

# Gastroscopy and Colonoscopy

Gastroenterology – Endoscopy



**Care Colleagues**  
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# Introduction

You have been advised that you should have a test called a Gastroscopy and a test called a Colonoscopy.

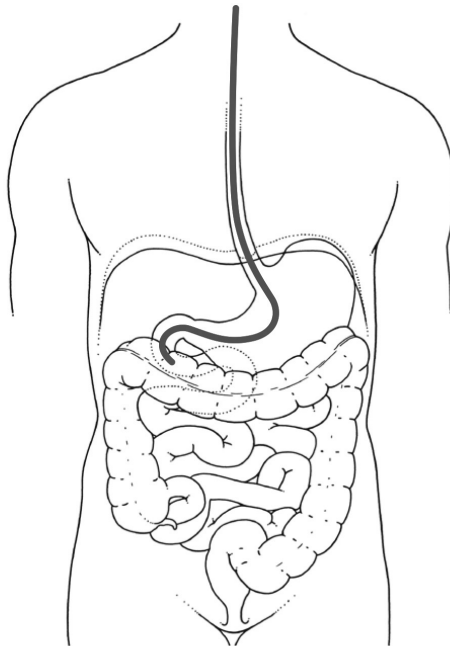
These procedures may be undertaken at Walsall Manor Hospital. Your appointment may be at either site.

## Aim of the leaflet

This leaflet tells you why you need these investigations, how to prepare for them and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries when you have read the leaflet, please telephone the Endoscopy Booking Office on the telephone number you will find towards the end of this leaflet.

## What is a Gastroscopy and what are the benefits?

A Gastroscopy allows the Endoscopist to look into your gullet (oesophagus), stomach and the first part of the small bowel (duodenum).

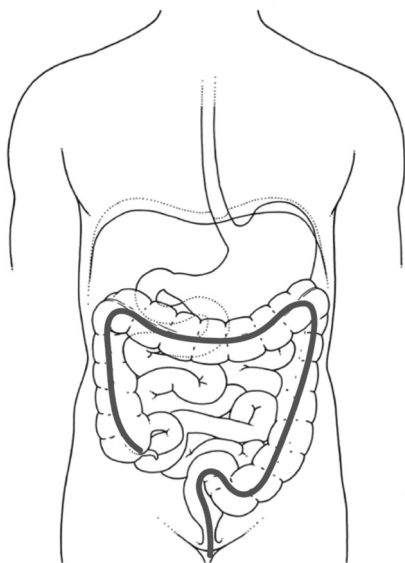


The gastroscop is a long flexible tube (thinner than a finger) with a bright light at the end. It is passed through your mouth, down your oesophagus, into your stomach and duodenum.

During the test, the Endoscopist may need to obtain tiny pieces of tissue (biopsies) to help find the cause of your symptoms. The tissue will be sent to the laboratories for analysis. The tissue is removed painlessly through the gastroscop using a tiny grasper (forceps).

## What is a Colonoscopy and what are the benefits?

A Colonoscopy is a test that allows the Endoscopist to look directly at the lining of your large bowel (colon). The colonoscope is a long flexible tube (as thick as your finger) with a bright light at the end. It is passed into your back passage and round your colon.



During the Colonoscopy the Endoscopist may need to obtain tiny pieces of tissue (biopsies) from the lining of your bowel to help find the cause of your symptoms and / or assess the lining further.

Sometimes the Endoscopist may need to remove a polyp (overgrowth of tissue). This is done through the colonoscope

by placing a small wire loop around the polyp and may include applying a small electrical charge (diathermy) to remove the polyp.

Taking biopsies or removing a polyp is painless.

All biopsies taken and any polyps removed will be sent to the laboratories for analysis, with your consent. Removing polyps from the bowel reduces the risk of developing bowel cancer.

## Consent

You will be asked to sign a consent form to give permission to have the test done. The consent form may be completed in clinic, or be sent to you with the appointment details.

*The risks, benefits and relevant alternatives to the procedures will be explained before your written consent is obtained. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.* Please read all the information on the consent form.

You will be asked to consent to having the procedure, but we also need your permission to retain and store in the laboratory any tissue samples removed at the time of Endoscopy.

If you have no questions, it is important that you sign the consent form at least one day before the test; otherwise this will be done prior to the test after you have spoken to a nurse or doctor.

**Important: Please bring the consent form with you to your appointment.**

## What are the risks of having a Gastroscopy?

The majority of gastroscopies are safe and uncomplicated. However, as with any procedure there is a small chance of side effects or complications. You may suffer from a sore throat or feel some wind in your stomach. This will settle in a few days. National studies have shown that serious complications such as:

- Drug reaction
- Bleeding
- Perforation (hole or tear in wall of gullet, stomach or duodenum)

- Missed lesions (unable to see an abnormality) are very rare

**Bleeding:** occurs in less than 1 In 5000 cases.

**Perforation:** occurs in approximately 1 in 5000 cases.

## What are the risks of having a Colonoscopy?

The majority of colonoscopies are straightforward. However, as with any procedure there is a small chance of complications or side effects. (You may have some wind for a couple of days after the Colonoscopy). National studies have shown that serious complications are infrequent.

