



# Colonoscopy and gastroscopy

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## Information for patients from the Trust's Endoscopy Units

This leaflet is for patients who are having a colonoscopy and a gastroscopy (OGD). This is an examination of your large bowel. This leaflet explains what it involves, and any significant risks that there may be.

**Please contact the Endoscopy Unit if you cannot come to your appointment. If you do not let us know in advance, we may remove you from the waiting list.**

Students and trainees supervised by qualified staff, may be involved in your care. If you do not want a student to be present, please tell the endoscopist or nurse-in-charge.

The time on your appointment letter is your booking-in time, not your procedure time. Please tell any friends or relatives coming with you to the hospital.

These tests take 40 to 50 minutes in total. It may take longer if you have biopsies or polyps removed. Most patients can go home immediately after their procedure. However, if you have a sedative injection and / or polypectomy, you will need to stay in hospital for about 45 to 60 minutes.

If there are emergencies or very complex cases, we may have to delay the start of your test. You may be in hospital for up to four hours.

### What is a gastroscopy?

A gastroscopy is an examination of the inside of your:

- oesophagus (gullet)
- stomach; and
- duodenum (the first bend of the small intestine).

A thin, flexible tube approximately the size of a woman's little finger (a gastroscope) is passed through your mouth into your stomach. The tip of the gastroscope contains a light and a tiny video camera. This allows the endoscopist to see inside your gut, at what might be causing your symptoms.

This procedure is sometimes called an endoscopy.

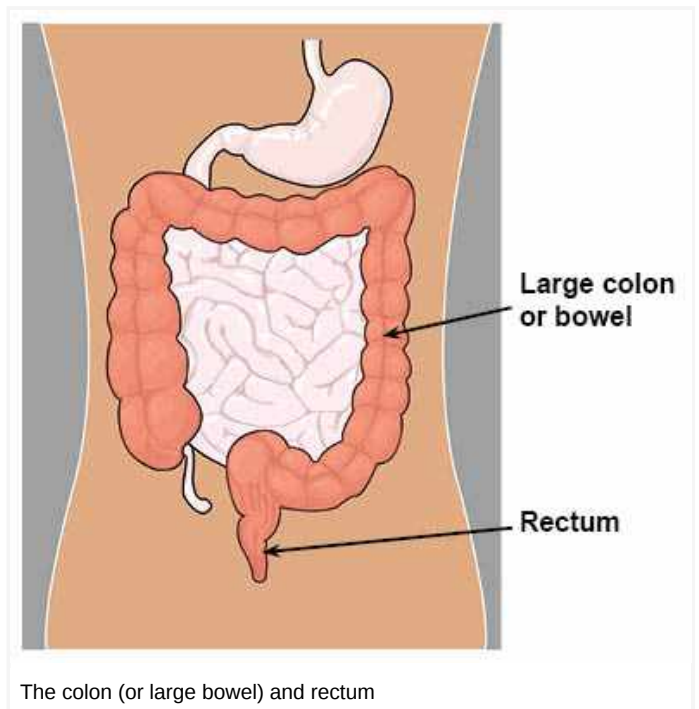
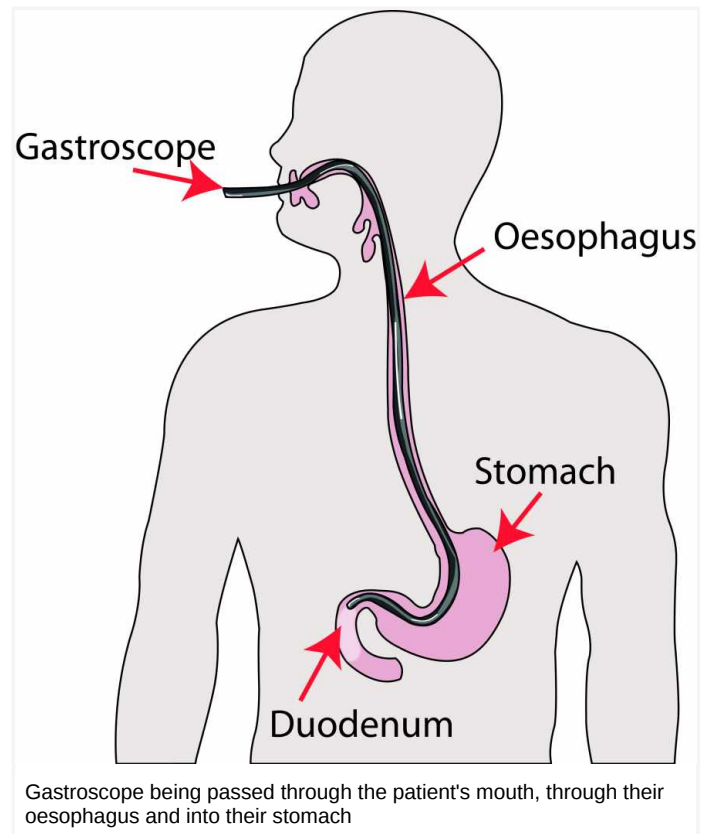
## What is a colonoscopy?

