



Gastroscopy and flexible sigmoidoscopy

Information for patients

This leaflet has been written by staff working in the Endoscopy Unit at West Middlesex University Hospital. We hope you find it useful. If, after you have read it, you have any questions or concerns, please contact us on 020 8321 2585/5191. When you come into the unit (Ground Floor) please talk to us about any worries and ask any questions you have.

If you would like to change your appointment time or date, please contact the endoscopy unit booking team on 020 8321 5752/5380.

Your appointment time in endoscopy is approximate because some procedures may take longer than expected and emergency procedures need to take priority. Please expect to be in the department for several hours—having pre-procedure checks, the procedure and for recovery after the procedure.

Appointment date:

Appointment time:

Contact information

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What is a gastroscopy?

A gastroscopy, also known as an endoscopy or OGD is a test in which a long flexible telescope called an endoscope is passed through the mouth allowing the endoscopist to look directly at the lining of the oesophagus (gullet), stomach and duodenum (small bowel).

What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is a test in which a long flexible telescope called an endoscope is passed into the anus (back passage) allowing the endoscopist to look directly at the lining of the last part of the large bowel.

For both gastroscopy and flexible sigmoidoscopy

Sometimes a biopsy—a sample of tissue—is taken for analysis (testing) in the laboratory. The tissue is removed through the endoscope using tiny forceps. This is not painful.

Some people will require treatment through the endoscope to treat/prevent bleeding, or to dilate up the oesophagus. If this is needed the procedure will be explained and may take longer.

There is a considerable variation in the way people react to this procedure and the sedation. General anaesthesia is not required. The procedure is safe but may be unpleasant and, at times, uncomfortable.

If you chose to have sedation, we aim to use enough sedative to relax you. We do not send you to sleep but we will do our best to make you as comfortable as possible. Some people will not remember all of the procedure after having the sedative, this is normal and nothing to worry about.

What are the benefits and risks?

The benefit is that this procedure will help us to investigate your symptoms and it may help us to treat you.

Gastroscopy

There is an extremely small risk of bleeding or a tear in the lining of the gut (perforation 1 in 9000), which may require urgent treatment, blood transfusion or an operation. Gastroscopies also involve a slight risk of damage to crowned teeth or dental bridgework.

Flexible sigmoidoscopy

There is an extremely small risk of bleeding or a tear in the lining of the bowel (perforation 1 in 2,500), which may require urgent treatment, blood transfusion or an operation.

What should I do before I come in?

If you are having sedation, you must organise for someone to take you home after the test and be with you for 24 hours.

Drugs

If you are taking any of the following medicines, please stop taking them accordingly:

7 days before procedure:

- Omeprazole (Losec), lansoprazole (Zoton), esomeprazole (Nexium)
- Bulking agents (Fybogel or Regulan)

2 days before procedure:

- Ranitidine (Zantac), cimetidine (Tagamet)

Unless you have been advised otherwise, you should take any other usual medicines normally (with a few sips of water).

If you are diabetic, please let us know in advance.

If you are taking any of the following medicines, please inform the pre-assessment nurse or a member of the endoscopy team for further instructions:

- Warfarin, rivaroxaban, apixaban, dabigatran, edoxaban
- Clopidogrel, prasugrel, ticagrelor
- Aspirin and any other medication used to thin the blood (anti-coagulant)

On the day of the gastroscopy and flexible sigmoidoscopy

Your stomach must be empty for us to perform the gastroscopy. Therefore, it is essential you have nothing to eat for at least six hours before the examination (see your letter). You may drink **small sips of clear fluids** (water, black tea or black coffee) **until two hours before the procedure**—check your letter for the time.

What will happen when I come in?

On admission to the unit a nurse will ask you several questions about your health, current medication (please bring an up to date list with you), take your blood pressure and pulse, and ask you to get changed into a gown.

You need to have an enema before the test, as the bowel needs to be empty. A short plastic tube will be passed into your bottom while you are lying on your left-hand side and a small amount of fluid (medicine)

will be passed through the tube to make your bowels open. You will be within easy reach of toilet facilities after the enema is given.

