

# Gastroscopy and Colonoscopy

Combined Oesophago-gastro  
duodenoscopy (OGD)  
and Colonoscopy

**the procedure explained**

*Your appointment details, information and  
consent form*

**Please bring this booklet with you**



## For your information: your appointment

An appointment for your **Gastroscopy (OGD) and Colonoscopy** has been arranged at:

Andover

Day and date

Time

Winchester

Romsey

Andover Day Surgery Unit, tel: 01264 835366

Winchester Endoscopy Unit, tel: 01962 828322

Romsey Endoscopy Unit, tel: 01962 825058

***Please telephone the Endoscopy Department on the above numbers if this is not convenient or you would like to discuss any aspect of the procedure before your appointment.***

## For our information: collection details

**Please write your relative's or friend's name and telephone number below**

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

## Introduction

You have been advised by your GP or hospital doctor to have two separate investigations to investigate the upper gastrointestinal tract and the lower bowel at a single appointment.

The following booklet gives information about both procedures so please read it carefully.

**These procedures require your formal consent.**

If you are unable to keep your appointment, please notify the department as soon as possible. This will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you.

This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation. At the back of the booklet is the consent form.

**The consent form is a legal document**, therefore please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigation, please sign and date the consent form. You will notice that the consent form is duplicated, allowing you to keep a copy for your records. Please fill it in while it is still attached to this booklet.

If however there is anything you do not understand or wish to discuss further do not sign the form, but please bring it with you and sign it after you have spoken to a health care professional.

## **Combined Gastroscopy (OGD) and colonoscopy information**

The first procedure you will be having is called an oesophago-gastro-duodenoscopy (OGD) sometimes known more simply as a gastroscopy or endoscopy. This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum.

The second procedure you will be having is called a colonoscopy. This is an examination of your large bowel (colon).

They will be performed by or under the supervision of a trained doctor or nurse endoscopist and we will make the investigation as comfortable as possible for you.

Before you have a combined gastroscopy and colonoscopy procedure you will usually be given sedation and a painkiller.

### **Why do I need to have an OGD and colonoscopy?**

You have been advised to undergo these combined investigations to help find the cause for your symptoms thereby

facilitating treatment, and if necessary, to decide on further investigations.

The main reason for having these combined procedures is to investigate the cause of anaemia with or without changes in your bowel habit.

X-ray examinations are available as alternative investigations but have the disadvantage of not allowing tissue samples to be taken and can be less informative than endoscopy.

## **What is gastroscopy?**

This test is a very accurate way of looking at the lining of your upper digestive tract, and to establish whether there is any disease present.

The instrument used in this investigation is called a gastroscope. It is flexible and has a diameter less than that of a little finger.

Within each gastroscope is an illumination channel which enables light to be directed onto the lining of your upper digestive tract and another which relays pictures back to the endoscopist onto a television screen. During the investigation, the doctor may need to take some tissue samples (biopsies) from the lining of your upper digestive tract for analysis: this is painless. The samples will be retained. A video recording and/or photographs may be taken for your records.

## **What is colonoscopy?**

This test is a very accurate way of looking at the lining of your large bowel (colon), to establish whether there is any disease present. This test also allows us to take tissue samples (biopsy) for analysis by the Pathology Department if necessary.

The instrument used in this investigation is called a colonoscope (scope) and is flexible. As with the gastroscope there is an illumination channel which enables light to be directed onto the lining of your bowel, and another which relays pictures back, onto a television screen. This enables the

endoscopist to have a clear view and to check whether or not disease or inflammation is present.

During these investigations the endoscopist may need to take some samples from the lining of your colon for analysis, this is painless. These samples will be retained. A video recording and photographs can be taken for record and documentation purposes.

## Preparing for the investigations

### **Eating and drinking**

It is necessary to have clear views of both the stomach and the lower bowel

#### **Two days before your appointment**

You will need to be on a low fibre diet and considerably increase your fluid intake. A diet sheet is included at the back of this booklet.

#### **One day before**

You should take clear fluids only (no solid food) e.g. glucose drinks Bovril, black tea and coffee with sugar, clear soup and fruit jelly.

In addition you will need to take the laxative which should have arrived with this booklet along with clear instructions on how to administer it. If you have any queries do not hesitate to contact the endoscopy unit and someone will assist you.

#### **On the day of the examination**

It is very important that your stomach is empty for this investigation so on the day of your procedures it is important that you continue taking clear fluids up until 6 hours before the examination but only sips of liquids up to 2 hours before your appointment. You will not become dehydrated as the laxative effects are short lived.