A colonoscopy is an examination, which allows an endoscopist to look at the lining of the large bowel or colon. They do this using a colonoscope. A colonoscope is a flexible tube about the thickness of a woman's index finger.

Sometimes the endoscopist will take a sample of the lining of the bowel (a biopsy) for laboratory examination. If we find polyps, we can remove them during this examination.

## How do I prepare for my test?

- For the test to be successful, your endoscopist must have a clear view of your bowel. **Your bowel must be as empty as possible.**
- **It is important that you follow the advice you are given about how to prepare your bowel.**
- As part of your preparation, we will give you a laxative. Please refer to the Instructions for MOVIPREP and PLENVU bowel preparation (instructions-for-moviprep-and-plenvu-bowel-preparation) leaflet enclosed.
- If your bowel is not empty enough, we may have to cancel your procedure and repeat it on another day. This is due to the high possibility of the endoscopist missing important signs. Patients who have a bowel cancer diagnosed within two years of a previous examination, have probably had it missed at the time of their original examination. We call this Post Colonoscopy Colorectal Cancer Rate (PCCCR).
- If you are **a diabetic or a haemophiliac**, please phone the Endoscopy Unit for specific advice.
- If you have a **pacemaker or ICD**, please phone the Endoscopy Unit and tell us at least one week before your test.
- If you take any of the following medication, phone the Endoscopy Unit and tell us at least one week before your test:



- **warfarin, clopidogrel, dabigatran, rivaroxaban, apixaban, edoxaban, or other blood thinning medications.**
- The test may be affected if you are taking certain medications. We recommend that you stop taking the following drugs one week before your test, **unless you have an ulcer or Barrett's Oesophagus. In which case, continue taking them as normal.**

Acid suppressing drugs cimetidine (Tagamet), ranitidine (Zantac), nizatidine (Axid), lansoprazole (Zoton), omeprazole (Losec), pantoprazole (Protium), rabeprazole (Pariet), esomeprazole (Nexium), Famotidine (Pepcid).

- **You must stop taking the following drugs one week before your test:**
  - iron tablets; and
  - stool bulking agents (such as Fybogel, Regulan, and Proctofibre).
- Continue to take other medications as normal. Please bring a list of these with you to the Endoscopy Unit.
- If you have any queries about your medication, please ring the Endoscopy Unit. **It is important to remember to bring any asthma inhalers or angina sprays with you.**
- If you have been diagnosed with **sleep apnoea and use a CPAP machine**, please bring this with you to your appointment and tell the nurse on arrival.
- Please remove nail polish and all types of false nails before coming to hospital.
- Do not bring any valuables to the unit. East Kent Hospitals accepts no responsibility for loss or damage to personal property. Unless the patient has handed their property to Trust staff for safe-keeping.
- Patients feel a spare set of underwear is useful.
- Please bring with you your dressing gown, slippers, and something to read during your stay.

