Having an Upper GI Endoscopy (Gastroscopy) and Flexible Sigmoidoscopy

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What is a gastroscopy?
This is a procedure that allows a doctor or nurse specialist to look directly at the lining of your oesophagus (gullet), your stomach and around the first bend of your small intestine (duodenum).

To do this, a long, thin (thinner than your little finger) flexible tube (called an endoscope) is passed through your mouth, over your tongue and into your stomach. Using the endoscope, the doctor or nurse can get a clear view of the stomach lining and can check whether or not any disease is present. If necessary, certain treatments can be performed during the procedure and tissue samples can also be obtained for laboratory analysis.

What is a flexible sigmoidoscopy?
This is a procedure that allows a doctor or a nurse specialist to look directly at the lining of the left side of the large bowel.

In order to do this, a long, thin, flexible tube (about the thickness of your index finger) called a colonoscope is passed through the anus (back passage) into the bowel. Using the colonoscope, the doctor or nurse can get a clear view of the lining of the bowel and can check whether or not any disease is present. If necessary, a tissue sample can be taken from the lining of the bowel for laboratory analysis. This is performed with tiny forceps through the colonoscope and is painless.

It is possible to remove polyps during a sigmoidoscopy, however sometimes these can be left until a full examination of the colon (large bowel) called a colonoscopy can be arranged. Polyps are harmless growths, which are not cancers, but if left can sometimes become cancers in years to come.
Before the procedure

Detailed instructions for taking the bowel preparation can be found in the accompanying sheet.

On arrival at the Endoscopy Unit, the nursing staff will spend time getting to know you and make sure you are prepared for the procedures. Your pulse and blood pressure will be recorded and the staff will be available to answer any questions that you may have, so please do not hesitate to ask.

Let the nurse know about any **allergies or bad reactions** to drugs or other procedures that you may have had in the past. Please bring a list of any medications you are currently taking.

Before the procedure can go ahead, your written consent will be required. A copy of the **consent form** is enclosed with this leaflet. You will be given an opportunity to discuss any questions that you may have with the doctor or nurse before the procedure.

Both procedures can be performed without sedation. The gastroscopy can be performed using an anaesthetic throat spray and, if required, the flexible sigmoidoscopy with gas and air (Entonox).

You will be asked to take off your trousers or skirt and put on a hospital gown.

We aim to keep the length of your appointment to a minimum. However, delays occasionally occur owing to unforeseen emergencies. It is therefore a good idea to bring something to occupy you, such as a book or magazine.

**On the day of your procedures, you must not eat or drink for six hours beforehand, to allow a clear view of your stomach during the procedure.**
The gastroscopy procedure

In the examination room, you will be made comfortable on a couch, resting on your left side. A nurse will look after you and stay with you during the procedure. It will be necessary to remove any false teeth and these will be kept safely for you until after the examination.

The doctor or nurse may spray some local anaesthetic onto the back of your throat; this may taste slightly bitter but is very effective at numbing the area. Some patients may prefer to have a sedative injection to help them relax. Many hospitals have found that this test can be performed safely and effectively without sedation, particularly now that the endoscopes have become much smaller and are therefore easier to swallow. Some patients may wish to try not having sedation, especially if they need to work or drive later in the day.

The nurse will attach a small clip to your finger to monitor your pulse and general condition during the examination. Oxygen will be given via plastic tubing under your nostrils. To keep your mouth slightly open, a plastic mouthpiece is placed gently between your teeth. Passing the endoscope into your stomach should not cause any pain and will **not**, at any time, interfere with your breathing.

The procedure may take up to 15 minutes to complete. During this time, some air is passed down the tube to inflate your stomach and allow the doctor or nurse to get a much clearer view. The air will then be sucked out at the end of the procedure. If you get a lot of saliva in your mouth, the nurse will clear this using suction. When the test is finished, the endoscope will be removed quickly and easily.

