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Your guide to having a combined Gastroscopy and Colonoscopy

Issued by the Endoscopy Team

You have been referred for a combined gastroscopy and colonoscopy. This leaflet is to inform you about your pre-assessment appointment and procedures.

Purpose of the treatment/procedures or investigation

The purpose of these examinations is to investigate the cause of your symptoms. The results of these investigations will be used to guide your further treatment.

What is a combined gastroscopy & colonoscopy?

A gastroscopy is an examination that looks directly into your gullet (oesophagus), the stomach and the first part of the small bowel (duodenum). The instrument used for this test is called a gastroscope which is a narrow flexible tube, approximately the thickness of your little finger. This is passed through your mouth into the gullet and then into the stomach.

The second test that you will have is called a colonoscopy. This is an examination of the large bowel (colon). The instrument used for this test is called a colonoscope which is a flexible tube approximately the thickness of your middle finger. This is passed through your back passage into the bowel.

What are the benefits of having a gastroscopy & colonoscopy

Gastroscopy and colonoscopy are used to investigate symptoms such as indigestion, heartburn, difficulty in swallowing, vomiting, weight loss, bleeding from the stomach or bowel and diarrhoea. Colonoscopy is also used in people with a strong family history of cancer of the bowel and anaemia.

Sometimes we take a **biopsy** – a small sample of the bowel and/or stomach lining - for examination in the laboratory. A small piece of tissue is removed painlessly through the gastroscope or colonoscope, using tiny forceps. It is also possible to remove **polyps**. A polyp is an abnormal projection of tissue, rather like a wart, which the doctor will want to examine in more detail.

About my pre-assessment visit

You will have attended the Endoscopy Unit for a pre-assessment visit first, where you will have been seen by the pre-assessment nurse, who asked you questions about your health and gave you detailed instructions on how to prepare for the test. Sometimes it may not be necessary to attend pre-assessment, but if you have not had this test before, and have not attended pre-assessment, please contact the Endoscopy Unit.

If you take any of the tablets listed below, the nurse will ask you to follow these instructions:

Iron Tablets (ferrous sulphate)

Stop taking iron tablets one week before your test – this is extremely important.

Warfarin, Phenindione, Acenucoumarol, Rivaroxaban, Dabigatran, Apixaban, Clopidogrel/Prasugrel

All patients on these drugs **must** follow the instructions given at the pre-assessment visit.

If you are on warfarin/phenindione we will check your INR on the day of the procedure. Please bring your yellow anticoagulation record book when you attend your procedure.

If after your pre-assessment appointment you are unsure what to do contact the endoscopy unit for advice.

Aspirin and Dipyridamole – If you are on aspirin **or** dipyridamole you can continue to take these tablets as normal.

If you are taking both aspirin and dipyridamole **together** then you will need to stop the dipyridamole 48 hours before the procedure.

Ulcer tablets: You should stop taking any ulcer tablets, if possible, for two weeks before your gastroscopy **unless** specifically advised by your general practitioner or at pre-assessment to continue.

Such tablets include omeprazole (Losec), lansoprazole (Zoton), rabeprazole (pariet) and pantoprazole (Protium). The reason for this is that these medications may obscure the cause of your symptoms.

You can continue to take ranitidine or cimetidine and still use an antacid such as Gaviscon or Rennies to control your symptoms.

Tablets for all other conditions such as angina, asthma and epilepsy should be taken as normal.

If you are on an oral contraceptive pill, you will need to use an alternative form of contraception for two weeks before and two weeks after the procedures as the bowel preparation can stop contraceptive pills working.

If you are receiving treatment for diabetes

If your diabetes is controlled by diet, then you need take no particular action other than following the information leaflet on bowel preparation given to you at the pre-assessment appointment.

If you take tablets or insulin injections for your diabetes a specific information leaflet with detailed guidance about fasting, diabetes medication and insulin and bowel preparation will be given to you

at pre-assessment. The nurse will go through the leaflet which gives details for both a morning and an afternoon appointment.

After the test you can take your normal diabetic treatment and we give you something to eat. If in doubt, please telephone the Endoscopy Unit for further advice.

