



Flexible sigmoidoscopy and gastroscopy

Information for patients from the Trust's Endoscopy Units

This information is for patients who are having an examination of the lower part of their bowel, known as a **flexible sigmoidoscopy and a gastroscopy (OGD)**. It explains what it involves, and any significant risks that there may be.

If you do not come to your appointment without telling the Endoscopy Unit in advance, you may be removed 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 stated is your booking in time **not** your procedure time. Please tell any friends or relatives coming with you to the hospital.

These tests take 30 to 40 minutes in total, but may take longer if any biopsies or polyps (projections of tissue rather like warts) are removed. Normally you will be able to go home immediately after these procedures, unless you have a sedative injection then you will need to stay for about 45 minutes. Occasionally, if there are emergencies or very complex cases, the start of your test may be delayed. 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, so that the endoscopist can see inside your gut. This allows them to see what might be causing the symptoms that you are having.

This procedure is sometimes called an endoscopy.

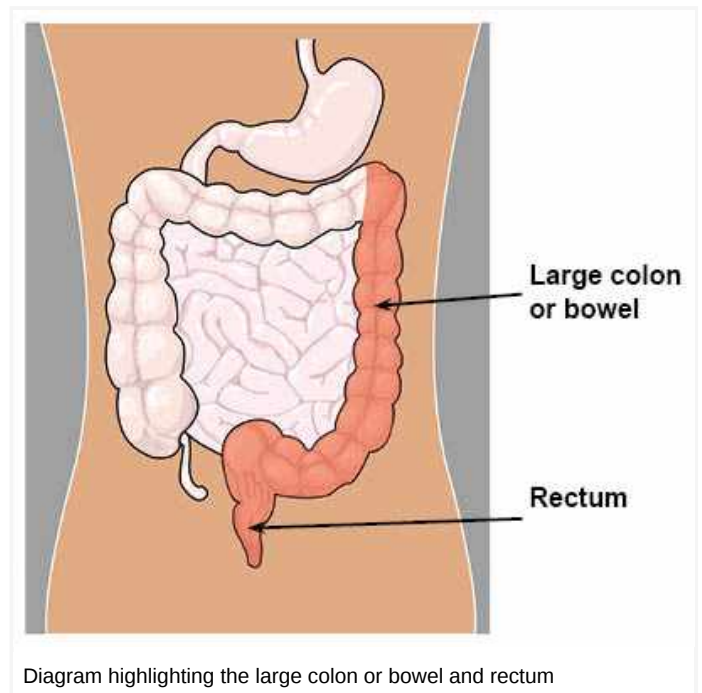
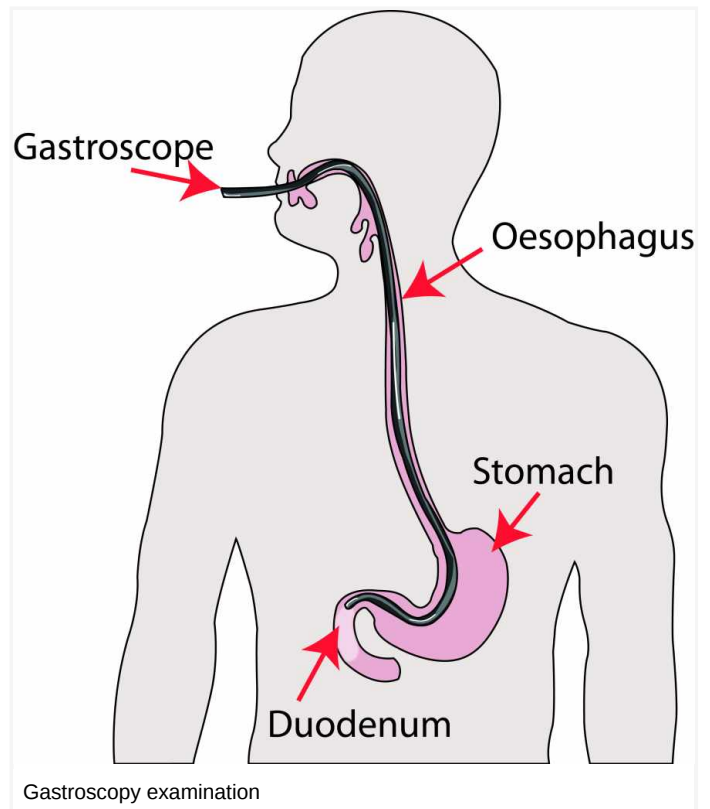
What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is an examination, which allows the endoscopist to look directly at the lining of the lower part of your bowel.

This is done using a sigmoidoscope (a flexible tube about the thickness of a woman's index finger). Sometimes a sample (a biopsy) of the lining of your bowel is taken for laboratory examination. If polyps are found they can be removed during the examination.