They include

- Reactions to drugs
- Bleeding
- Perforation of the bowel
- Missed lesions: Although this test has been recommended as the best test to detect any abnormalities, no test is perfect. There is a small risk that we may miss lesions including polyps and rarely cancers

**Bleeding:** bleeding occurs in approximately 1 in 150 cases.

Bleeding may occur up to 14 days after your procedure.

**Perforation:** perforation (hole or tear in bowel wall) occurs in approximately 1 in 1500 cases and this is more likely if a polyp is removed.

Severe complications are rare, but may require emergency admission, repeat endoscopic procedure, surgery, blood transfusion or, in extremely rare circumstances, result in death.

## Information for women of childbearing age

If you are pregnant or think that there is a possibility you could be pregnant, please contact the Endoscopy unit on the telephone number at the end of this booklet.

We will need to discuss your individual circumstances as it may be necessary to cancel or delay your appointment.

## Are there any alternatives to a Gastroscopy?

In certain circumstances, it may be suggested that a barium swallow or barium meal X-ray could be done. This involves drinking a fluid, which shows up on X-ray.

A barium test does not allow a tissue specimen to be taken for investigation so a Gastroscopy may be suggested when this is necessary. If there are any abnormalities, it is usual to have a Gastroscopy so that biopsies can be taken.

## Are there any alternatives to a Colonoscopy?

A CT scan may be recommended. Some scans require bowel preparation. Images are taken of your bowel to help diagnose your symptoms but polyps cannot be removed or biopsies taken.

## What if I do not have a Gastroscopy and Colonoscopy?

A Gastroscopy and Colonoscopy have been recommended because you have symptoms, or have had other investigations, which suggest disease of the gullet, stomach, small bowel or large bowel. If you do not have a Gastroscopy and Colonoscopy then important disease may be missed. Alternative investigations can be performed, but a Gastroscopy and Colonoscopy may still need to be done to confirm the diagnosis or deliver treatment within the stomach or bowel.

## Preparation for the Gastroscopy and Colonoscopy

Your stomach must be empty during the Gastroscopy. You can drink water for up to 2 hours before your appointment.

It is very important that your bowel is empty when the Colonoscopy is done. To ensure your bowel is empty it is necessary for you to restrict your food intake and drink some laxative solutions to cleanse your bowel. **Please avoid foods with seeds, for example, multi-grain or wholemeal seeded bread for at least 5 days before your appointment.** Please follow all the instructions on the bowel preparation instruction card.

Please stop iron tablets 7 days before your appointment.

Please avoid alcohol on the day of your procedure.

If you take anticoagulant tablets (such as warfarin, rivaroxaban, dabigatran apixaban or edoxaban), or antiplatelet drugs (such as clopidogrel, prasugrel or ticagrelor), or if you are a diabetic, please telephone 01922 656217 and speak to a nurse, as we may need to alter your medication before you take the bowel preparation. You can take all other medications as normal.

When you arrive at the Endoscopy unit please report to reception and you will then be asked to take a seat in the waiting area.

A nurse will invite you into an office to ask you questions about your health, explain about the Gastroscopy and Colonoscopy, and find out what arrangements you have made for going home. You will have the chance to ask any questions that you may have.

You will also have the opportunity to confirm the details on your consent form.

There may be a slight delay before you are taken through for your procedures; however a relative or friend is more than welcome to wait with you.

You will be taken into the recovery area and asked to change into a gown. Please bring a bag with you large enough for all of your clothes and belongings.

## In the examination room

Before the Gastroscopy and Colonoscopy are done you will be asked to remove your glasses, (contact lenses can stay in) and to remove any false teeth (a denture pot is provided). The Gastroscopy is performed after you have chosen whether to have a local anaesthetic spray to your throat and/or a sedative injection.

A Colonoscopy is sometimes a little uncomfortable. The next section describes the options available for pain relief and/or sedation.

## Local anaesthetic spray

This is sprayed to the back of your mouth and you are asked to swallow. After a few seconds it will start to make your throat feel numb.

Having the spray makes it more comfortable when the gastroscope is passed down through your throat.

After the Gastroscopy you will have to wait 1 hour before you can eat or drink.

## Sedation

This is an injection given into a vein in your hand or arm to make you feel drowsy and relaxed. Some people do not have any memory of the Gastroscopy and Colonoscopy being done. After the Gastroscopy and Colonoscopy you will be kept in the recovery area lying on a trolley until you are fully awake.

Sometimes sedation may not be advisable because of other health problems.

## Pain relief

Pain relief can be provided by an injection into the vein, the same as sedation. For the Colonoscopy, there is also the option of Entonox (also known as gas and air) which plays an important role in overcoming the apprehension and any possible discomfort patients may experience. Entonox is a ready-to-use medical gas mixture consisting of 50% nitrous oxide and 50% oxygen.