Preparing for your test

To allow a clear view of the inside of your bowel and stomach, it is essential that they are completely empty. At pre-assessment, you will be supplied with a special liquid that you drink which we call the bowel preparation. You will need to restrict what you eat in preparation for the test.

When you are taking the bowel preparation, you will need to stay at home within easy reach of a toilet. The bowel preparation can make you feel a bit sickly and will give you watery diarrhoea. Both of these things are normal. You can drink clear fluids (such as water) until two hours before your appointment time.

What happens when I come for my test?

You will be met by a member of staff and shown into the waiting area. When your turn comes, a nurse will check through some questions asked at pre-assessment. The doctor or nurse who is doing the test will then talk to you. They will explain what will happen and give you an opportunity to ask questions.

Your options for sedation and/or pain relief will be explained to you. You can choose whether you want a sedative injection, throat spray or Entonox (see below). For the gastroscopy you have the choice of either having your throat sprayed, which makes it numb, or an intravenous injection of a sedative. For the colonoscopy you may choose Entonox.

At this point you will be asked to read and sign a form that gives your consent to the tests. It is very important that you understand the tests before signing the form so if you have any questions please do ask.

Before your tests start you may be asked to change into a hospital gown. You might like to bring a dressing gown to make you feel more comfortable.

The sedative injection

You will be given an injection into a vein, usually into the back of your hand, to make you more comfortable during the test. The injection used is usually a mixture of a painkiller (pethidine or fentanyl) and a sedative (midazolam). People respond to the injection in different ways. Some people are very drowsy and do not remember having the test afterwards, but others may be more alert and remember the examination.

It is not always safe to give more of the sedative drug. You will be aware of what is going on and you will not be completely 'knocked out'.

The after-effects of the injection

Your ability to think clearly and make decisions may be affected for up to 24 hours even though you may feel wide awake. For this reason you need to have someone to drive you home and stay with you overnight. If you choose to have pain relief (fentanyl or pethidine) you need to be aware that it is an offence to drive under its influence.

If you don't have anyone to look after you overnight, you can have the first test with throat spray and the second with Entonox and pain relief but no sedation. This can be discussed at your pre-assessment appointment.

After the test and for the next 24 hours, you should not:

- Drive a vehicle or motorbike
- Use potentially dangerous appliances such as a cooker
- Have a bath without someone being there to help you
- Look after children on your own
- Go to work
- Operate any potentially dangerous machinery
- Sign any legal documents
- Drink any alcohol

What is Entonox?

Entonox is a colourless and odourless gas made up of 50% nitrous oxide and 50% oxygen. It has been used for pain management for many years and you may be more familiar with hearing it called ‘gas and air’.

You will administer the Entonox yourself by breathing into a mask or mouthpiece. You will be asked to use it for about five minutes before starting the colonoscopy. As you continue to use it you will become relaxed and maybe drowsy and will need to continue breathing the gas until the procedure is finished. There are no long-lasting effects and you will be able to drive afterwards.

Pain may be relieved but not necessarily remove it completely. If you need further pain relief, just ask.

Who will do your gastroscopy & colonoscopy?

A doctor or nurse-endoscopist will perform your procedures. We also have qualified doctors who are being trained in endoscopy. You can be assured that whoever does your procedures, he or she, has been trained to a high degree and is being supervised at an appropriate level. We may ask if you mind whether medical students can observe but this is voluntary.

What happens during the gastroscopy?

First, we place a small protector between your front teeth. The tube will be passed through your mouth and over the back of your tongue and you will be asked to swallow to help the tube go down. We will inflate your stomach with a little air so that we can see what is happening, so you may feel like belching. The tube does not interfere with your breathing. We frequently take a small sample of the lining of the stomach (a biopsy) for further analysis.

This is not painful. The whole procedure usually takes between 5 and 10 minutes, but can take longer.

What happens during the colonoscopy?

You will lie comfortably on your left side on a couch. The tube will be inserted into your back passage. The tube is then passed around the bends in your bowel. This can take anything between 10 and 45 minutes, depending on the length of your bowel and what we find on the way. A nurse will stay with you throughout the test.

Will it be painful?

What patients say about the test is very variable. Many patients are drowsy during the test. However, some do experience discomfort and pain. We try to minimise the pain that you experience but if it is too much for you, we can stop the test at your request. The discomfort and pain should only last for a short time.