**Potential problems**

There may be a slight risk to crowned teeth or bridgework and you should tell the doctor or nurse if you have any of these.

All endoscopies carry a very slight risk of damaging the lining
of the gullet, stomach or small intestine. Occasionally following some necessary treatment, which is given through the endoscope, some **bleeding** or even a small hole (**perforation**) in the lining of the stomach may occur.

Bleeding occurs in fewer than one in 1,000 procedures.

Perforation occurs in fewer than one in 10,000 procedures.

Whilst every effort will be made to examine your gut thoroughly, it is important that you are aware that there is a very small chance of abnormalities being missed.

Other rare complications include reactions to the sedative drugs given, and occasionally chest infections (**pneumonia**) can occur after the procedure. In all these cases the appropriate treatment will be given.

**The flexible sigmoidoscopy procedure**

You will remain on your left side, with your knees slightly bent. A nurse will stay with you and look after you throughout the procedure.

The doctor or nurse will examine your back passage with a gloved finger before gently inserting the flexible tube (colonoscope) into the large bowel.

Carbon dioxide will be passed through the tube to inflate the bowel and allow clearer views of the wall lining. This may give you some wind-like discomfort, but does not last for long. You may feel a sensation of wanting to go to the toilet, but as your bowel is empty, there is no danger of this occurring. You may pass some wind and although this may be embarrassing, do remember that all staff understand why this is happening.

The procedure usually takes 10 minutes to complete.

At the end of the procedure, the doctor or nurse will try to remove most of the excess air from the bowel using the colonoscope. When the procedure is finished, the scope is removed quickly and easily.
Potential problems

All flexible sigmoidoscopies carry a very slight risk of damaging the lining of the bowel. Occasionally, following some necessary treatment such as removal of a polyp, some bleeding or even a small hole (perforation) in the lining of the bowel may occur.

Bleeding occurs in fewer than one person out of every 100 people who undergo the procedure. The risk of perforation following a flexible sigmoidoscopy is generally fewer than one in every 1,000 procedures. However, this may be slightly higher in patients who need to have a polyp removed (it can occur in one person out of every 500 procedures performed). If this happens you will need to stay in hospital for observation, and surgery may be necessary to seal the perforation.

There is a very small chance we will not be able to complete your procedure.

What should I expect after the procedure?

If sedation has been given, you will be encouraged to rest in the recovery ward for a while.

You may experience some ‘wind-like’ discomfort for a short while after the procedure. Once this is passed, you will feel more comfortable.

The nursing staff will check your blood pressure and pulse.

If you have had your throat numbed with local anaesthetic spray, you will be asked to wait until your swallowing reflex is back to normal. This may take up to 10 minutes. The nurses will check your swallowing reflex with a glass of water.

If the swallowing reflex is back to normal you will be allowed to eat and drink normally. You may, however, experience a sore throat for the rest of the day. Sometimes you may feel a little bloated; this is caused by some air remaining in your stomach.

Both the sore throat and the bloating will ease without any treatment.
You will be offered a drink and some biscuits before you leave the unit.

**Going home**

You will normally be able to go home 30 minutes after the procedure, but this does depend on whether or not you have had sedation. Occasionally the doctor or nurse may wish you to have further tests and therefore your stay may be longer. This does not occur very often but, if needed, it will be discussed with you.

If you have had sedation, **it is essential for someone with transport to collect you from the Endoscopy Unit.** Once home, it is important that you rest for the remainder of the day.

Sedation lasts longer than you think. If you have been given sedation during the procedure, you should not:

- drive a car;
- operate machinery;
- drink alcohol; or
- make any financial or legal decisions.

The effects of the procedure and injection should have worn off by the next day, when most patients are able to resume their normal activities.

**Discharge advice**

Your results and further treatment will be discussed with you before you leave the Endoscopy Unit. However, the results of samples taken can take at least three weeks.

Details of the results and any necessary treatment will also be sent to your GP or hospital specialist, whoever recommended you for the procedure.