

Endoscopy Unit

Oesophago-gastroduodenoscopy (OGD) and Colonoscopy

Please read, contains important information about your procedure and fasting

Your doctor has advised you to have two special camera tests to find the cause of your symptoms. This leaflet has been designed to tell you how to prepare for these examinations and to answer some commonly asked questions. It may not answer all your questions, if you have any concerns please contact the endoscopy unit.

Huddersfield Royal Infirmary 01484 342000
Endoscopy Unit Direct Line 01484 355868

Calderdale Royal Hospital 01422 357171
Endoscopy Unit Direct Line 01422 223920

Please inform the unit if you are unable to keep your appointment

The Endoscopy Unit deals with out-patients and in-patients including emergencies from wards and other departments.

The appointment time you are given for the day of your procedure is the time we would like you to arrive at the Endoscopy Unit and not the time you should expect to have your procedure performed.

If your procedure is before midday, you may be in the Unit all morning.

If your appointment is after midday, you may be in the Unit all afternoon.

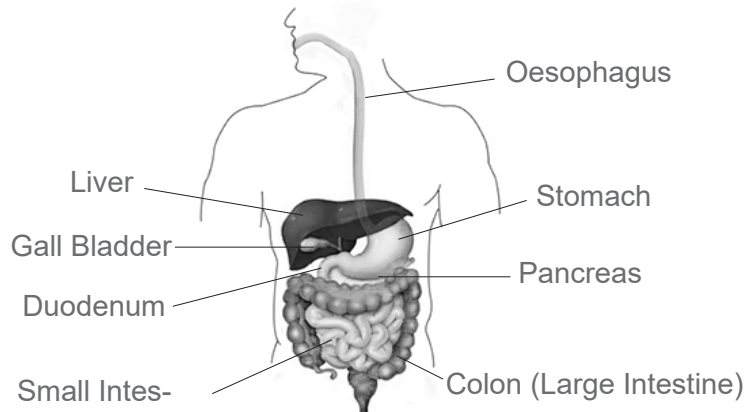
If a relative or friend is collecting you after the procedure, it is advisable that you provide the nurse with their contact telephone number so that we can call them when you are nearly ready to leave the Unit; this will prevent them waiting for a long period of time. The Endoscopy waiting rooms, particularly at Calderdale, have limited seating room; if your relative or friend wishes to remain in the hospital until you are ready to go home, please ask them to wait in another area such as the cafeteria so that patients have access to the seats. The hospital has a training commitment and the Endoscopy Units are training units. Your procedure may be performed by a trainee endoscopist who will be supervised by an experienced endoscopist. If you do not wish to have your procedure performed by a trainee, please let the nurse who is checking you in know this on the day you come for your procedure.

What are these tests?

Oesophago-gastroduodenoscopy (OGD) and Colonoscopy.

OGD also known as gastroscopy

This examination is performed using a long flexible instrument called a gastroscope which is about the width of your little finger. It is passed through your mouth and into your stomach and duodenum (the first part of your small bowel). It allows the Endoscopist (a doctor or specialist nurse who carries out the procedures) to look directly at the lining of the oesophagus (gullet), stomach and duodenum. It also allows tissue samples to be removed painlessly which can then be sent to the laboratory for analysis. The test usually takes approximately five minutes to complete.



Throat Spray

The test can usually be performed using a spray to numb the throat, many hospitals carry out all their tests in this way, however we do offer a sedative for those who feel they require it. This is not a general anesthetic, you will not be asleep. If you have the procedure undertaken with the throat spray you will usually be able to leave the Unit straight away on your own and continue your day without restrictions, you just need to wait for the spray to wear off before you eat and drink, and this usually takes about 30 minutes.

