



# OESPHAGO-GASTRO DUODENOSCOPY (OGD) & COLONOSCOPY

*Information sheet*

LivingCare works in partnership with Leeds Teaching Hospitals. This may mean that there are trainees involved in your care. All trainees have the appropriate level of training and will always be supervised by a trainer. You will be informed of their involvement (if applicable) on arrival to the department where further information will be provided. You have the right to decline care from a trainee and this will also be discussed with you on arrival.

## ■ Introduction

You have been advised by your GP or hospital doctor to have an investigation known as a gastroscopy (OGD) and a colonoscopy.

### **This procedure requires your formal consent.**

If you are unable to keep your appointment, please notify the booking office on 0113 249 4655 as soon as possible. This will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you.

This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation. The consent form is a legal document therefore please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigation.

The procedures you are having are called a colonoscopy (an examination of your large bowel/colon) and an oesophago-gastro-duodenoscopy (OGD) sometimes known more simply as a gastroscopy or endoscopy.

## ■ What is an OGD?

This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum. The instrument used in this investigation is called a gastroscope. It is flexible and has a diameter less than that of a little finger. Each gastroscope has an illumination channel which enables light to be directed onto the lining of your upper digestive tract and another which relays pictures back to the endoscopist onto a television screen. During the investigation, the doctor may need to take some tissue samples (biopsies) from the lining of your upper digestive tract for analysis: this is painless. The samples will be retained. A video recording and/or photographs may be taken for your medical records.

The procedure will be performed by or under the supervision of a trained doctor or nurse endoscopist, and we will make the investigation as comfortable as possible for you. Some patients have sedation injected into a vein for this procedure, although others prefer to remain awake and have local anaesthetic throat spray.

## ■ Why do I need an OGD?

You may have been advised to undergo this investigation of your stomach to try and find the cause for your symptoms, help with treatment, and if necessary, to decide on further investigation.

## ■ What is a colonoscopy?

This test is a very accurate way of looking at the lining of your large bowel (colon), to establish whether there is any disease present. This test also allows us to take tissue samples (biopsy) for analysis by the pathology department if necessary.

The instrument used in this investigation is called a colonoscope, (scope) and is flexible. Within each scope is an illumination channel that enables light to be directed onto the lining of your bowel, and another that relays pictures back onto a television screen. This enables the endoscopist to have a clear view and to check whether or not disease or inflammation is present.

During the investigation the endoscopist may need to take some samples from the lining of your colon for analysis: this is painless. The samples will be retained. A video recording and/or photographs may be taken for your medical records.

## ■ Why do I need to have a colonoscopy?

- You may have been advised to undergo this investigation of your bowel to try and find the cause for your symptoms, help with treatment, and if necessary, to decide on further investigation.
- Follow-up inspection of previous disease
- Assessing the clinical importance of an abnormality seen on an x-ray
- A barium enema examination is an alternative investigation to colonoscopy. It has the disadvantage that samples of the bowel cannot be taken if an abnormality is found. If this is the case a subsequent endoscopic examination may be required.

## ■ Preparing for the investigation

It is necessary to have clear views of the upper and lower digestive tract. Please follow the fasting instructions given in the bowel prep. You may drink water from then until 2hrs before the procedure time. Please get in touch with us on 0113 249 4655 if you have not received your bowel prep and instructions 48 hours before your procedure.

## ■ On the day of the examination

You may drink clear fluids for up to 2 hours before your procedure. After this time you must not have anything to drink until after your procedure.

## ■ What about my medication?

Any routine medication should be continued, for example blood pressure medication.

- If you are taking **Iron tablets**: you must stop these one week prior to your appointment.
- If you are taking medication such as **Fybogel, Loperamide/Immodium or Codeine Phosphate**, you must stop these 3 days prior to your appointment.
- If you are taking any **Anticoagulants or Antiplatelet medication**: please ensure you have informed your doctor and us. You may need to temporarily stop taking this medication prior to your procedure. This will be discussed with you in your pre-assessment call.
- **If you are Diabetic**: You should have a pre-assessment arranged. If this has not been done, please contact booking team on 0113 249 4655.

