

## E11 Upper GI Endoscopy and Colonoscopy

### What is an upper GI endoscopy and colonoscopy?

An upper gastrointestinal (GI) endoscopy is a procedure to look at the inside of the oesophagus (gullet), stomach and duodenum using a flexible telescope (see figure 1). This procedure is sometimes known as a gastroscopy or simply an endoscopy.

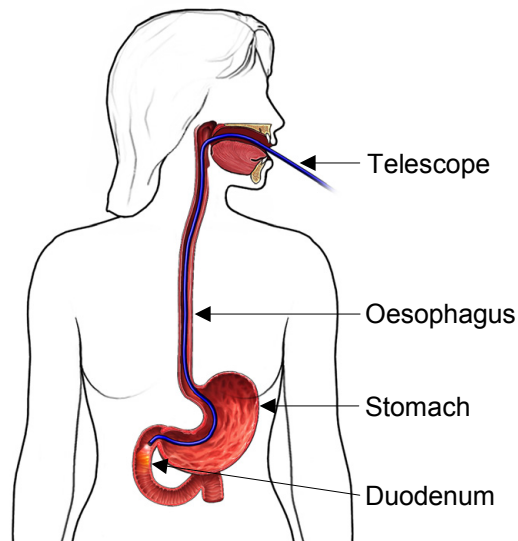


Figure 1  
Upper GI endoscopy

A colonoscopy is a procedure to look at the inside of the large bowel (colon) using a flexible telescope (see figure 2).

Your doctor has recommended an upper GI endoscopy and colonoscopy. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your doctor or any member of the endoscopy team.

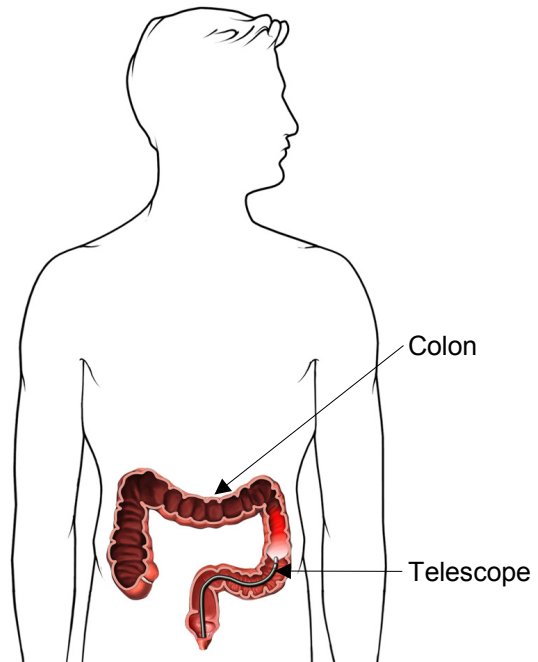


Figure 2  
Colonoscopy

### Why do I need an upper GI endoscopy and colonoscopy?

Your doctor is concerned that you may have a problem in your digestive system causing you to bleed and to become anaemic (your body does not produce enough healthy red blood cells). An upper GI endoscopy and colonoscopy is a good way of finding out if there is a problem or not.

If the endoscopist (the person doing the endoscopy and colonoscopy) finds a problem, they can perform biopsies (removing small pieces of tissue) to help make the diagnosis.

## **Are there any alternatives to an upper GI endoscopy and colonoscopy?**

Your doctor has recommended an upper GI endoscopy and colonoscopy as it is the best way of diagnosing most problems with the digestive system.

A barium meal is an x-ray test of the upper digestive system. This test is not as accurate as an upper GI endoscopy. Alternatives to a colonoscopy include a barium enema (an x-ray test of the large bowel) or a CT colography (a special scan of the large bowel).

If they find a problem, you may still need an upper GI endoscopy or colonoscopy to treat the problem or perform biopsies.

## **What will happen if I decide not to have an upper GI endoscopy and colonoscopy?**

Your doctor may not be able to confirm the cause of the problem.

If you decide not to have an upper GI endoscopy and colonoscopy, you should discuss this carefully with your doctor.

## **What does the procedure involve?**

### **• Before the procedure**

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your endoscopist and the healthcare team your name and the procedure you are having.

A member of the endoscopy team will ask you to sign the consent form once you have read this document and they have answered your questions.

You will need to follow a special diet and you will be given some laxatives to take the day before the procedure. This is to make sure your bowel is empty so the endoscopist can have a clear view. Follow the instructions carefully. If you get severe abdominal pain, let the endoscopy department or your doctor know.

You should not eat or drink anything for six hours before the procedure. This is to make sure your stomach is empty so the endoscopist can have a clear view of your stomach. It will also make the procedure more comfortable for you. However, if you have diabetes, you will need special advice depending on the treatment you receive for your diabetes. Let a member of the endoscopy team know as soon as possible if you have diabetes.

If you take iron tablets, you should stop taking them at least a week before the procedure.

The procedure may involve injecting you with a drug called Buscopan to relax your bowel and make the procedure more comfortable. Buscopan can affect the pressure in your eyes, so let your doctor know if you suffer from glaucoma.

### **• In the endoscopy room**

If appropriate, the endoscopist may offer you a sedative or painkiller to help you relax. If you decide to have a sedative, they will give it to you through a small needle in your arm or the back of your hand.

Once you have removed any false teeth or plates, they will usually spray your throat with some local anaesthetic and ask you to swallow it. This can taste unpleasant.