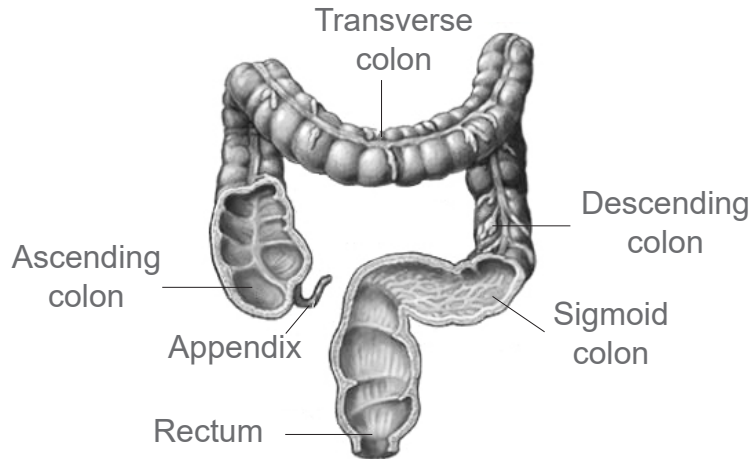
Conscious Sedation

If you choose to have sedation this is given via a cannula, a little plastic tube that is inserted with a needle. Sedation helps to relax you but it does not put you to sleep so you will be aware of the procedure taking place and you will feel sensations. After the procedure you will be taken to the recovery area to rest.

If you have sedation, you must have a responsible adult to collect you from the Endoscopy Unit and to stay with you for 24 hours after the procedure. You will not be able to drive for 24 hours following sedation.

Colonoscopy

A colonoscopy is a test which allows the endoscopist to look directly at the lining of the large bowel (colon). A long flexible tube about the width of your finger is inserted into the back passage (anus). The tube is passed around the entire length of the colon and pictures are displayed on a television screen allowing the doctor to detect any abnormal areas. Tissue samples (a biopsy) can be taken and sent to the laboratory for analysis. Polyps (abnormal growths) can also be removed during colonoscopy and sent for analysis. The test takes approximately 30 minutes to complete but it can take a little less and in some cases longer than this. You could be in the department for around 2 hours to allow for check in and the recovery period following your procedure.



The test can be uncomfortable, even painful at times so you will be offered pain relief.

Entonox – Entonox is a medical gas; it is a mixture of 50% Oxygen and 50% Nitrous Oxide. Entonox is used for pain relief during childbirth, acute trauma such as broken bones and other medical procedures and it is very effective for pain relief during Colonoscopy.

You will be given a mouthpiece through which you will breathe in Entonox. The mouthpiece is connected to a demand valve system which only delivers Entonox to you as you breathe in. Entonox will begin to take effect after 2 or 3 inhalations of the gas. You should take these initial breaths just before the procedure begins and you can continue to breathe the Entonox as much as you need throughout the procedure, you are in control of how little or how much you take. You will still be able to hear and talk with the staff and follow instructions.

The advantage of Entonox is that the effects wear off quickly once you stop taking it so you will be able to take yourself home after your procedure and you do not need anybody to look after you. You can drive 30 minutes after taking Entonox and continue your day as normal.

Like all medicines, Entonox may cause side effects, although not everybody will experience these. Common side effects that are generally minor and rapidly reversible are: dizziness, light-headedness, sickness, tingling, and disorientation.

Less common side effects are: problems with the ear due to increased pressure inside the ear, tiredness, bowel enlargement due to trapped gas.

You cannot use Entonox if you have a condition where air may be trapped in some part of your body, collapsed lung, decompression sickness (the bends), or if you have been diving within 48 hours, severe lung disease such as bullous emphysema, head injury within 24 hours, colonic volvulus or blockage, suspected or known increased pressure on the brain, an inability to hold the apparatus or understand how to use it, decreased levels of consciousness, if you have had a laryngectomy or if you have had recent surgery to your eyes or ears where injections of gas have been used.

Conscious Sedation and Analgesia – Sedation is given via a cannula, and helps to relax you but it does not put you to sleep. It is usually given together with a painkilling medication. You will still be able to hear and talk with the staff and follow instructions. After the procedure you will be taken to the recovery area to rest, and you will be given refreshments.

