Undergoing a gastroscopy with colonoscopy

Introduction

You have been advised to have a gastroscopy and colonoscopy. Other names for these tests are an endoscopy, and you may hear staff refer to this combination of procedures as a double end, to help investigate the cause of your symptoms.

If you take medicines containing iron, you must stop taking them 7 days before your appointment.

If you are diabetic and receiving treatment please leave a message on the Medication Advice line. The number is at the end of this leaflet. If you are an insulin pump patient we would like your BM to be 7mmol/L. Please call your local pump team if you need further advice.

If you are taking any medication that thins your blood OTHER THAN ASPIRIN (which you can remain on) or are pregnant please seek advice from your GP or referring consultant. This is very important as your procedure may be delayed if you do not obtain advice.

This leaflet contains important information about undergoing gastroscopy with colonoscopy procedures.

It is important that you read this prior to your appointment so that you understand these procedures and the preparation required.

What is a gastroscopy?

![Gastroscopy Diagram](image-url)
Gastroscopy is an investigation to look directly at the lining of the oesophagus (gullet/food tube), the stomach and around the first bend of the small intestine (the duodenum).

A gastroscope is passed through the mouth, down the gullet and into the oesophagus. A gastroscope is a long flexible tube, thinner than your little finger. It has a bright light at the end (this is not hot), which is necessary to be able to see the lining of the stomach. Pictures are transmitted onto a television screen where any abnormalities can be seen (unfortunately, you are unable to see the television screen as it will be behind you).

What is a colonoscopy?

Colonoscopy is an investigation to look directly at the lining of the large bowel (colon). In order to do this, a colonoscope is passed through the anus (back passage) and into the bowel. A colonoscope is a long flexible tube, about the thickness of your index finger; with a bright light at the end (this is not hot). By looking at the screen the doctor can see the lining of the bowel and check whether any disease is present. For the majority of this test you will be facing the television screens and if you would like can view your images. It is necessary to ask you to roll onto your back or right side sometimes and then these views may be blocked.

Additionally, the colonoscopy allows some treatments to be performed.

Biopsy

A biopsy is a small sample of tissue that may be taken from the lining of your gut or bowel for further examination in the laboratory. It is taken using sterile biopsy forceps through the scope and is not painful.

What is a dilatation?

A dilatation can be performed if a narrowing of the gullet (oesophagus) is found. This means stretching the narrowing to improve the swallowing. Usually the need for this procedure has been identified before your appointment.

Dilatation is not available in Stroud or Cirencester hospitals.
What is banding?

Banding is a way to treat oesophageal varices. These are like varicose veins in your oesophagus. The endoscopist will place special elastic bands around each of the varices. This stops the blood supply to these veins and they eventually disappear. This will not affect the normal blood supply to the oesophagus. Piles (haemorrhoids) can also be banded but you will need to be on a special list for this to happen.

**Banding is not available in Stroud or Cirencester hospitals.**

What is stenting?

An oesophageal stent is an expandable tube made of modern flexible metal which allows it to expand over a period of hours. This will make it easier for you to swallow food and fluids. Your consultant will choose the right stent and size for your needs.

**Stenting is not available in Stroud or Cirencester hospitals.**

Polyps

It is also possible to remove polyps during a colonoscopy using a special snare. Polyps are abnormal bits of tissue, rather like warts, which the doctor will want to examine in more detail. This procedure is not painful. There are other therapeutic procedures which can be done during a colonoscopy such as stretching of the bowel when there is a narrowing, argon therapy for the treatment of areas that are bleeding.

**Alternative procedures**

The main alternative to a gastroscopy is a barium meal X-ray. This can look at the stomach, but does not allow biopsies to be taken and does not allow direct vision of the stomach.

The main alternative to colonoscopy is a barium enema X-ray or Computed Tomography (CT) scan of the colon.

These can look at the colon indirectly but do not allow biopsies to be taken.
Preparing for the procedures

To allow a clear view during the procedure the stomach must be completely empty and the bowel must be cleaned using a special preparation. You need to eat from the low residue diet sheet prior to taking the bowel medication to maximise the effect. You should have received your bowel preparation and full instructions on how to take it, and what you can eat and drink before the gastroscopy and colonoscopy with this leaflet.

If you have not received the preparation, or have any questions about it please phone the endoscopy unit.

Please note - that you can drink other clear fluids whilst taking the preparation. Clear fluids can be black tea, black coffee, bovril, oxo, any squash (except blackcurrant as it stains the bowel), apple juice or any other juice as long as it does not contain ‘bits’. Please look at your bowel preparation information sheet for when to stop eating, as the times will change with morning and afternoon appointments. You may drink water up to two hours before your appointment time.

On admission

You will be seen by a nurse on admission who will check your personal details

You will be asked a series of questions about any operations or illness that you may have had or are presently suffering with

- Please bring a list of any medications you may be taking

The nurse will want to know if you have any allergies or reactions to medicines or foods

You will be asked if you want sedation, if you are considering sedation you will be asked if there is a responsible adult to escort you home when ready for discharge. You must have a responsible adult with you at home for 24 hours afterwards

The test and possible complications will be explained to you so that you understand the procedure and risks

You will be asked to sign a consent form. By signing this form you will have agreed to have the test performed and that you understand why it is needed. This does not take away your right to have the test stopped at any time.

For the time that you are in the department we want to provide a safe, supportive and pleasant environment so please do not be afraid to ask if you have any questions or worries at this stage.
As you are having both gastroscopy and colonoscopy tests, you will be required to change into a hospital gown. Could you please bring a dressing gown and slippers with you to wear.