What happens after the test?

If you had the throat spray:

You cannot have anything to eat or drink until the numbness in your throat has worn off. This will take about 30 minutes.

If you had the sedative injection:

The doctor will talk to you when you are more alert. It is best to have a friend or relative listen to this because you will not remember much of what you have been told. It is essential that you arrange for someone to accompany you home and stay with you until the next day.

When you leave the Endoscopy Unit it is essential that:

- You have someone with you and that they stay with you until the next day.
- You do not go home alone, even in a taxi.
- You do not drive or work until the next day after the test.

A nurse will also talk to you and explain about any follow-up appointment and explain when you get the results.

You may experience some mild to moderate windy pains in your stomach. If you had a polyp removed or a biopsy performed you may experience a little bleeding. Although unpleasant, these are normal and should stop with 24 hours.

When will I get the results?

The doctor or nurse will speak to you before you leave and explain what was seen and done during the test.

Are there any risks in having these procedures?

Like all clinical procedures, there are some (small) risks from having a gastroscopy. Minor side-effects such as a sore throat and windy tummy are quite common. There is a very small risk of damage to dental crowns or bridgework. Serious side-effects are extremely rare and occur in approximately 1 in 2,000 people. The most serious is damage to the lining of the stomach or gullet that can require a surgical operation to repair.

There are some (small) risks from having a colonoscopy. Minor side-effects such as a windy and sore stomach are quite common. It may take you several hours to get rid of all the wind. Serious side-effects are extremely rare from simple colonoscopy and occur in approximately 1 in 1000 people. If we perform treatment during colonoscopy, particularly if we remove polyps, the risks are higher (approximately 1 in 500) and you should regard this as being like a surgical procedure.

The main risks are that there will be bleeding afterwards or that there will be damage to the bowel wall causing a perforation (tear) of the bowel. Both of these complications are rare and mostly get better themselves. If a complication should occur you may need to spend a few days in hospital while the bowel repairs itself. Very occasionally we have to perform a surgical operation to sort the problem out.

Like all clinical procedures there is a very small risk of death if a complication does occur, but this is extremely rare (less than 1 in 10,000 endoscopies).

Alternative/options for treatment

We used to use an x-ray technique called a barium meal to find out if a patient had ulcers. This is not nearly as accurate as a gastroscopy and so is now only advised under special circumstances. However, if you are having difficulty swallowing, a barium x-ray may still be helpful.

If you are less than 55 years of age, a gastroscopy is not always necessary. You can have a blood test to see whether you have bacteria in the stomach called Helicobacter pylori, which is the cause of most ulcers. If the blood test is positive, your doctor can then treat the bacteria without the need for a gastroscopy.

If you are under 55 years of age and have not had the blood test for Helicobacter pylori, please talk to your doctor about this.There are a number of ways in which we investigate bowel symptoms,

such as a specific form of x-ray called a CT colonography. The use of these tests depends on factors which include your specific symptoms, age, level of fitness and how likely it is that you have something seriously wrong.

Contact us

If you have any queries please contact us:

North Tyneside General Hospital Monday to Saturday, 8am - 6pm	0191 349 9672
Wansbeck General Hospital Monday to Friday, 8am - 6pm	01670 529 063
Hexham General Hospital Monday to Friday, 8am - 6pm	01434 655 321
Alnwick Infirmary Monday to Friday, 8am - 6pm	01665 626 794
Berwick Infirmary Please note this unit is not open daily, if there is no response please contact Alnwick Infirmary.	01289 356 635

If you need urgent care outside of these hours call 111 or go to:

- your local 24 hour walk-in service at Hexham, North Tyneside or Wansbeck
- your local minor injuries unit if you live in Alnwick, Berwick, Blyth or Haltwhistle

If you need emergency care, dial 999 or go to the Northumbria Specialist Emergency Care Hospital, Northumbria Way, Cramlington, NE23 6NZ.

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices
www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)
www.nice.org.uk

Patient Advice and Liaison Service (PALS)
Freephone: **0800 032 0202**
Text: 01670 511098
Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust
General Enquiries **03 44 811 8111**
www.northumbria.nhs.uk

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