## ■ How long will I be in the endoscopy department?

This largely depends on how quickly you recover from the sedation. You should expect to be in the department for approximately 2.5 hours.

## ■ What happens when I arrive?

When you arrive in the department, you will be met by a qualified practitioner or healthcare assistant who will ask you a few questions, one of which concerns your arrangements for getting home. You will also be able to ask further questions about the investigation. The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have. **If you have opted for sedation you will not be permitted to drive, and you must have someone with you in the building at all times.**

You will have a brief medical assessment when a qualified practitioner will ask you some questions regarding your medical condition and any surgery or illnesses you have had to confirm that you are fit to undergo the investigation.

Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose level will also be recorded. Should you suffer from breathing problems a recording of your oxygen levels will be taken.

If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point.

## ■ Intravenous sedation

If you are having sedation, this will be administered into a vein in your hand or arm that will make you drowsy and relaxed but not unconscious. You will be in a state called co-operative sedation. This means that, although possibly drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation.

Whilst you are lightly sedated, we will monitor your breathing and heart rate so 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 may also be recorded.

Please note if you have had sedation you must not drive, work, take alcohol, operate heavy machinery or sign any legally binding document for 24 hours following the procedure and you will need someone to accompany you to the appointment and at home, take you home and stay with you for 24 hours after your procedure.

## ■ Entonox

Entonox (Gas and Air) This medication is inhaled through a hand held mouth piece where it provides fast acting pain relief. The effects of this gas wears off quickly. As with sedation certain patient groups may not be suitable for this medication due to higher risk medical conditions. This will be discussed at your pre assessment and or on the day of your procedure.

## ■ Anaesthetic Throat Spray

With this method the throat is numbed with a local anaesthetic spray. As the gastroscope is relatively slim, many patients are happy for the procedure to be carried out without sedation. After the procedure you should wait an hour before taking a drink to ensure the throat spray effect has worn off. When having your first drink it should be cold and be sipped to ensure you are able to swallow properly following the effects of the spray.

If you can feel the back of your throat, you may resume to eating and drinking as normal.

## ■ The OGD procedure

You will be escorted into the procedure room where you will have the opportunity to ask any final questions. Dentures will be removed at this point; any remaining teeth will be protected by a small plastic mouth guard. The sedation will be administered if you have opted for this. The sedative drugs will be administered into a cannula (tube) in your vein, usually in the back of your hand. You will then lie down on your left side. Any saliva or other secretions produced during the investigation will be removed using a

small suction tube. The endoscopist will introduce the gastroscope into your mouth, down your gullet into your stomach and then duodenum. Your windpipe is deliberately avoided and your breathing will be unhindered. During the procedure biopsy samples may be taken for analysis in our laboratories. These will be retained. Someone will be with you throughout your procedure to reassure you.

## ■ The Colonoscopy procedure

Before the colonoscopy, you will have a finger examination of the back passage. The colonoscopy involves manoeuvring the colonoscope around the entire length of your large bowel. There are some bends that naturally occur in the bowel and negotiating these may be uncomfortable for a short period of time but the sedation and analgesia will minimise any discomfort. Air is gently passed into the bowel during the investigation to facilitate the passage of the colonoscope.

During the procedure samples may be taken from the lining of your bowel for analysis in our laboratories. These will be retained.

It is very important that correct positioning is maintained to ensure your safety and also assist in your procedure being completed fully. Gentle restriction of your movement will be maintained during the procedure. Your comfort will be assessed throughout and if you are uncomfortable, options will be discussed with you to determine if the procedure can continue and if further pain relief is needed.