## What about my medication?

### Routine medication

Your routine medication should be taken. If your appointment is in the morning your medication should be taken at 6am with a little water, however if your appointment is in the afternoon your medication should be taken by 8am.

### Digestive medication

If you are presently taking tablets to reduce the acid in your stomach please discontinue them 2 weeks before your investigation.

If you are having a follow up OGD to check for healing of an ulcer found during the last 2-3 months, then please continue your acid reducing medications right up to the day before your repeat endoscopy.

If you are taking **iron tablets** you must stop these one week prior to your appointment. If you are taking stool bulking agents (e.g. fybogel, regulan, proctofibe), loperamide (Imodium) lomotil or codeine phosphate you must **stop these 3 days prior** to your appointment.

### Diabetics

If you are a diabetic controlled on insulin or medication please ensure the Endoscopy Department is aware so that the appointment can be made for the beginning of the list. Please see guidelines at the back of the book.

### Anticoagulants/allergies

Please telephone the unit if you are taking anticoagulants, for example warfarin. Phone for information if you think you have a latex allergy.

## How long will I be in the endoscopy department?

This largely depends how busy the department is. You should expect to be in the department for approximately 3 hours. The department also looks after emergencies and those can take priority over the outpatient list.

## What happens when I arrive?

When you arrive in the department you will be met by a qualified nurse or a health care assistant who will ask you a few questions, one of which concerns your arrangements for getting home. You will also be able to ask further questions about the investigations.

The nurse will ensure you understand the procedures and discuss any outstanding concerns or questions you may have. As you will be having sedation she will insert a small cannula (small plastic tube) into a vein in the back of your hand through which the sedation will be administered later.

Following sedation you will not be permitted to drive or use public transport, so you must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that she can contact them when you are ready for discharge.

You will have a brief medical assessment when a qualified endoscopy nurse who will ask you some questions regarding your medical condition and any surgery or illnesses you have had in the past to confirm that you are fit to undergo the investigation.

Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose level will also be recorded. Should you suffer from breathing problems a recording of your oxygen levels will be taken.

If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point.

## Intravenous sedation

The sedation will be administered into a vein in your hand or arm. This will make you drowsy and relaxed but not unconscious. You will be in a state called co-operative sedation: this means that, although drowsy, you will still hear what is said to you and will therefore be able to follow simple instructions during the investigation. Sedation also makes it unlikely that you will remember anything about the procedure.

Whilst you are sedated, we will check your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure.

Please note that as you will be having sedation you **must not** drive, operate machinery or sign any legal documents for 24 hours following the procedure.

## The investigation

### Gastroscopy

When it is your turn you will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any further questions.

If you have any dentures you will be asked to remove them at this point – any remaining teeth will be protected by a small plastic mouth guard which will be inserted immediately before the examination commences.

The nurse looking after you will ask you to lie on your left side. She will then place the oxygen monitoring probe on your finger. The sedation will then be administered into a cannula (tube) in your vein.

Any saliva or other secretions produced during the investigation will be removed using a small suction tube, again rather like the one used at the dentist.

The endoscopist will introduce the gastroscope into your mouth, down your oesophagus into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing unhindered.

During the procedure samples may be taken from the lining of your digestive tract for analysis in our laboratories.

## **Colonoscopy**

On completion of the gastroscopy the nurse will reposition the trolley you are on ready for the endoscopist to proceed with the colonoscopy.

The colonoscopy involves passing the colonoscope around the entire length of your large bowel. There are some bends that naturally occur in the bowel and negotiating these may be uncomfortable for a short period of time. The sedation and analgesia minimises any discomfort.

Air is gently pressed into the bowel during the investigation to facilitate the examination but most of this is removed as the scope is withdrawn from the bowel.

During the procedure samples may be taken from the lining of your bowel for analysis in our laboratories. These will be retained.

## **Risks of the procedures**

Upper gastrointestinal endoscopy and lower gastrointestinal endoscopy are classified as invasive investigations and because of that it has the possibility of associated complications. These occur extremely infrequently, we would wish to draw your attention to them.

The doctor who has requested these tests will have considered this carefully. The risks must be compared to the benefits of having the procedure carried out.

The risks can be associated with the procedure itself and with the administration of the sedation.

## The endoscopic procedure.

### Gastroscopy

The main risks are of mechanical damage;

- to teeth or bridgework
- perforation or tear of the linings of the stomach or oesophagus which could entail you being admitted to hospital. Although perforation generally requires surgery to repair the hole. Certain cases may be treated conservatively with antibiotics and intravenous fluids.
- bleeding may occur at the site of biopsy and nearly always stops on its own.