If you have sedation, you must have a responsible adult to collect you from the Endoscopy Unit to take you home and stay with you for 24 hours as the medication can stay in your system during this 24 hour period. You cannot drive, operate machinery (including household appliances) or sign legal documents during this 24 hour period. You are advised not to travel home on public transport.

Side effects and risks – because the sedative tends to make your breathing slower and shallower, your oxygen levels can drop. You will be given extra oxygen through a mask and your oxygen levels will be monitored during and after the procedure. It can also cause irregularities in your heartbeat, therefore your pulse will also be monitored. Rarely a heart attack or stroke can happen if you have serious medical problems.

Your bowel and stomach need to be empty for these procedures.

Please ensure you carefully read the section in this leaflet about bowel preparation and fasting.

What are the risks?

Gastroscopy and Colonoscopy are both established and safe procedures but very rarely they can result in complications

Breathing difficulties or heart irregularities, as a result of reacting to the sedation or the bowel being stretched. To help prevent this from happening, your oxygen levels and heart rate will be monitored. Rarely, a heart attack or stroke can happen if you have serious medical problems.

Making a hole in the oesophagus, stomach, duodenum or colon (risk: less than 1 in 2,000).

The risk is higher if a polyp is removed. This is a serious complication. You may need surgery which can involve forming a stoma (bowel opening onto the skin).

Damage to teeth or bridgework.

A plastic mouthpiece will be placed in your mouth to protect the camera from your teeth. Do not bite down hard onto this mouthpiece. Inform the nursing staff if you have any loose teeth.

Bleeding from a biopsy site or from minor damage caused by the endoscope (risk: less than 1 in 1,000). This usually stops on its own.

Bleeding, if a polyp is removed (risk: 1 in 100). Bleeding usually stops soon after a polyp is removed. Sometimes bleeding can happen up to two weeks after the procedure. Let the endoscopist or nurse know if you are on Warfarin, Clopidogrel or other blood-thinning medication. You may need to stop your medication before having a polyp removed.

Incomplete procedure. This can happen due to a technical difficulty, blockage in the large bowel, complications during the procedure or discomfort. Your doctor or endoscopist may recommend another procedure or a different test.

Alternatives to this test

There are alternatives to these tests e.g. x-ray examinations, however the disadvantage of these tests is that specimens cannot be taken and if an abnormality is seen, you may still need to have one or more of these procedures performed.

Preparation for the test

Pre-assessment

Prior the day of your procedures, you will have a pre-assessment. The nurse will ask you a number of questions about your health to ensure you are able to prepare safely for your procedures. He / she will also explain to you how to take your bowel cleansing medication correctly and tell you when to fast from. This is also an opportunity for you to ask any questions you may have about the procedure. This appointment is intended to allow assessment, to give you information and to give you your bowel cleansing medication. At pre-assessment the nurse will require information about the following.

Interpreters

Please inform the Endoscopy Unit if you require an interpreter prior to your appointment date, this is for pre-assessment and the day of your procedure. Failure to do this can result in delays or cancellations on the day. **Family members and friends cannot be used to interpret.**

Escort home

You will need to arrange for a responsible adult to collect you from the unit after your test and remain with you for the next 24 hours if you have sedation for your procedure. You should avoid using public transport where possible. You will not be able to drive.

If you anticipate any problems you should contact the endoscopy unit as soon as possible or speak to the nurse at pre-assessment.

Pacemakers

If you have a pacemaker, you must tell the nurse at the pre-assessment as your pacemaker will need to be checked before the procedures and arrangements need to be made for this. Failure to do this can result in delays or cancellation. Please bring your pacemaker identification card with you.

Implanted Defibrillators

If you have one of these devices, you must tell the nurse at the pre-assessment clinic as your device may need to be checked before your procedures and this will need to be arranged before the day of your test.

Allergies

If you are allergic to latex you must let us know as soon as possible as your appointment time may need to be changed and we will need to ensure theatres are free of products with latex.

