. You need to undress and put on a hospital gown. You can bring a dressing gown and slippers with you if you like. An extra gown will be provided if you don't bring your own.

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. The endoscopy is usually done first. Some local anaesthetic will be sprayed to the back of your mouth to numb the area where the endoscope passes. This works very well but will take away the feeling of being able to swallow for up to half an hour which can feel a bit strange.

Once you are lying comfortably on your left side the endoscopist will pass the endoscope over your tongue to the back of your mouth. It may feel a bit strange for a few seconds but this will wear off once the endoscope is down into your gullet. You are able to breathe without difficulty through either your nose or your mouth throughout the whole test. The test usually takes no longer than 5-15 minutes.

For the Flexible Sigmoidoscopy the endoscopist will puff some air into the bowel which may give you a bloated, windy feeling. When the colonoscope 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 with this: either an injection or Gas and Air if you prefer. The test usually takes up to 15 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 sigmoidoscopy. If you do have a polyp we usually recommend looking at the rest of the bowel to make sure you don't have any more polyps. You will need another appointment to have this done with a different kind of bowel preparation.

Some people feel anxious about the thought of having this 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.

Consent

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

Before you do this you need to understand why these tests are 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 number on page 8 of this booklet.

Benefits of the procedure

There are a few different ways of looking at the lining of the gullet, stomach, duodenum and first part of the large bowel. The benefit of these tests (endoscopy and flexible sigmoidoscopy) is that the lining is seen directly and if any biopsies need to be taken, they can usually be done at this time.

A CT scan can sometimes be done instead. In some people a Barium meal or enema with X-ray pictures is best. These tests are carried out without sedation but involve exposure to radiation.

CT scans and barium meals are not as good at seeing some conditions as endoscopy or flexible sigmoidoscopy and do not allow samples to be taken. If we find something abnormal during these tests we usually need to do an endoscopy or sigmoidoscopy too.

Your doctor will have thought about the other ways of looking at your gullet, stomach and duodenum and decided that these are the best tests for you.

Risks of the procedure

Endoscopy and flexible sigmoidoscopy 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 are:

Bleeding

There could be some bleeding if a biopsy is taken or polyp removed. This usually settles down on its own. Serious bleeding during a simple endoscopy or sigmoidoscopy is very rare.

Perforation

Perforation is a tear of the lining of the gut or bowel. An operation is nearly always needed to repair the tear. The risk is approximately 3 for every 1000 diagnostic endoscopies (American Society for Gastrointestinal Endoscopy, 2011).

Missed pathology

Endoscopy and flexible sigmoidoscopy are the best tests for looking at the lining of the gullet, stomach, duodenum and first part of the bowel however, because of the folds in the gut there is a chance that something small can be missed during your test. If you have a normal endoscopy or sigmoidoscopy and later on develop some new symptoms you should 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, COPD)
- 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.

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 procedures for various reasons. If your laxative hasn't worked well enough or your stomach isn't completely empty 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 tests, 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 these tests 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 8 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 acid reducing medication like Ranitidine, Omeprazole, Lanzoprazole 2 weeks before your appointment. **Do not stop if you have been told you have a condition called Barrett's Oesophagus.**

Keep taking all other medicines that are not mentioned above.

If you have any questions about your medicines please call the telephone number for the nurses shown on page 8.

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 depending on whether you have had sedation 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:

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 advise you to arrange for someone to 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 8 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, defibrilators)

Some implanted cardiac devices need to be adjusted before sigmoidoscopy can be carried out. Please telephone the number for the nurses shown on page 8. 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 endoscopy or flexible sigmoidoscopy with an enema. 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 8.

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 limited food fast should have little or no impact on your diabetes. If you are unsure if you take medicine 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. 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 sweet or tablet 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. Let the nurses in endoscopy know if this happens.

Diabetes Treated with GLP-1 Analogue Injections: If you take weekly or daily injections of GLP-1 analogues (e.g. Trulicity, Victoza, Byetta, Bydureon) then you should continue to take these as normal (along with any tablets for your diabetes. Follow the advice above as for tablet-treated diabetes.

Insulin -Treated Diabetes: Ideally 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.

Don't take your morning dose of insulin, but 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.

On the day of your procedure

If you need more advice about your diabetes medicines, 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, there is always a risk that your procedures may be cancelled at short notice. This is due to either emergency patients who need to be seen urgently or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your endoscopy and sigmoidoscopy are 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 08712002233 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.nhsllothian.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 Flexible Sigmoidoscopy (with Phosphate Enema)	Addressograph, or
	Name
	DOB
	Unit No./CHI

<p>Name of procedure/investigation: Upper GI Endoscopy and Flexible Sigmoidoscopy</p> <p>Inspection of the oesophagus, stomach and duodenum using a flexible scope – with or without a biopsy and/or a polypectomy. Inspection of the left colon using a flexible scope – with or without a biopsy and/or a polypectomy.</p> <p>Please read the patient information leaflet for further details Upper GI Endoscopy and Flexible sigmoidoscopy with Phosphate Enema version 4.0</p> <p>This procedure will involve: Intravenous analgesia <input type="checkbox"/> Inhaled analgesia (Entonox) <input type="checkbox"/> Sedation <input type="checkbox"/> None <input type="checkbox"/></p>
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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: Risk specific to Upper GI Endoscopy is possible damage to teeth Risks specific to sigmoidoscopy are bleeding, perforation, incomplete procedure, and missed pathology	
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 <input type="checkbox"/> Other procedure (please state) <input type="checkbox"/>	
Healthcare Professional's signature: Print name and job title:	Date: ___/___/___

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

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: ___/___/___
If signing for a child or young person (<i>delete if not applicable</i>) I confirm that I am a person with parental responsibility for the patient named on this form:	
Signature: Relationship to the patient:	Date: ___/___/___
If the patient is unable to sign but has indicated his/her consent, a witness should sign below:	
Signature (Witness) Print name: Address:	Date: ___/___/___

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: ___/___/___

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: ___/___/___