



Gloucestershire Hospitals
NHS Foundation Trust

Having an enteroscopy

Introduction

You have been advised to have a procedure called an enteroscopy, which is a close look at the small bowel. The procedure is like a gastroscopy, but goes on into the small bowel and so will take more time.

This leaflet should help answer some of the questions you may have. It is important that you read this leaflet before your appointment as it gives you important information about what to expect.

If you are pregnant, taking warfarin or other blood thinning medication or any medications for diabetes, please contact the Medication Advice Line, the telephone number can be found at the end of this leaflet. A nurse will return your call the next working day. Your test may be delayed if you do not take advice.

You will be in hospital for 2 to 4 hours or more. If you have any questions or concerns about your stay, please speak to the nurse at your pre-admission check.

Please remember that your appointment time is not the time you will have the procedure.

Why do I need to have an enteroscopy?

The reason you need to have this procedure is because you are having one or more of the symptoms listed below and on the following page:

- Anaemia
- Weight loss
- Unexplained bleeding

- Vomiting
- Passing black motions

This procedure will help us to:

- find the cause of your symptoms.
- decide on any treatment.
- understand what further tests you may need.

What is an enteroscopy?

An enteroscopy is a specialist procedure to look directly at part of your small bowel. During the procedure, your oesophagus (gullet) and stomach will also be viewed. The instrument (scope) we use for this procedure is called an enteroscope. This is a long flexible tube, thinner than a little finger, with a camera at the end.

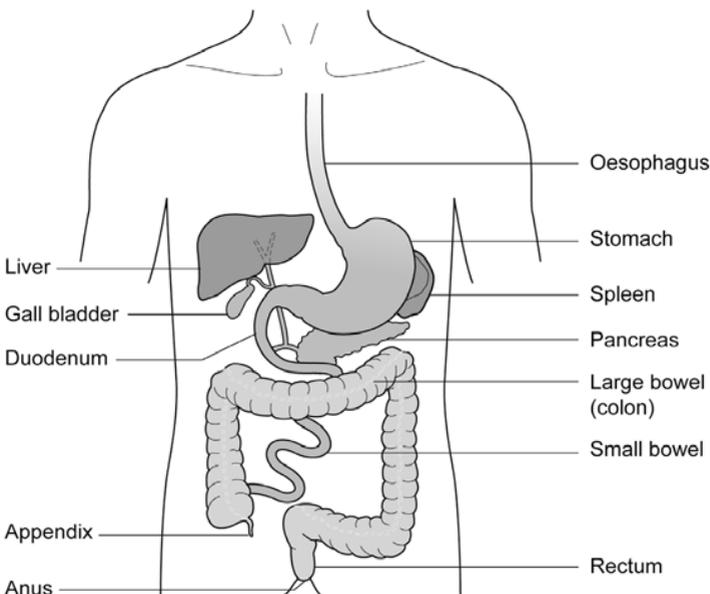


Figure 1: Digestive tract

During the procedure, the doctor may need to take some tissue samples (biopsies) from the lining of the upper parts of your digestive tract to be closely looked at, but this is painless. Any tissue samples that we take will be kept in case we need to look at them again in the future. The procedure will be carried out by an experienced doctor, and we will make sure that you are as comfortable as possible.

What are the alternatives?

An alternative to an enteroscopy is a procedure called a 'capsule endoscopy'. This procedure lets us look closely at your digestive tract, but an enteroscopy has the added benefits of allowing us to take tissue samples, or to give treatment there and then if needed.

Preparation for your procedure

Please bring a list of any medication you are currently taking (including sprays and inhalers) with you to your appointment.

To allow a clear view, the stomach must be empty, so please follow these instructions:

- Do not have anything to eat for at least 8 hours before the procedure, except for your regular medication which can be taken with sips of clear fluids.
- Do not drink milk for 4 hours before the procedure. This is because milk will line the stomach and not allow us a clear view.

- You may have sips of water up until 2 hours before your procedure.

On admission to the Endoscopy Unit

- You will be seen by a nurse who will check your personal details and ask you some questions about any illnesses or operations you have had before.
- You will also be asked about any medication you take so please bring a list of all medicines you are taking including inhalers.
- You will be asked if you have any allergies or reactions to any medications.
- If sedation is required, you will need to make sure that a responsible adult can take you home and stay with you for 24 hours after the procedure.
- You will be asked to sign a consent form. If you have any questions, please ask the nurse before signing. By signing the consent form you are agreeing to have the procedure carried out and you understand why it is needed. This does not take away your right to have the procedure stopped at any time.