### What happens when I arrive at the hospital?

- Please report to the Endoscopy Unit reception on arrival.
- A nurse will check your details, blood pressure, and pulse. If you are allergic to anything (medication, plasters, latex) please tell the nurse.
- We will ask you to remove any jewellery before your examination.
- Please tell the nurse if you have a pacemaker, replacement joints, pins, or plates.
- You will need to change into a hospital gown, your dressing gown, and slippers.
- If you have not had a laxative, we will give you an enema to clear your lower bowel completely.
- You will have the procedures explained to you during your admission. Please do not hesitate to ask any questions you may have. We will ask you to sign a consent form. Remember that you can withdraw your consent for treatment at any time.

- A nurse will stay with you throughout your examination.

### Why do I need to sign a consent form?

All patients must give permission before they receive any type of medical treatment, test, or examination. Consent is usually given when you sign the consent form before your treatment, but we may ask you to give it verbally.

- You must give your consent voluntarily.
- The hospital must give you all the information you need to make a decision about your treatment. This is so you can give us informed consent. If you have not been given this information, or you have but you still have questions, please speak to a member of staff.
- You must be capable of giving consent. This means that you understand the information given to you and can make an informed decision.

When we ask you to give consent, please use this time to ask any questions you may still have. For more information, please go to the NHS Consent for Treatment (<https://www.nhs.uk/conditions/consent-to-treatment/>) web page. Remember that you can withdraw your consent for treatment at any time.

### What does the examination involve?

- We will insert a small needle into a vein in your hand / arm. If you have sedation, we will give you the sedative and / or painkiller before starting your examination. This will make you feel relaxed but rarely makes you fall asleep. The needle will be lightly strapped to your hand / arm until you recover from the procedure.
- For some patients we offer Entonox when they are having a bowel examination, or no medication at all. Entonox is the pain relief gas that women have while giving birth. It works by taking in a deep breath using a mouth piece.
- The nurse or endoscopist will discuss with you whether you will have a local anaesthetic (numbing) spray. We will spray this on the back of your throat. It has a bitter taste.
- The endoscopist or nurse will attach a small device to your finger, for recording your pulse and breathing. If you have sedation we will give you oxygen.
- A cuff will be placed on your arm, this tracks your blood pressure if you have sedation. Please tell your nurse if there is a reason why we cannot use a certain arm.
- The endoscopist will place a small mouthpiece in your mouth.
- The endoscopist will gently insert the gastroscope into your stomach. **This is not painful and will not make breathing or swallowing difficult.** However, you may feel like retching and feel uncomfortable during your test.
- Your stomach will be gently inflated with air to expand it. This is so the endoscopist can see the lining clearly. The air is sucked out at the end of the test.
- The nurse may need to clear saliva from your mouth using a small suction tube.

- Afterwards the gastroscope is removed easily, and the trolley is turned around.
- The endoscopist will perform a rectal examination before your colonoscopy.
- We will ask you to lie on your left side. Once you are comfortable, the endoscopist will gently insert the colonoscope into your back passage (rectum). The colonoscope is then passed around your large bowel (colon).
- The endoscopist may ask you to change positions during your procedure. They could ask you to lie on your back and / or right side, and in some cases on your tummy. This is to help them move the colonoscope round difficult bends in your colon.
- Air will be passed into your bowel to expand it. This allows the endoscopist to see your bowel lining more clearly. This may give you some discomfort (sometimes mild pain), but it will not last long.
- You may need to pass wind during your procedure, this is normal and the endoscopist is used to it. **Please do not be embarrassed.**
- A biopsy (a small sample of the lining of your bowel) may be taken during your examination. This will be sent to the laboratory for more tests. **You cannot feel this.** A video recording and / or photographs may be taken for your records.
- Polyps may be removed during your examination, but **you will not feel this either.** Polyps are small growths in the lining of the bowel. They are not cancerous but could turn into a cancer in years to come if not removed.