The endoscopist will ask you to lie down on your left side in a comfortable position and will place a plastic mouthpiece in your mouth.

A member of the endoscopy team will monitor your oxygen levels and heart rate using a finger clip. If you need oxygen, they will give it to you through a small tube placed in your nose.

## • The procedure

An upper GI endoscopy and colonoscopy usually takes about an hour.

- An upper GI endoscopy involves placing a flexible telescope (endoscope) into the back of your throat. The endoscopist may ask you to swallow when the endoscope is in your throat. This will help the endoscope to pass easily into your oesophagus and down into your stomach. From here the endoscope will pass into your duodenum.

- A colonoscopy involves placing a flexible telescope into your back passage and blowing some air into the large bowel to get a clear view.

The endoscopist will be able to look for problems such as inflammation, ulcers or polyps (small growths). They will be able to perform biopsies and take photographs to help make the diagnosis. If they find a polyp, it may be possible to remove it during the procedure.

## What complications can happen?

The healthcare team will try to make your procedure as safe as possible. However, complications can happen. Some of these can be serious and can even cause death (risk: less than 3 in 25,000).

The possible complications of an upper GI endoscopy and colonoscopy are listed below. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

- **Allergic reaction** to the equipment, materials or drugs. The endoscopy team is trained to detect and treat any reactions that might happen. Let the endoscopist know if you have any allergies or if you have reacted to any drugs or tests in the past.

- **Breathing difficulties or heart irregularities**, as a result of reacting to the sedation, inhaling secretions such as saliva, or the bowel being stretched. To help prevent this from happening, your oxygen levels and heart rate will be monitored.

- **Making a hole in the oesophagus, stomach, duodenum or colon** (risk: less than 5 in 2,000). The risk is higher if a polyp is removed. This is a serious complication. You may need surgery which can involve forming a stoma (bowel opening onto the skin).

- **Damage to teeth or bridgework.** The endoscopist will place a plastic mouthpiece in your mouth to help protect your teeth. Let the endoscopist know if you have any loose teeth.

- **Bleeding from a biopsy site or from minor damage** caused by the endoscope (risk: less than 1 in 1,000). This usually stops on its own.

- **Bleeding, if a polyp is removed** (risk: 2 in 100). Bleeding usually stops soon after a polyp is removed. Sometimes bleeding can happen up to two weeks after the procedure. Let the endoscopist know if you are on warfarin, clopidogrel or other blood-thinning drugs. If you are on warfarin or clopidogrel and have a polyp, the endoscopist will not usually remove it.

- **Incomplete procedure.** This can happen due to a technical difficulty, food or blockage in the digestive system, complications during the procedure, or discomfort. Your doctor may recommend another colonoscopy or a different test such as a barium enema.

You should discuss these possible complications with your doctor if there is anything you do not understand.

## How soon will I recover?

After the procedure you will be transferred to the recovery area where you can rest. If you were given a sedative, you will normally recover in about two hours. However, this depends on how much sedation you were given.

You should not eat or drink anything for at least an hour. Once you are able to swallow properly, you will be given a drink. You may feel a bit bloated for a few hours but this will pass.

If you were given a sedative, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency. You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. You should also not sign legal documents or drink alcohol for at least 24 hours.

A member of the team will tell you what was found during the procedure and will discuss with you any treatment or follow-up you need. Results from biopsies will not be available for a few days so they may ask you to come back to the clinic for these results.

Once at home, if you get pain in your chest or abdomen, significant or continued bleeding from your back passage, a high temperature, or if you vomit, contact the endoscopy unit or your GP. If your symptoms are severe, go to your nearest Accident and Emergency department or call an ambulance.

You should be able to go back to work the day after the procedure unless you are told otherwise.

#### • Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking will improve your long-term health.

For help and advice on stopping smoking, go to [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk).

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to [www.eatwell.gov.uk](http://www.eatwell.gov.uk).

#### • Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should improve your long-term health.

For information on how exercise can help you, go to [www.eidoactive.co.uk](http://www.eidoactive.co.uk).

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

#### Summary

An upper GI endoscopy and colonoscopy is usually a safe and effective way of finding out if you have a problem with your digestive system. However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

#### Further information

- NHS smoking helpline on 0800 022 4332 and at [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)
- [www.eatwell.gov.uk](http://www.eatwell.gov.uk) – for advice on maintaining a healthy weight
- [www.eidoactive.co.uk](http://www.eidoactive.co.uk) – for information on how exercise can help you
- [www.aboutmyhealth.org](http://www.aboutmyhealth.org) – for support and information you can trust
- British Society of Gastroenterology at [www.bsg.org.uk](http://www.bsg.org.uk)
- Digestive Disorders Foundation at [www.digestivedisorders.org.uk](http://www.digestivedisorders.org.uk)
- NHS Direct on 0845 46 47 (0845 606 46 47 – textphone)

#### Acknowledgements

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## Paying for your operation

Upper GI Endoscopy and Colonoscopy costs are covered by most medical insurance policies. However, we strongly advise you to check with your insurer before you are admitted to the hospital. If you are paying for your own treatment, the cost of the operation will be explained to you, and confirmed in writing, when you book the operation. Your consultant's secretary or the hospital can give you an estimate beforehand.

## Local information

You can get information locally from your BMI Hospital.

**Tell us how useful you found this document at [www.patientfeedback.org](http://www.patientfeedback.org)**

**This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.**

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[www.rcsed.ac.uk](http://www.rcsed.ac.uk)



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