### Colonoscopy

- bleeding (risk approximately 1: 100-200) may occur at the site of biopsy or polyp removal. Typically minor in degree, such bleeding may either simply stop on its own or if it does not, be controlled by cauterization or injection treatment.
- Perforation (risk approximately 1 for every 1,000 examinations) or tear of the lining of the bowel. An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal.

### Sedation

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

Older patients and those who have significant health problems – for example, people with breathing difficulties due to a bad chest may be assessed by the doctor before being treated.

## Additional information

Occasionally polyps are found during the procedure.

### What Are Polyps?

A polyp is a protrusion from the lining of the bowel, some polyps are pedunculated (look like a mushroom) and are attached to the intestinal wall by a stalk and some are flat polyps which attach directly onto the intestinal wall without a stalk. Polyps when found are generally removed or sampled by the endoscopist as they may grow and cause problems.

### Polypectomy

A polyp may be removed in one of two ways both using an electric current (diathermy).

For large polyps a snare (wire loop) is placed around the polyp, a high frequency current is then applied and the polyp is removed.

Flat polyps (without any stalk) can be removed by a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting the lining of the bowel that surrounds the flat polyp. This raises the area and allows the wire loop snare to capture the polyp.

For smaller polyps biopsy forceps (cupped forceps) are used. These hold the polyp whilst diathermy is applied, therefore destroying the polyp.

## After the procedures

You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. Should you have underlying difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can administer additional oxygen. Once you have recovered from the initial effects of any sedation (which normally takes 30 minutes) you will be offered a snack and moved into a comfortable chair.

Before you leave the department, the nurse or doctor will explain the findings and any medication or further investigations required. She or he will also inform you if you require further appointments.

Since sedation can make you forgetful it is a good idea to have a member of your family or friend with you when you are given this information although there will be a short written report given to you.

If you have had sedation you may feel fully alert following the investigation, but however the drug remains in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory. If you live alone, try and arrange for someone to stay with you, or if possible, arrange to stay with your family or a friend for at least 4 hours.

If the person collecting you leaves the department, the nursing staff will telephone them when you are ready for discharge.

### **General points to remember**

The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

If you have any problems with a persistent sore throat, chest or abdominal pain or bleeding please contact your GP immediately informing them that you have had an endoscopy.

If you are unable to contact or speak to your doctor, you must go immediately to the casualty department. If your symptoms persist or worsen, go immediately to casualty.

It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is very busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over less urgent cases.

The hospital cannot except any responsibility for the loss or damage to personal property during your time on these premises.

## **Dietary instructions for colonoscopy preparation.**

### **Low fibre diet**

Fibre is the indigestible part of cereals, fruit and vegetables. Please commence a low fibre diet 2 days before your procedure.

### **Foods allowed**

Lean, tender lamb, beef, pork, chicken, turkey, offal, bacon, lean ham, fish, Yorkshire pudding, pancakes; bread sauce; clear and puréed soups; potato (no skins), boiled and mashed; tomato pulp (no skins or pips); fruit juice (if tolerated); pastry made with white flour, white bread, white flour, cornflakes, rice krispies, icing smooth biscuits, eg: Marie, Osborne; spaghetti and pasta; white rice, crisps; rosehip syrup, Ribena; sugar or glucose in small amounts; boiled sweets, toffees; plain or milk chocolate; shortcake, cream crackers, water biscuits; sponge cake, Madeira cake; ice cream, iced lollies; plain or flavoured yoghurt; jelly marmalade; honey, syrup; tea and coffee (without milk) and fizzy drinks.

### **Foods to be avoided**

Wholemeal, wheatmeal, granary bread, wholemeal flour; bran biscuits, coconut biscuits; all cereals containing bran or whole wheat, eg; shredded wheat, bran flakes, bran buds, muesli; digestive biscuits; Ryvita, Vita Wheat, oat cakes, etc.

To enable a more effective examination, we would be grateful if you would take a clear fluid only diet for the period of time stated on the attached appointment letter.

## Fluids allowed

Twenty-four hours before your examination you should take clear fluids only (no food):

Tea (no milk), black coffee, water, strained fruit juice, strained tomato juice, fruit squash, soda water, tonic water, lemonade, oxo, Bovril, marmite (mixed into weak drinks with hot water), clear soups and broths, consommé.

## In addition

You may eat clear jellies

You may suck clear boiled sweets and clear mints.

You may add sugar or glucose to your drinks.

## Fluids not allowed

Drinks or soups thickened with flour or other thickening agents.

## Diabetic Guidelines

### **Guidelines for People with Diabetes Undergoing Combined Gastroscopy and Colonoscopy.**

Patients need to avoid solid food during the day before the examination. They are permitted to drink quantities of clear fluids until 6 hours before the examination and sips until 2 hours before.

