



PATIENT PROCEDURE INFORMATION LEAFLET

**GASTROSCOPY & FLEXIBLE
SIGMOIDOSCOPY
(ENEMA ON ARRIVAL)**

What is a Gastroscopy?

A gastroscopy (or simple endoscopy) is a test which allows the Endoscopist to look directly at the lining of the oesophagus (gullet), the stomach, and the first part of the small intestine (duodenum). In order to do this, a thin flexible tube called a gastroscope that transmits live video images to a TV monitor is passed through your mouth into your stomach.

Why am I having a Gastroscopy?

Your doctor wants to find out if there is a reason for the symptoms you are having so that he can suggest treatment.

The Endoscopist will get a clear internal view and find the cause of your symptoms. Importantly, this is the only test that allows biopsies to be taken for analysis.

What is a Flexible Sigmoidoscopy?

A flexible sigmoidoscopy is a test which allows the Endoscopist to look directly at the lining of the left side of the large bowel (colon). This is done using an endoscope which has a thin flexible tube that transmits live video images to a TV monitor. This is passed into your anus (back passage) and around your bowel.

The test allows the Endoscopist to painlessly take tiny pieces of tissue (biopsies) for analysis to assess the lining of the bowel.

If a polyp (an overgrowth of tissue) is found this can often be removed painlessly during the procedure and again sent for analysis.

Why am I having a Flexible Sigmoidoscopy?

Your doctor wants to find out if there is a reason for the symptoms you are having so that he can suggest treatment.

The Endoscopist will get a clear internal view and find the cause of your symptoms. Importantly, this is the only test that allows biopsies or polyps to be taken for analysis.

Are there any alternatives to the test?

Yes, a barium swallow, barium meal or a Computed tomographic colonography (virtual colonoscopy) which will show larger abnormalities of the mucosa (lining) however biopsies cannot be taken and polyps cannot be removed.

Are there any risks to the test?

The procedure is considered safe. Complications are rare but possible:

- If a biopsy is taken or a polyp removed it can lead to bleeding or a perforation (tear) of the bowel. Bleeding usually settles on its own. A perforation often requires surgery but the risk of this complication is small. The overall complication rate including perforation and bleeding is estimated to be less than 1 in 1000 cases.
- Complications of sedation.
- Damage to teeth, crowns or bridges.
- Aspiration.
- You are likely to feel bloated and have some abdominal discomfort after the test.
- You may also have a mild sore throat.

Before admission

Do not eat or drink anything for 2 hours before the test.

Please bring a list of your medication with you and your dressing gown and slippers.

What should I expect?

- On arrival, report to the Reception desk in Endoscopy Unit. Your details will be checked and you will be asked to take a seat.
- A nurse will collect you and take a brief medical history from you, including a discussion of your current medication, discharge arrangements and the test itself. Please inform the nurse of any allergies. Please ask questions if you have any.
- You may be asked to wait a short while until you have the test.
- A Nurse or Endoscopist will ask you to sign the consent form making sure you understand the test.
- You will be asked to change into a theatre gown and remove your underwear.
- You will be given an enema, which is inserted into the back passage. The large bowel, which normally contains faeces, must be clean to ensure safe, clear views. You will have a private room with its own toilet facilities.
- The ward is a single sex area.

Is the procedure painful?

The procedure can be uncomfortable so you will be offered Entonox which is a short acting pain relief in the form of gas you breathe in. This does not remain in your system so you would not need any special aftercare requirements if you choose this option or you will be offered a sedative and a painkilling injection which is given through a plastic tube (cannula) inserted into the back of your hand or arm. This will make you more comfortable but it does not put you to sleep, however you may forget the procedure afterwards, and there are special aftercare requirements for 24hours after the procedure. During the gastroscopy you may experience some retching as the tube touches the back of your throat. You may feel bloated and burp because air is put into your stomach to ensure good views. The test usually lasts between five and fifteen minutes. These feelings are not pleasant but do not last long.

There are two ways you can have the Gastroscopy:

1. You can have local anaesthetic spray to the back of the throat which numbs the area and makes it easier to pass the tube. It also reduces retching.
2. You can have a mild sedative which will help you feel more relaxed about the test. It does not put you to sleep.

If you do not wish to have any of these options, please inform the nurse.