You will be able to discuss with the nurse and your Endoscopist which method of pain relief and / or sedation will be the most suitable for you.

## The Gastroscopy

A nurse will stay with you throughout the Gastroscopy. You will be made comfortable lying on your left side on a trolley. A mouth guard will be placed between your teeth (or gums); this keeps your mouth slightly open and prevents you from biting the gastroscope. The nurse will hold this in place. You will be given some oxygen to breathe through a small plastic tube in your nostrils. Throughout the Gastroscopy a monitor is placed on your finger to check your pulse and oxygen levels.

The Endoscopist will pass the gastroscope over your tongue to the back of your throat. The gastroscope will then pass into your gullet, stomach and duodenum. The Gastroscopy only takes a few minutes.

You may feel the gastroscope move inside you and you may feel full of air and bloated. This is because air is blown into your stomach to ensure good views are seen.



During the Gastroscopy the nurse, using a sucker similar to the dentist, will remove any saliva collecting in your mouth. Tissue samples (biopsies) may be taken painlessly during the Gastroscopy. As soon as the gastroscope is removed the mouth guard is taken out of your mouth and the test is over.

## The Colonoscopy

Again a nurse will stay with you throughout the Colonoscopy. You will be made comfortable lying on your left side on a trolley with your knees bent up. Your oxygen therapy will be continued and the monitor on your finger will remain in place.

The Endoscopist will examine your back passage with a gloved finger and then insert the colonoscope. Lubricant jelly will be used.

The Colonoscopy can take between 15 and 60 minutes. Carbon dioxide or air is passed through the colonoscope into your bowel to allow clear views. This may cause you some discomfort and cramping. The air makes you feel like you want to go to the toilet. Remember your bowel is empty so all you will pass is wind. Please do not feel embarrassed, this is normal. During the Colonoscopy you are sometimes asked to change your position, to lie on your back, right side or stomach. This helps to steer the colonoscope around your bowel.

## After the Gastroscopy and Colonoscopy

If you have had sedation and pain relief you will be cared for in the recovery area on the trolley until you are fully awake and it is safe for you to go home. This may take between 1 and 2 hours. If you have had local anaesthetic throat spray you will have to wait 1 hour before you can eat and drink. You will be given something to eat and drink before you go home. Please tell us of any specific dietary requirements at least 24 hours prior to your procedure.

You will have some written instructions to take with you.

It is very important that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. It is strongly recommended that you do not drink any alcohol, do not drive any vehicle, do not operate any machinery, sign any legal documents, or return to work for 24 hours. This is because the effects of the sedation last this long.

If you do not have sedation you will be offered something to eat and drink. You will be advised when you can go home and you will have some written instructions to take with you.

## When will I receive the results?

The Endoscopist will usually give you the results before you go home. If you have had sedation you may not remember all that has been said to you, however, the test results can be given to you by your general practitioner or at clinic. The nurse will advise you how to obtain your results.

## Training

Walsall Healthcare NHS Trust is a regional centre for Endoscopy training. You may be asked if you would be willing to be examined by a Trainee Consultant or Trainee Nurse Endoscopist.

All trainees are under the direct supervision of an expert trainer until they are fully competent; the senior Endoscopy trainer is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

## Clinical photography

Clinical photography is the visual recording of clinical conditions for use in your patient record. They are used by health care professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as X-rays, scans and blood tests.

With your permission, clinical photographs can also be used for teaching doctors, nurses and other medical professionals, as well as research, audit and quality assurance purposes.

## Contact Details

If you require any further information, please contact us:

**Endoscopy Booking Office:**

01922 656217

Monday to Friday, 8:30am to 4:30pm

Or visit the website:

**Guts UK** – The Charity for the Digestive System  
3 St Andrews Place  
Regents Park  
London, NW1 4LB  
Telephone: 020 7486 0341  
Fax: 020 7224 2012  
Email: [info@gutscharity.org.uk](mailto:info@gutscharity.org.uk)  
<https://gutscharity.org.uk/>



Jeśli chcą Państwo otrzymać tę ulotkę w języku polskim prosimy skontaktować się z Działem ds. Relacji z Pacjentami.



ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਵਿਤਾਬਚਾ ਪੰਜਾਬੀ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਵਿਰਧਾ ਕਰਕੇ ਪੇਸ਼ਟ ਰਿਲੇਸ਼ਨਜ਼ ਟੀਮ (Patient Relations Team) ਨਾਲ ਸੰਪਰਕ ਕਰੋ।



যদি আপনি এই লিফলেটটি বাংলায় চান তবে অনুগ্রহ করে প্যাশেন্ট রিলেশন টিম-এর সাথে যোগাযোগ করুন।



Dacă doriți acest pliant în limba română, vă rugăm să vă adresați echipei de relații cu pacienții.



اگر آپ کو یہ کتابچہ اردو زبان میں مطلوب ہے تو، براہ کرم  
پیشنٹ ریلیشنز ٹیم سے رابطہ کریں۔



If you require this leaflet in Braille, please contact the Patient Relations Team.