It may be necessary to modify normal diabetic treatment so that fasting can be tolerated. This may result in higher blood sugar levels for a short period but diabetic control should return to normal within 1–2 days.

Insulin treated patients may be at an increased risk of having a hypoglycaemic episode during their preparation. Patients need to have an empty stomach for this procedure, so we have a recommended list of suitable drinks that could be taken should a 'hypo' occur.

These are all equivalent to 20g carbohydrate. The patient should take one measure initially and repeat as necessary to prevent recurrence of hypoglycaemia.

Lucozade	110ml (7 tablespoons)
Grape Juice	100ml (6 tablespoons)
Sparkling Apple Juice	200ml (13 tablespoons)
Coke or Pepsi (not diet)	200ml (13 tablespoons)
Ribena	30 ml (2 tablespoons) diluted
Squash/Barley Water	70ml (4 tablespoons) diluted
Sugar	4 teaspoons dissolved in 200ml of water.

We also recommend the use of Dextrose tablets (available from pharmacy) as these absorb directly through the mouth if sucked rather than chewed. Take 3 tablets initially (equivalent to 10g carbohydrate) followed by a further 3 tablets a few minutes later.

## Instructions for Patient Preparation

### Morning Appointments

#### Insulin-treated patients

- On the day before the examination when you are not permitted solid food, more carbohydrate rich drinks and monitor your blood glucose regularly. Halve your teatime dose of insulin.
- You should have nothing to eat after midnight but may have drinks until 6.00am.
- Inform the endoscopy unit that you have insulin treated diabetes so the appointment is at the beginning of the list.
- Have a suitable drink equivalent to 20 gm carbohydrate (see above) to avoid the risk of hypoglycaemia between 6 and 7am.
- Omit normal morning dose of insulin prior to the procedure.

Inform the nurse immediately of any symptoms of hypoglycaemia,(sweating, shaking, blurred vision, extreme

hunger, tiredness and difficulty in thinking, light-headedness). Nurses will give morning dose of insulin as soon as you are able to eat and drink safely after the procedure followed by breakfast (bring your insulin with you).

You should be aware that blood sugar levels may be disturbed by the change in your routine but should return to normal within 24-48 hours.

### **Diet and Tablet Treated Patients**

- On the day before the examination when you are not permitted solid food, take more carbohydrate rich drinks and monitor your blood glucose regularly. Halve evening tablet dose.
- Ensure the endoscopy unit is aware that you have diabetes so that the appointment can be made early on the list.
- Hypoglycaemia (low blood sugar) is unlikely to be a problem except if fasting is prolonged for patients treated with sulphonylurea tablets e.g. Gliclazide, Glibenclamide.
- Omit morning diabetic tablets.
- Take your morning tablets as soon as soon as you are able to eat and drink safely after the procedure followed by breakfast.

Be aware that blood sugar levels may be disturbed by the change in routine but should return to normal within 24–48 hours.

## Afternoon Appointments

### Insulin treated patients

- On the day before the examination when you are not permitted solid food, more carbohydrate rich drinks and monitor your blood glucose regularly. Halve your teatime dose of insulin.
- Ensure endoscopy is aware that you have insulin treated diabetes so you may be given an appointment near the beginning of the list.
- Have a suitable drink equivalent to 20 gm carbohydrate (see above) to avoid the risk of hypoglycaemia between 10:30 and 11:00am.
- Have half the morning dose of insulin, but do not take your afternoon dose. You can have this after the procedure (bring your insulin with you).
- Inform the nurse immediately you feel any symptoms of hypoglycaemia (sweating, shaking, blurred vision, extreme hunger, tiredness and difficulty thinking and light headedness).

You should be aware that blood sugar levels may be disturbed by the change in your routine but should return to normal within 24-48 hours.

### Diet and Tablet Treated Patients.

- On the day before the examination when you are not permitted solid food, more carbohydrate rich drinks and monitor your blood glucose regularly. Halve evening tablet dose.
- Ensure endoscopy is aware that you have diabetes so he/she may be given an appointment near the beginning of the list.
- Hypoglycaemia is unlikely to be a problem except if fasting is prolonged for patients treated with sulphonylurea tablets e.g. Gliclazide and Glibenclamide.

- Continue their tablets for diabetes at breakfast as usual.
- Delay any tablets taken for diabetes given at lunchtime until you are able to eat and drink safely after the procedure.

Be aware that blood sugar levels may be disturbed by the change in your routine but should return to normal within 24-48 hours.

this leaflet was produced by:

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