During the test

- You will be taken into the procedure room. In the room will be the Endoscopist and two nurses who will stay with you during the test
- You will normally be given Entonox or a sedative injection unless you have requested otherwise.
- You will be made comfortable on your left side with your knees bent
- A pad will be placed under your chin and one under your bottom.
- A plastic mouth guard will be placed gently in your mouth.
- The endoscope will be passed across the top of your tongue to the back of your throat. Try to breathe steadily and remain calm.
- It will then be passed down the gullet, into the stomach and the small intestine. You may feel bloated as air is used to inflate your stomach to get good views.
- Biopsies can be taken and this is painless.
- Photographs may be taken of normal and abnormal mucosa.
- If you get a lot of saliva in your mouth, the nurse will clear it using a suction tube.
- The endoscope is removed slowly taking some air out at the same time.
- The mouth guard will be removed and a tissue provided to wipe your mouth.
- The trolley you are lying on will be turned around.
- The Endoscopist will lubricate your back passage with a gloved finger and lubricating jelly.
- They will then pass the instrument into your back passage and manoeuvre it carefully around the bowel
- Biopsies can be taken or polyps removed.
- Photographs may be taken of normal and abnormal mucosa
- You may be asked to change positions and the nurses will help you do this
- The nurse may press on your abdomen to assist the manoeuvring of the instrument
- The endoscope is removed slowly to ensure good views
- You will be covered and made comfortable
- You will be taken out to the ward area to recover.

When can I go home?

If you have had Entonox and/or throat spray then you would be allowed to leave the department when the effects have worn off normally no longer than 30 minutes. If you had a sedative then you will need to rest in the department for as long as necessary. We will only discharge you when you are safe to go home and you feel happy to do so.

If you have had sedation:

FOR 24 HRS YOU MUST NOT:

- **Drive**
- **Operate machinery**
- **Drink alcohol**
- **Sign legal documents**

How will I feel afterwards?

- Your throat may feel sore but will settle without treatment.
- You may feel bloated because air remains in your bowel; it will settle as you pass wind
- If you have been sedated, you may feel tired and lethargic for the next 24hrs so you should rest
- You should be able to eat and drink as normal

When will I know the results?

When you are fully awake, you will be told about the test and anything that has been done. We prefer a family member or friend to be present as you may forget what you have been told because of the medication you have had. If you object to a family member being present, please inform the nurses.

You will be given a discharge leaflet which includes aftercare, useful telephone numbers and information about your test.

The hospital Consultant responsible for your procedure will receive any biopsy results and will write to you or see you in Out- patients.

A copy of the report will also be sent to your GP.

The consent form

You will find a consent form with this information. This gives the Endoscopist a formal indication that you are agreeing to undergo the procedure as described. You keep a portion of the form as your record.

