Introduction

This leaflet has been written for patients who have been referred for both a Gastroscopy and Colonoscopy or Flexible Sigmoidoscopy procedure at the hospital.

What is a Gastroscopy?

Upper Gastrointestinal (GI) endoscopy (sometimes called a 'Gastroscopy' or simply an 'endoscopy') is a procedure which allows the Endoscopist to look directly at the lining of the oesophagus (the gullet), the stomach and around the first bend of the small intestine - the duodenum. The procedure is performed using an endoscope; this is a narrow tube with a light at one end that transmits an image to a camera. The endoscope is passed through your mouth into the stomach. The procedure takes approximately 5-10 minutes. It has been described as unpleasant but not painful.

What is a Colonoscopy or Flexible Sigmoidoscopy?

A colonoscopy is a procedure that allows the doctor to examine the large bowel ('colon'). A flexible sigmoidoscopy is a quicker test that examines only the last part of the large bowel ('sigmoid colon' and 'rectum'). Both tests are carried out using an 'endoscope', a narrow flexible tube with a light at one end that transmits an image to a camera. This is passed through the back passage (bottom) and around the bowel. The colonoscopy will take approximately 20-30 minutes depending on the quality of bowel preparation and findings. Flexible sigmoidoscopy will take approximately 10-20 minutes again depending on the findings and quality of bowel preparation. The procedure may cause discomfort as air is passed through the endoscope into the bowel, however this will be assessed and addressed depending on the procedure carried out.

Your care will be adapted to meet your individual needs and may differ from what is described here, so it is important that you follow your doctor’s advice.
Why do I need a Gastroscopy?

A Gastroscopy is often performed to investigate what is causing symptoms such as:

- Indigestion
- Heartburn
- Anaemia
- Dysphagia (difficulty swallowing)

What are the alternatives?

Barium meal x-ray examination is an alternative investigation to a Gastroscopy. It is not as informative as a Gastroscopy and has the added disadvantage that tissue samples cannot be taken. If you want further information, please discuss this with your GP or the doctor who has referred you for this test.

Is Gastroscopy safe?

All procedures carry some risk but outpatient diagnostic Gastroscopy is very safe. Minor complications are uncommon and major complications are very rare. These include:

- A sore throat is the commonest after effect of the procedure and settles in 24 hours.
- A reaction to the sedative, such as a skin rash, or difficulty in breathing
- A tear in the gullet, stomach or small bowel (perforation) which may require surgery. This is a very rare complication, occurring in around 1 in every 5-10000 procedures.
- A small amount of blood in the saliva is common after the procedure. Significant bleeding is very rare.

How do I prepare for the procedure?

To allow a clear view, the stomach must be empty. You will therefore be asked not to eat or drink for at least eight hours before the procedure. If you are a Diabetic or taking Warfarin, Aspirin or Clopidogrel tablets please contact the Endoscopy Unit.
What will happen when I arrive for my Gastroscopy?
When you come to the department, you will be admitted by a member of the nursing staff, if you have any worries or questions at this stage don’t be afraid to ask. You will be asked to sign a consent form indicating that you understand the procedure. The consent form is a legal document, therefore please read it carefully.

If you have been booked for a Colonoscopy as well as the Gastroscopy the procedure would generally carried out using a sedative injection.

Why do I need a colonoscopy or flexible sigmoidoscopy?

A colonoscopy or flexible sigmoidoscopy is done to investigate symptoms such as:
- persistent diarrhoea or change in bowel habit
- bleeding from your back passage
- anaemia (low levels of red blood cells)

It is also used to check for certain bowel conditions such as:
- inflammation (for example, ulcerative colitis or Crohn's disease)
- early signs of bowel cancer
- polyps (benign or non-cancerous growths).

What are the alternatives?
Barium enema X-ray or CT (computed tomography) scanning are alternatives but Colonoscopy remains the most accurate test for detecting large bowel diseases. Colonoscopy also allows tissue samples to be taken to help reach a diagnosis.

Is Colonoscopy or flexible sigmoidoscopy safe?
All procedures carry some risk, but these tests are very safe. Minor complications are uncommon and major complications are very rare. These include:
- a reaction to the sedative, such as a skin rash, or difficulty in breathing
- a tear in the colon (perforation) which may require surgery to repair
- bleeding from where a polyp (benign or non-cancerous growth) has been removed
How do I prepare for the procedure?