Please remember that your appointment time is not the time you will have your procedure. There will be a waiting time between your admission and having your procedure done.

A nurse or doctor will escort you into the room where your procedures will take place. A nurse will stay with you throughout the test. You will be made comfortable on a patient trolley lying on your left side, with your knees slightly bent.

**Sedation or throat spray**

Intravenous sedation and/or local anaesthetic throat spray can improve your comfort during the procedure. Intravenous sedation will make you lightly drowsy and relaxed, but not unconscious.

**Anaesthetic throat spray**

For this method throat spray is used on its own or alongside sedation, but the throat is numbed with a local anaesthetic spray.

As the gastrosopes have become thinner, many patients are happy for the procedure to be carried out without sedation and to have throat spray instead. The throat spray has an effect very much like a dental injection.

The benefit of choosing throat spray is that you are fully conscious and aware, and if you do not want to have sedation for the colonoscopy part of your test this will enable you to go home unaccompanied almost immediately after the procedure. You are permitted to drive and carry on life as normal.

The only constraint is that you have nothing to eat or drink for an hour after the procedure or until the sensation in your mouth and throat has returned to normal.

It is strongly advised that when having your first drink after the procedure, it should be a cold drink and should be sipped to ensure you do not choke.
Intravenous sedation

The sedation will be administered into a vein in your hand or arm which will make you lightly drowsy and relaxed but not unconscious. You will be in a state called conscious sedation; this means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation.

Sedation can also cause you to forget about what has happened during the procedure.

You will be able to breathe normally throughout. Whilst you are sedated we will check your breathing and heart rate regularly so any 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.

Your blood pressure will also be recorded. Oxygen will be given to you via a mask or a small sponge inserted into your nostril.

Please note, that if you decide to have sedation you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure and you will need someone to accompany you home.

The procedures

In the examination room, any dentures will be removed and a local anaesthetic spray will be applied to the back of your throat to numb it. You will then be made comfortable on a patient trolley on your left side.

Your pulse and blood oxygen will be monitored throughout the procedure and your blood pressure will be monitored as necessary.

To protect your teeth and the gastroscope a plastic mouth piece will be put between your teeth (or gums if dentures have been removed). The gastroscope will then be inserted through the mouth piece. When it reaches the back of the throat you may be asked to swallow as this can help the endoscopist pass the tube down into the stomach. This test will not interfere with your breathing. Some air will be passed through the gastroscope to blow up the stomach and allow a clearer view. You may feel wind like discomfort and belch up some air during the test, but please do not be embarrassed.
Any saliva in your mouth will be removed by the nurse caring for you using a small suction tube. When the gastroscope is taken out most of the remaining air in the stomach will be removed. The gastroscopy will normally take about five to 15 minutes.

Once the gastroscopy is complete the equipment will be changed for your colonoscopy test and your trolley will be moved to ensure you are in the correct position for the colonoscopy.

During this procedure you will experience some abdominal bloating and discomfort.

The colonoscopy will normally take about 20 to 40 minutes.

**Risks associated with having 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 health problems, for example, people with breathing difficulties due to a bad chest may be assessed by a doctor before being treated.

If you have had sedation it is essential that someone takes you home and that there is a responsible adult to stay with you for 24 hours.

**Complications**

Minor complications with sedation occurs less than 1 in every 200 examinations. A few people are excessively sensitive to the sedation we use and become too sleepy.

This effect can be rapidly reversed with another injection. Major complications with endoscopies are very rare (less than 3 in 10,000) and death arising from these is extremely rare (less than 1 in 30,000). The main serious side effect is perforation (a tear) of the oesophagus (gullet) or bowel, which may require an operation and stay in hospital. There is a small risk of bleeding if a polyp is removed at the time of your colonoscopy (less than 1 in 100). The endoscopist will usually be able to stop the bleeding during the procedure.
After the test

After both procedures are completed the nurse caring for you during your test will take you from the endoscopy room and back to the recovery area.

Your pulse and blood pressure will be monitored as required. This is called the recovery period.

You may feel a little bloated or have some discomfort in your lower abdomen after the tests. You will need to stay in hospital about one hour after these procedures – depending on how you recover from the sedation given.

Normally you do not see the person who performed your procedure before going home, but your nurse will tell you the results of the test prior to discharge. As you may have had sedation it is a good idea to have someone with you at this discussion as many people find they forget what has been said to them.

If a sample (biopsy) has been taken, the result may take up to three weeks to process. The results will be forwarded to your GP and you will be advised about any follow up appointments on discharge. A report of your procedure will automatically be sent to your GP.

Going home

If you have had sedation it is essential that someone takes you home and that there is a responsible adult to stay with you for 24 hours.

Important note: You may go home by taxi, but you must have someone with you to accompany you on the journey.

For this period of time you should NOT:

- Drive a car, motorbike or ride a bicycle
- Drink alcohol
- Operate machinery or do anything requiring skill or judgement
- Make important decisions or sign important documents

If no sedation has been given the above paragraph does not apply.

An advice sheet incorporating this information will be given to you before you leave; this is your discharge letter. Your procedure report will be posted to your GP.
Contact information

Appointment enquiries
Cheltenham General Hospital
Tel: 0300 422 6899
Gloucestershire Royal Hospital
Tel: 0300 422 6351

Medication Answer Machine
If you have any questions or concerns, please leave a message and a member of staff will return your call:
Cheltenham General Hospital
Tel: 0300 422 3370
Gloucestershire Royal Hospital
Tel: 0300 422 8232

Content reviewed: August 2018