Medication

Please ensure you complete the medication form sent with your appointment as your medical notes do not always contain an up to date list of your tablets. If you have any problems completing this form, contact your GP surgery who will have this information.

Blood Thinning Medication

If you are taking medication to 'thin' your blood e.g., Warfarin, Clopidogrel, Apixaban etc. you may need to stop this prior to your procedure. The nurse at pre-assessment will advise you about this if the doctor has not already instructed you. Please ensure you tell the nurse that you are taking this medication. You may need to change to a different blood thinning medication that is given by injection for a few days and a district nurse may need to give you this. Again, the pre-assessment nurse will advise you about this.

Bulking agents

If you are taking bulking agents such as bran, Fybogel or Regular you should stop taking these one week prior to the test. Ask the nurse in pre-assessment if you are unsure about this.

Iron tablets (ferrous sulphate) If you are taking iron tablets you should stop taking these one week before your test. Please ensure you inform the nurse at pre-assessment. If your doctor has told you that your procedure is urgent and will take place within two weeks, stop your iron tablets immediately and inform the nurse in pre-assessment clinic. If you are unsure about this, contact the Endoscopy Unit.

Ant-acid / indigestion medication

If you are taking medication to reduce acid in your stomach, e.g. Lansoprazole, Omeprazole, Esomeprazole, Pantoprazole, Rabeprazole Sodium; you need to stop taking them 2 weeks before your test. The nurse at pre-assessment will tell you when to stop. If your doctor has told you that your procedure is urgent and will take place within two weeks, stop your tablets immediately and inform the nurse in pre-assessment. If you are unsure about this, contact the Endoscopy Unit.

If your test is a repeat procedure for Barretts Oesophagus or to check for the healing of an ulcer, DO NOT stop your medication.

Other medication (except diabetic medication, see below)

You may take any other necessary medication as normal even on the day of the test. Take them with a small amount of water. It is particularly important that you take your medication if you suffer from conditions such as epilepsy, heart problems or hypertension (high blood pressure) as your procedure may be cancelled if your blood pressure is too high or your heart rate irregular. Please ensure you tell the nurse in pre-assessment what medication you are taking so that he / she can advise you what to do.

Diabetic patients

If you have diabetes, the nurse in pre-assessment will give you advice and a written instruction leaflet about your diet and medication.

Bowel Preparation

To allow a clear view, the colon must be completely empty of waste material. The nurse in pre-assessment clinic will give you some special laxative drinks to take and an information sheet telling you how and when to take them. The purpose of the bowel prep is to clear your bowel, diarrhoea is to be expected therefore you will need ready access to a toilet. We would advise you not to work during this period. You will also be told about dietary restrictions.

It is important that you follow these instructions carefully.

Some people find the drinks unpleasant; you can add fruit cordial to them to make them more palatable, do not add red or purple cordial as this can look like blood in your bowel. It is also better to sip the fluids rather than drinking them down very quickly. Whilst taking the preparation and following the dietary restrictions it is important to considerably increase your intake of clear fluids, drink at least one tumbler of clear fluid each hour.

This is important to prevent you becoming dehydrated and will also help to clean the bowel.

You can continue to take clear fluids until 4 hours before your appointment time.

You must then stop drinking as it is important that your stomach is empty.

If you suffer from renal failure, you must inform the nurse at pre-assessment clinic as a different form of bowel preparation may be required

Side effects include nausea, vomiting, bloating abdominal pain, anal irritation, sleep disturbances. If you experience any vomiting and severe diarrhoea with dizziness and headache and confusion or feel generally unwell, please either contact the endoscopy department or contact your GP.

Consent

You have been sent a copy of the consent form; please take the time to read the form in conjunction with this information so that you fully understand what you are agreeing to. The nurse in pre-assessment will go over the form with you and explain the risks and benefits of the procedures and answer any questions you may have. You will sign the consent form on the day of your test.