Your bowel needs to be empty for the test to be successful. Your specific instructions are provided on a separate sheet, but the general recommendations are that you should:

- Stop eating solid food the day before the test
- Drink plenty of clear fluids in the 24 hours before your test
- Take a strong laxative - the effects of this laxative can be quite powerful and you will need to stay close to a toilet.

Flexible Sigmoidoscopy ONLY

Sometimes a flexible sigmoidoscopy test can be performed without dietary restriction or strong laxatives, but with a liquid enema given by a nurse 30 minutes prior to the test to clear the lower bowel.

If you are a diabetic or taking Warfarin or Clopidogrel tablets please contact the Endoscopy Unit.

Using a sedative injection:

The sedative injection makes you sleepy, relaxed and less anxious. It is not a general anaesthetic and you will not be unconscious, but it is unlikely you will remember much about the procedure. The sedative is administered via a needle that will be inserted into either your arm or hand.
What will happen during the test? GASTROSCOPY
Your procedure will be performed by a qualified endoscopist or a supervised trainee endoscopist. A qualified nurse will remain with you throughout the procedure. In the examination room you will be asked to lie on a trolley on your left side, it is not necessary to get undressed.

You will be asked to remove any dentures or glasses. A plastic guard will be placed in your mouth to protect your teeth and the gastroscope. A clip will be lightly attached to your finger to check your pulse rate and oxygen level. Oxygen may be administered into your nostrils.

The endoscopist will pass the gastroscope over your tongue, (you may gag for a few seconds at this stage, however this will pass quickly) down into your gullet and into your stomach. This will not interfere with your breathing and will not be painful. Any saliva or other secretions produced during the test will be removed using a small suction tube, rather like the one used at the dentist. Small tissue samples (biopsies) may be taken through the gastroscope this is painless. Photographs may be taken for your records and will only be seen by those involved in your care.

What will happen after the procedure?
Following the Gastroscopy you will remain in the procedure room on your trolley. The equipment will be changed and the trolley turned around. You may be given extra medication at this point.

What happens during the test? COLONOSCOPY
Your test will be performed by a qualified endoscopist or a supervised trainee endoscopist. A qualified nurse will remain with you throughout the procedure. The doctor will first examine the back passage with a gloved finger and some lubricating jelly. They will then pass the camera into the bowel and gently pass it around to the end (approximately 80cm). Air is pumped into your bowel to improve the views of the bowel wall. During the procedure you may be asked to turn from your side on to your back. At times colonoscopy can be uncomfortable, even with sedation. Flexible sigmoidoscopy is quicker and less uncomfortable and is often done without sedation. If necessary, the endoscopist will take a biopsy (a small sample of tissue) and/or remove small benign growths of tissue called polyps using special instruments passed through the camera. You should not feel anything when this is done. The samples will be sent to a laboratory for further testing.
What happens after the tests?
You will be taken into the recovery room. Once the staff are happy with your condition they will offer you a drink and a biscuit. You will be discharged by a member of the nursing staff who will discuss the test results with you. Please expect to be in the unit for two to three hours.

Going home
If you have had sedation for the procedure, it is essential that someone comes to the department to pick you up. Once home it is important to rest for the remainder of the day. Sedation lasts longer than you think, so if you have had sedation you should not:
- drive a car
- operate machinery
- drink alcohol
- make important decisions or sign important documents
- Look after young children or dependants alone.
You may have some mild and temporary after effects following successful procedures including:
- feeling bloated and uncomfortable due to trapped wind
- feeling sleepy as a result of the sedative
- slight bleeding from your back passage if you have had a biopsy or polyp removed.

Who can I contact if I have any questions or problems?
If you have any concerns or problems please contact the Endoscopy Unit: 01895 279214 Monday-Friday 0830-1700 hrs

Who can I contact if I need help out of hours?
If any of the following occur in the first few days following discharge and the Endoscopy Unit is closed then you should contact your out-of-hours GP or attend the local A&E Department.: 
- Heavy bleeding from the back passage
- Abdominal pain which is getting worse, or is more severe than any pain that you had before the test, with or without a high temperature.
- If you experience any severe pain in the chest, neck or abdomen
Languages/ Alternative Formats

Please ask if you require this information in other languages, large print or audio format. Please contact: 01895 279973

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Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem informacji pacjenta (patient information) pod numerem telefonu: 01895 279973.

如果你需要这些资料的其他语言版本、大字体、或音頻格式，请致電01895 279 973查詢。

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالاحرف الكبيرة أو بشكل شريط صوتي، يرجى الاتصال بالرقم التالي 01895279973.