## ■ Risks of the procedure

Upper and Lower gastrointestinal endoscopy are classified as invasive investigations and because of that there is the possibility of associated complications. These occur extremely infrequently; we would wish to draw your attention to them and so with this information you can make your decision.

The doctor who has requested the tests will have considered this. The risks must be compared to the benefit of having the procedures carried out.

The risks can be associated with the procedure itself and with the administration of sedation.

## ■ Risks related to the procedure

- Perforation or tear of the bowel occurs approximately once in every 1000 examinations. An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal.
- Bleeding may occur at the site of biopsy or polyp removal (risk approximately 1 for every 100-200 examinations where this is performed). Typically minor in degree, such bleeding may either simply stop on its own or if it does not, be controlled by cauterization or injection treatment.
- There is a 5-10% chance that the examination cannot be completed for a variety of reasons such as discomfort. In these cases, a special x-ray test (Barium enema) or a repeat endoscopy will be arranged.
- The main risks are of mechanical damage to teeth or bridgework; perforation or tear of the lining of the stomach or oesophagus (risk approximately 1 in 2000 cases) and bleeding which could entail you being admitted to hospital. Certain cases may be treated with antibiotics and intravenous fluids. Perforation may require surgery to repair the hole.



## ■ Sedation risks

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any problems do occur, they are normally short lived, careful monitoring by a fully trained practitioner ensures that any potential problems can be identified and treated rapidly. Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by a doctor before having the procedure.

## ■ What is a polyp?

A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the intestinal wall by a stalk, and look like a mushroom, whereas others are flat without a stalk. Polyps when found are generally removed or sampled by the endoscopist as they may grow and later cause problems. Flat polyps are generally a little more difficult to remove.

## ■ Polypectomy

A polyp may be removed in one of two ways both using an electrical current known as diathermy. For large polyps a snare (wire loop) is placed around the polyp, a high frequency current is then applied and the polyp is removed.

Flat polyps (without any stalk) can be removed by a procedure called EMR (Endoscopic Mucosal Resection). You will be referred to the hospital for this procedure.

This involves injecting the lining of the bowel that surrounds the flat polyp. This raises the area and allows a wire loop snare to capture the polyp. For smaller polyps, biopsy forceps (cupped forceps) are used. These hold the polyp whilst the diathermy is applied, therefore destroying the polyp.

## ■ After the procedure

You will be allowed to rest for as long as is necessary, your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. Should you have underlying breathing difficulties or if the oxygen levels were low during the procedure, we will continue to monitor your breathing. Once you have recovered from the initial effects of the sedation (which normally lasts 30-60mins), you will be offered refreshments. Before you leave the department, the practitioner or endoscopist will discuss the findings and any medication or further investigations required. They will also inform you if you require further appointments.

Should you choose to have a sedative you must have a responsible adult to take you home and stay with you for 24 hours after your procedure. This applies to a person living alone, if this cannot be arranged you may wish to consider an alternative such as Entonox and throat spray only.

For 24 hours after your procedure you must not:

- Drive
- Go to work
- Operate machinery
- Drink alcohol
- Sign important or legal papers
- Have sole care of children or dependants

You are advised to not take public transport following sedation.

## ■ General points to remember

It is our aim for you to be seen and investigated as soon as possible after your arrival. Delays can sometimes occur, however these are avoided wherever possible.

- The clinic cannot accept any responsibility for the loss or damage to personal property during your time on the premises and therefore advise you to refrain from bringing valuables with you on the day of your procedure due to limited secure storage facilities. You will be assigned a cubicle until you leave a building, however these have no lockable storage.
- If you are unable to keep your appointment please notify us as soon as possible.
- If you are having sedation, please arrange for someone to accompany and stay with you.
- If you have any problems with persistent abdominal pain or bleeding please contact your GP immediately informing them that you have had an endoscopy.

## ■ Dietary Information

### **Low fibre diet:**

Fibre is the indigestible part of cereals, fruit and vegetables. Please commence a low fibre diet 2 days prior to your examination.