If you are caring for someone who is unable to give consent for the procedure themselves, you will not be able to sign the consent form for them. The consent form should have been completed with your Consultant in clinic after discussion with the patient and ideally the next of kin or other family member. If this has not taken place, please contact the Endoscopy Unit as soon as possible, ideally before the pre-assessment appointment as cancellation on the day may occur if there are problems with the consent process.

Withdrawal of Consent - you can withdraw your consent at any point. If you withdraw your consent, the test will not end immediately as we will need to safely remove the instrument. If you have had sedation, you may not remember withdrawing your consent after the procedure.

On the day of the test

Minimal make-up should be worn when attending and it is also important that you do not wear nail varnish or false nails as these interfere with monitoring equipment used during the test. Wear only minimal jewellery e.g. wedding ring.

Arriving at the Endoscopy Unit

Please report directly to the Reception Desk in the Endoscopy Unit, do not take a seat until you have given your name to the receptionist.

- **Huddersfield Endoscopy Unit** can be found on Basement level. You can access through the hospitals Main Entrance or through the South Drive Entrance.
- **Calderdale Endoscopy Unit** You should access the unit directly through the Endoscopy Unit Entrance off of Godfrey Road. You can access the unit via the main entrance but please bear in mind that the signs will take you outside at the back of the hospital to enter again.

A nurse will check your details with you and complete a short questionnaire, check your pulse and blood pressure and place an identity band on your wrist. If you have not already done so, you will need to give the nurse the name and contact number of the responsible adult collecting you. You will be able to ask the nurse any questions you may have about the test. You will be asked to get changed into a dressing gown prior to the procedure; you may wish to bring your own dressing gown with you.

After the test

You will be taken to the recovery area for rest and observation for a while, usually 20-30 minutes. You will then be offered a drink and something to eat, you may bring your own sandwich if you prefer. You will be able to go home shortly afterwards. If you have sedation, you will not be able to drive, drink alcohol, sign legal documents, operate machinery or look after small children for 24 hours. A responsible adult must **collect you from the endoscopy unit**, take you home and stay with you for 24 hours after the procedure. You should avoid travelling on public transport. The effects of the sedative injection can remain for 24 hours; therefore it may be necessary to take the following day off work.

Results

On discharge the nurse will explain the results of the procedure and will give you a short written report. Detailed reports of all tests and any specimens taken will be sent to the doctor who has requested them. If you already have an outpatient appointment you should keep this. If you do not have an appointment, the nurse will give you instructions on discharge. You may find that you are unable to remember what the nurse or doctor has said to you because of the sedative medication. If you would like the nurse to explain the results to your relative or friend on discharge, please ask.

Frequently Asked Questions

Q. Will the test hurt?

A. The test can be uncomfortable, even painful at times but you will be offered pain relief.

Q. Will I be asleep if I have sedation?

A. No, you will not be asleep. The sedative helps to relax you, but does not put you to sleep.

Q. Will my relative be able to come in with me?

A. Your relative or friend will not be able to go into theatre when you have the procedure.

Q. What if I don't have a responsible adult to look after me following my procedure?

A. You will need to be admitted to hospital after your tests and stay overnight.

Q. Will I need to get changed?

A. You will be given a dressing gown to change into and some paper shorts. Some people find it more comfortable to bring their own dressing gown with them.

Q. Will I get my results on the day of the test?

A. We will tell you as much as we can after the test but may not be able to give you the full result. If specimens are taken, these need to go to the lab to be analysed and it can take a few weeks for these results to be available.

If you have any further questions please do not hesitate to contact the unit.

If you have any comments about this leaflet or the service you have received, please contact the Unit Manager at the Endoscopy Unit you attended.

Calderdale Royal Hospital
Telephone (01422) 223920

Huddersfield Royal Infirmary
Telephone (01484) 355868

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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اگر آپ کو یہ معلومات کسری اور فارمیٹ طرزبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم
المذكور أعلاه"