For the time that you are in the department, we want you to feel safe, supported and comfortable, so please do not be afraid to ask if you have any worries or questions at any stage. For this procedure you will not need to take off any clothes, but ties may need to be loosened and shirts opened at the neck if they are tight.

Sedation and throat spray

A local anaesthetic spray will be used to make the back of your throat numb and more comfortable during the procedure. You will be asked not to have anything to eat and drink for up to 1 hour **after** the spray is given because it numbs the feeling in your throat and may cause food and drink to go down your windpipe.

When you have your first drink after the procedure, it should be a cool drink and needs to be sipped to make sure you do not choke. This is usually given while you are in the recovery area.

A sedative is usually given to make you sleepy and relaxed for the procedure. It is given into a vein in the back of your hand or arm and will make you 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 will be able to follow simple instructions.

During the procedure

You will be taken into the procedure room where the endoscopist and the nurses will introduce themselves. Please feel free to ask any final questions.

If are wearing any dentures you will be asked to take them out at this point. Any remaining teeth will be protected by a small plastic mouth guard which will be put in place just before the start of the procedure.

The local anaesthetic throat spray will be sprayed onto the back of your throat while you are sitting up and swallowing normally. You will notice a numb feeling in your tongue and throat almost straight away.

The nurse looking after you will ask you to lie on your left side and will then place an oxygen monitoring clip on your finger. A small sponge, connected to an oxygen tube, will be placed in your nostril to give you extra oxygen.

A thin tube called a cannula will be put into a vein in the back of your hand, through which the sedative medication will be given. You will quickly start to feel drowsy.

Any saliva or other secretions in your mouth during the procedure will be taken away using a small suction tube, like the one used at the dentist.

The endoscopist will feed the enteroscope through the mouth-guard, your mouth and your throat, then down your oesophagus into your stomach and on into your small bowel. As the small bowel is quite long, you may feel repeated movements backwards and forwards which is normal. This is not painful but may be uncomfortable at times. Your windpipe is kept clear and your breathing will not be affected.

Tissue samples may be taken at this time, as mentioned earlier in this leaflet. We may also take some photographs; these will be kept in your medical notes for us to look at in the future if necessary.

Risks associated with having sedation

Sedation can sometimes cause problems with breathing, heart rate and blood pressure. If you have any of these problems after sedation, try not to worry as they are normal and do not last long. Trained endoscopy staff will watch you carefully to make sure that any problems are spotted and treated quickly.

Older patients and those who have health problems, such as breathing difficulties due to a bad chest, for example, may need to be seen by a doctor before being treated.

Risks of having an enteroscopy

If you have sedation, it is very important that someone takes you home and that there is a responsible adult to stay with you for 24 hours. The main risks of having an enteroscopy are:

- damage to teeth or bridgework.
- perforation or tear of the linings of the oesophagus, stomach or small bowel which could lead to you being admitted to hospital. Although perforation usually needs to be repaired with surgery, some cases may be treated with antibiotics and fluids given through a drip.
- bleeding at the site of the biopsy, but this usually stops on its own. In severe cases it may mean you need a stay in hospital.
- rarely, pancreatitis (inflammation of the pancreas – the organ that helps in digestion of food).

After the procedure

Following the procedure, the nurse caring for you will take you to the recovery area to rest and have regular checks. This is called the recovery period.

You may feel a bit bloated or have some discomfort in your lower abdomen after the test; this will pass.

You will need to stay in hospital for about an hour after this procedure, but this will depend on how well you recover from the sedation. If no sedation has been used, you will be allowed to go home after being given your discharge information.

Normally, you do not see the person who carried out the procedure before you go home but the discharging nurse will tell you the initial results of the test. A side effect of sedation is that you can forget what has been said to you so it is a good idea to have someone with you at this stage. We do try to give all patients a copy of their endoscopy report and written discharge instructions before they leave.

Going home

If you have been given sedation for this procedure, you must have someone to take you home and a responsible adult to stay with you for 24 hours. 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 any important decisions or sign any documents.

Will I need further treatment?

Your doctor will contact you to discuss when you need to come back to the clinic.

Contact information

If you have an enquiry about your appointment time or date, please contact the:

Booking Office

Tel: 0300 422 6350
0300 422 6351

Monday to Friday, 08:00 to 4:00pm

Medication Advice Line

If you have any questions relating to your medication, 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

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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

*Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>



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