### **Foods allowed:**

Lean tender lamb, beef, pork, chicken, turkey, offal, bacon, lean ham, fish, Yorkshire pudding, pancakes, bread sauce, clear and pureed soups, potato (no skins), boiled and mashed, tomato pulp (no skins or pips), fruit juice, pastry made with white flour, white bread white flour, icing smooth biscuits, white spaghetti and pasta, white rice, crisps, rosehip syrup, sugar or glucose in small amounts, boiled sweets, toffees, plain or milk chocolate, shortcake, cream crackers, water biscuits, sponge cake, Madeira cake, ice cream, iced lollies, plain yoghurt, honey, syrup, tea and coffee (without milk) and fizzy drinks.

### **Foods not allowed:**

Wholemeal, wheatmeal, granary bread, wholemeal flour, bran biscuits, coconut biscuits, all cereals containing bran or wholewheat e.g. Shredded Wheat, bran flakes, bran buds, muesli, digestive biscuits, Ryvita, Vita Wheat, oat cakes etc. No food with seeds.

### **Fluids allowed:**

*Twenty-four hours before your examination you should only take clear fluids (no food):*

Tea (no milk), black coffee, water, fruit squash, soda water, tonic water, lemonade, oxo, Bovril, marmite (mixed into weak drinks with hot water), clear soups and broths, consommé.

- *You may add sugar or glucose to your drinks*

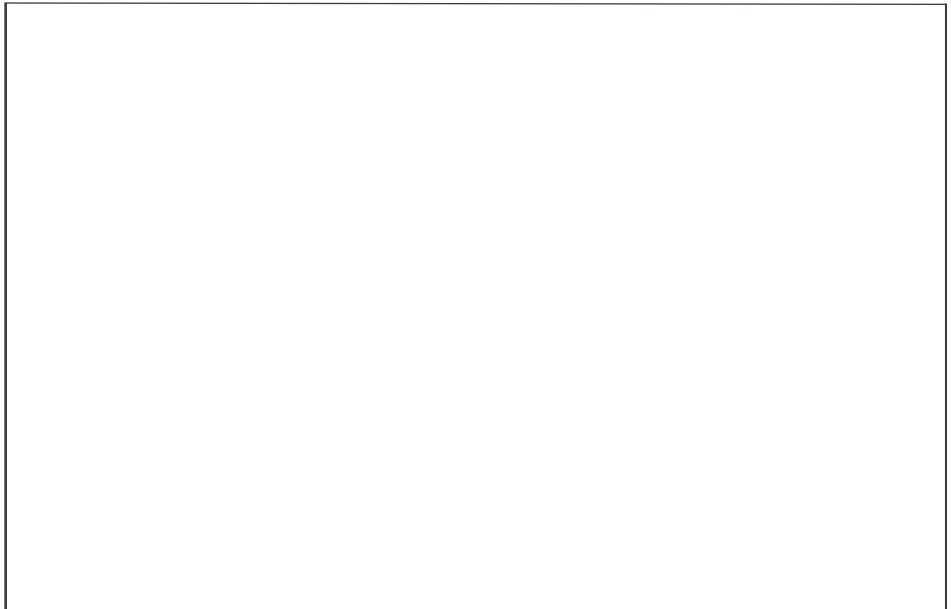
**Fluids not allowed:**

Milk, drinks or soups thickened with flour or other thickening agents. Fresh fruit juice. Red or purple coloured drinks.

**■ Bowel preparation**

Please follow the fasting instructions given in the bowel prep. This will be posted out to you. Continue drinking clear fluids up until 2 hours before your procedure.

**If you have any questions you want to ask, you can use the space provided below to remind you.**

A large, empty rectangular box with a thin black border, intended for the patient to write any questions they have before the procedure.



The Mid Yorkshire Hospitals  
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