How do I prepare for my test?

- For this examination to be successful and for the endoscopist to have a clear view, **your stomach and bowel need to be as empty as possible.**
- You will be given either an enema just before your procedure, or a laxative to start taking at home before coming into the Endoscopy Unit. This is because the examination will only be successful if your bowel is empty, so it can be seen clearly.
- **If you have been given medicine to drink to clear your bowels, please follow the instructions enclosed. Stop drinking two hours before your procedure.**
- **If you are to have a phosphate enema, do not eat for six hours before your procedure and stop drinking two hours before your procedure.**
- If you are a **diabetic or 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 are taking **warfarin, clopidogrel**, or other blood thinning medications, please phone the Endoscopy Unit and tell us at least one week before your test.
- 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 been diagnosed with 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, stool bulking agents (Fybogel, Regularan, Proctofibe)

- You can continue to take other medications as normal, but please bring a list of them with you to the Endoscopy Unit.
- If you have any queries about your medication, please ring the Endoscopy Unit.
- **It is especially 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 your nail polish and all types of false nails before coming to hospital for your procedure.
- Do not bring any valuables to the unit. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed in 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.
- You will be asked to remove any jewellery, false teeth, spectacles, contact lenses, and tongue studs 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.
- If you have not had a laxative, you will then be given 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.** You will then be asked 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?

- **You will not normally have sedation**, but occasionally it is used.
- If you do have sedation, a small needle will be inserted into a vein and a sedative given before starting the 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 are recovered 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 spray (numbing) on the back of your throat; this has a bitter taste.
- A small device for recording your pulse and breathing will be attached to your finger. If you have sedation you will be given oxygen.
- A cuff will be placed on your arm to monitor your blood pressure if you have sedation. Please tell your nurse if there is a reason why a certain arm cannot be used.
- A small mouthpiece will be placed 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**, but you may feel like retching and feel uncomfortable during the test.
- Your stomach will be gently inflated with air to expand it, so that the lining can be seen more 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.
- A rectal examination will be performed by the endoscopist before you have the sigmoidoscopy procedure.

- Then while you are comfortably lying on your left side, the endoscopist will gently insert the sigmoidoscope into your back passage (rectum) and pass it around the lower part of your large bowel (colon).
- Air will be passed into your bowel to expand it, so your bowel lining can be seen 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 to be sent to the laboratory for more tests. **You cannot feel this.** A video recording and / or photographs may be taken for your records.
- Similarly, any 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.

Polyps are removed at sigmoidoscopy by cutting them out. This is done 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 sigmoidoscope is removed easily.

What happens after my examination?

- You will return to the recovery area.
- You will need to rest for about 45 minutes if you have had sedation. Once recovered you may eat and drink as normal.
- After your procedure you may still have a little wind, but this will pass naturally.
- Before you go home the nurse will explain your results to you and any further treatment that is necessary. Any biopsy result will take longer.
- A letter will be sent to your GP.

Going home

If you have had sedation:

- You must have a friend or relative with transport to collect you from the Endoscopy Unit and stay with you at home for at least 24 hours until you are fully recovered.
- You must not drive, drink alcohol, operate machinery (including an electric kettle), or sign important documents for 24 hours following the sedative.
- You may notice that your bowels do not return to normal for a few days following your procedure.
- If you have had Entonox you cannot drive for 30 minutes after the last dose of medication.

If you did not have sedation the above restrictions do not apply to you.

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, rarely 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 also rare and can happen to approximately one in every 1000 flexible sigmoidoscopies. 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, but 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.

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

Are there any alternatives to a flexible sigmoidoscopy?

Yes, there is a test called a CT colonoscopy and a barium enema. They both need the same kind of bowel preparation as a colonoscopy but they do not allow the removal of polyps or the taking of biopsies. This means that if we find abnormalities you would probably need a flexible sigmoidoscopy anyway.

Are there any alternatives to a gastroscopy?

You can have a barium swallow and / or barium meal 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 also take biopsies at the same time, both of which help with your diagnosis.

If we find an abnormality during the barium swallow or barium meal test you would then need to have an 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 (K&C)**, Canterbury
Telephone: 01227 783058

- **Queen Elizabeth the Queen Mother (QEQM) Hospital**, Margate
Telephone: 01843 234370
- **William Harvey Hospital (WHH)**, Ashford
Telephone: 01233 616274

If you have any questions between 6pm and 8am Monday to Sunday then contact the **Emergency Department** on:

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

If you develop any severe pain in your neck, chest, or abdomen within the first 24 hours of your procedure, please phone the Emergency Department (see telephone numbers above).

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>).

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/>).

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 (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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