The endoscopist can remove the polyps during your colonoscopy by cutting them out. They do this by placing a small loop of wire through which a low current of electricity is passed, causing the stem to be burnt through.

- Afterwards the colonoscope is removed easily.

## Going home

- If you have had sedation, you must have a friend or relative take you home and stay with you for at least 24 hours after your procedure.
- If you have had sedation, you must not drive, drink alcohol, operate machinery (including the oven and kettle), or sign important documents for 24 hours following your test.
- If you have had Entonox you cannot drive for 30 minutes after your last dose.
- If you did not have sedation, the restrictions above do not apply.
- You may notice that your bowels do not return to normal for a few days following your procedure.

You may have a mild sore throat, but this will pass and is nothing to worry about.

## Are there any significant risks?

These tests are very safe, but there are some risks linked to these procedures.

- **A reaction to the sedative.** The sedative can affect your breathing, making it more slow and shallow.
- **Damage to crowned teeth or dental bridgework.**
- **Fever** (raised temperature).
- There is a slightly increased risk of developing **a chest infection** after a gastroscopy.
- When a biopsy is taken or a polyp is removed, there may be **a little bleeding**. This can happen to approximately one in every 100 to 200 examinations where a polyp has been removed. If this does not stop within 24 hours or is excessive, please contact the Endoscopy Unit or Emergency Department.
- **Perforation** is a little tear in the wall of the bowel. This is rare and can happen to approximately one in every 1000 colonoscopies. During a gastroscopy the risk of making a perforation is less than one in 9,000. The risk is greater (one in 500) if we find a narrowing or a growth during the procedure. If we do a balloon stretch to expand the narrowing, the risk rises to one in 50.

We take every care to avoid perforation. If it happens you will need a short stay in hospital and more tests, such as a CT scan. You may need surgery to repair the hole and treatment with antibiotics.

- **A bloating feeling** due to the air we insert.

Please talk to your endoscopist before your examination if you have any worries about these risks.

### Are there alternatives to a colonoscopy?

Yes, there is a test called a CT colonoscopy or a barium enema. These procedures need the same kind of bowel preparation as a colonoscopy. However they do not allow the endoscopist to remove polyps or take biopsies. So, if we find abnormalities you would probably need a colonoscopy anyway.

### Are there any alternatives to a gastroscopy?

Yes, you can have a barium swallow test which allows us to get x-ray images of the same areas inside your body. But we get better pictures from a gastroscopy and can take biopsies at the same time. Both of which help with your diagnosis.

If we find an abnormality during the barium swallow, you would then need to have a gastroscopy to examine or treat it.

### Any further questions?

Please phone the Endoscopy Unit. The units are open Monday to Sunday 8am to 6pm.

- **Kent and Canterbury Hospital**, Canterbury  
Telephone: 01227 783058
- **Queen Elizabeth the Queen Mother (QEQM) Hospital**, Margate  
Telephone: 01843 234370
- **William Harvey Hospital**, Ashford  
Telephone: 01233 616274

If you have any questions between 6pm and 8am Monday to Sunday, contact the Emergency Department (ED).

- ED, **Queen Elizabeth the Queen Mother (QEQM) Hospital**, Margate  
Telephone: 01843 235030
- ED, **William Harvey Hospital**, Ashford  
Telephone: 01233 616207

Our units are regularly inspected and audited. Please ask if you want any information about our performance standards. You can also visit the Care Opinion web site (<https://www.careopinion.org.uk/>).

A short film outlining what patients can expect when coming to hospital for an endoscopy is available on the East Kent Hospitals' YouTube channel (<https://www.youtube.com/watch?v=WZmeQ4iVjIQ>).

**This leaflet has been produced with and for patients.**

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

**Any complaints, comments, concerns, or compliments** please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145 (tel://+441227783145), or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net) ([ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net))

**Patients should not bring large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

**Further patient leaflets** are available via the East Kent Hospitals website (<https://www.ekhuft.nhs.uk/information-for-patients/patient-information/>).

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