You do not need to bring anyone with you to your appointment, unless they are acting on your behalf (eg interpreting for you). **Your escort/relative will only be needed when you are discharged if you have sedation.** Please avoid bringing cash or valuables with you.

Prior to the test you will be seen by the endoscopist. This is an opportunity to discuss the test before you sign a consent form. Please ask any questions you may have. It is important that you understand what is going to happen.

What options are available for the procedure?

Throat spray: If you chose this you will be fully awake during the examination. The endoscopist and nurses will talk you through it. A local anaesthetic spray will numb the back of the throat, helping the endoscope to go down.

Sedation via a needle: If you chose this we will give you a sedative via a needle in your arm. This is not a general anaesthetic but will make you relaxed and may make you feel sleepy. If you have sedation you will need to rest on a trolley here for at least an hour afterwards until the effects of the sedation have worn off. **If you have sedation, your escort must collect you from the unit, take you home and be with you for the next 24 hours.**

What will happen during the test?

In the procedure room you will lie on a trolley (narrow bed), on your left side. Two nurses and the endoscopist will stay with you throughout both tests.

During the test you may be given oxygen through little prongs that fit just inside your nostrils. Your blood pressure, pulse and oxygen levels will also be monitored.

Gastroscopy

You will be asked to bite on a small plastic mouthpiece to help keep your mouth open. This will also help to protect your teeth during the test. Dentures have to be removed if they are loose.

When the endoscope is passed through your mouth it is likely to be uncomfortable. It may make you feel sick or you may retch. The endoscope will not interfere with your breathing.

During the test air is passed down the endoscope into your stomach to get a clear view. This may make you burp. The air is sucked out at the end of the test. If you get a lot of saliva in your mouth, the nurse will clear it using suction (the sort of tube that is used when you go to the dentist).

Flexible sigmoidoscopy

The doctor will perform the flexible sigmoidoscopy immediately after the gastroscopy by passing the endoscope into your bottom. During the test air is passed down the endoscope into your bowel to expand it, so the doctor has a clear view of the lining of your bowel. This may give you some wind-like pains and may also make you need to pass wind. Although this can be embarrassing, remember the staff do understand what is causing it and the air is sucked out at the end of the test. You may also get the sensation of wanting to go to the toilet, but as the bowel is empty, there is no danger of this happening. This sensation is normally due to the air we have pumped in.

Both procedures are usually completed between 30–45 minutes. If you need treatment given through the endoscope, this may take longer. If this applies to you it will be discussed when your appointment is made.

Do I need to be escorted home?

If you have sedation you must have an adult escort collect you from the unit.

Please ensure the nurses have the contact details for your escort prior to the procedure. A nurse from the unit will call your escort once you are ready for collection.

Please note: You will not be able to have sedation if you do not have an escort arranged to collect you. We cannot escort you home.

The sedative will make you drowsy and even if you feel wide awake your reactions may still be affected. You may find it difficult to concentrate and you may forget things that you have been told after the procedure. The nurses will give you written discharge information. This includes the advice that for 24 hours after sedation you should not drive, ride a bicycle, operate machinery, take sedatives or drink alcohol or sign legal documents.

What happens to my medication?

We will talk to you before you go home about any changes/additions to your medications.

What can I expect when I go home?

You may experience bloating and abdominal discomfort for a few hours after the test. This is because of the air that is used to expand and inflate your stomach and bowel during the test. These symptoms are often relieved by the passing of wind.

If you have had a polyp removed or a biopsy, you may experience a little bleeding from your back passage.

Some patients have told us that they experience discharge from their back passage or an urgent need to open their bowels after the procedure. You may therefore like to bring a change of underwear with you.

If the pain continues or you are passing large amount of blood, or you have concerns or questions, please contact the Endoscopy Unit on 020 8321 2585/5191 (8am–6pm) or 020 8321 2121 and ask for the on-call gastroenterologist (6pm–8am).

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