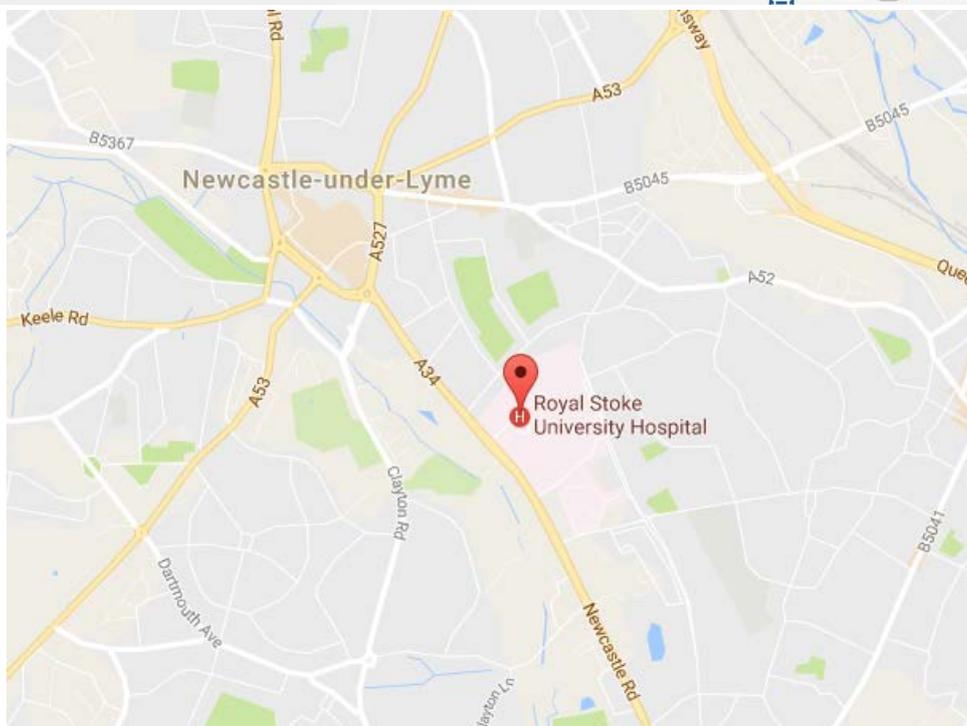
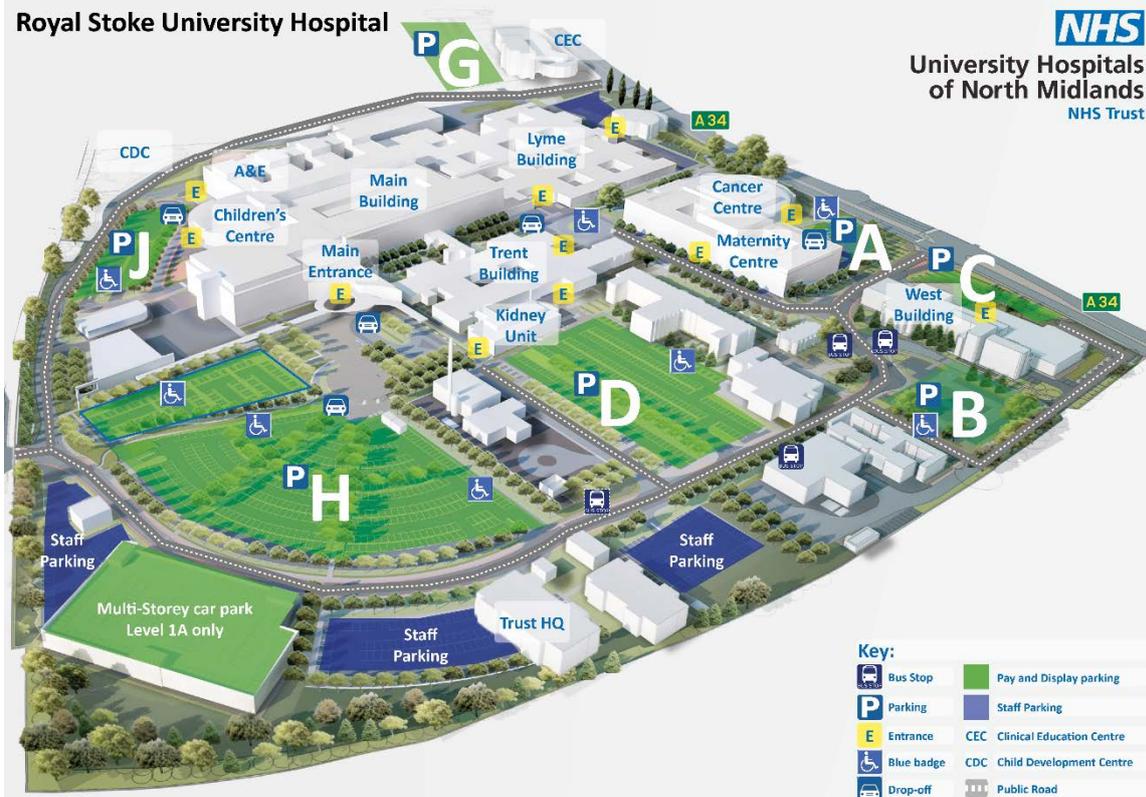
Please read the consent form and bring it with you to the appointment.

What if I decide not to have the test?

If you read this information and decided not to go ahead with the test, please ring the department, using the telephone number on your appointment letter, to let us know. You should also discuss your decision with your GP or hospital Consultant.

Getting Here

Royal Stoke Hospital, Newcastle Road, Stoke-on-Trent, ST4 6QG.



Please note car parking charges will apply.

There is a shuttle bus service from County to Royal Stoke at a charge of £5 return. Please call 01782 824232 to arrange a place on the bus.