

Advice for patients and carers about having a **Gastroscopy (OGD) and Colonoscopy**

Endoscopy Department Patient information

This booklet is designed to be practical and informative. Please read all of the information or you may miss important instructions which could put you at risk. This could lead to the cancellation of your procedures in the interests of your safety.

If you have any questions regarding the information or instructions in this booklet, please call the Endoscopy Department on the numbers below and a member of staff will be pleased to help you.

Royal Bournemouth Hospital Endoscopy Department: 0300 019 4668 (Mon-Fri, 8am-6pm)

Poole Hospital Endoscopy Department: 0300 019 2772 (Mon-Fri, 8am-6pm)

If you cannot attend your appointment it is important that you telephone as soon as possible so that we may offer it to another patient, and reschedule yours if applicable. The numbers to call are:

Booking Office: Royal Bournemouth Hospital Endoscopy Department Booking Office:
0300 019 4667 (Mon-Fri, 9am - 4:30pm)

Poole Hospital Endoscopy Department Booking Office:
0300 019 2939 (Mon-Fri, 9am - 4:30pm)

If you would like to look around the Endoscopy Department before you come for your procedures, you can do so by appointment. Please contact the Endoscopy Department as above to arrange this.

If you have internet access, there are several videos about the Department and the procedures that we carry out which you can view. This may help to answer many of your questions and make you feel more familiar and at ease when you visit us.

The website address below will take you to the homepage for The Royal Bournemouth Hospital. Please search for "endoscopy". This will take you to a link for Bournemouth Digestive Diseases Centre, where you can view the videos.

Website: www.uhd.nhs.uk

How do I prepare for my Gastroscopy and Colonoscopy?

- 1. Read this booklet and follow the advice it contains**
- 2. Inform the Endoscopy Department if you take anticoagulant medication**
- 3. Do not have anything to eat or drink for at least four hours before the procedures**
- 4. Arrange for someone to collect and accompany you for at least 12 hours after the procedures if you are having sedation (you must not drive, work, operate heavy machinery, look after small children or sign anything legally-binding for 24 hours)**

What are a Gastroscopy and a Colonoscopy?

Your doctor has referred you for Gastroscopy and Colonoscopy. These are investigations in which the lining of the digestive tract (or gut) is examined using endoscopes. Endoscopes are long, thin, flexible tubes with a light source and camera built into the tip. The endoscope which is used to examine your upper digestive tract, including the gullet (oesophagus), stomach, and the first part of the small bowel (duodenum) is called a gastroscope. The endoscope used to examine your large bowel (colon) is called a colonoscope.

These procedures are usually performed as a day case; the gastroscopy takes place first, and is immediately followed by the colonoscopy. Preparation for a gastroscopy involves fasting for at least six hours to ensure that the stomach is empty. Following a special diet and taking bowel preparation in the days leading up to colonoscopy helps to ensure the bowel lining is visible.

Why am I having a Gastroscopy and a Colonoscopy?

The most common reason for referral for both a gastroscopy and colonoscopy as a combined procedure is iron deficiency anaemia. Other reasons that you may have been referred for gastroscopy include investigation of symptoms such as indigestion, reflux, difficulty swallowing, vomiting, weight loss or blood loss - either through vomiting of blood (haematemesis) or as black, tarry stool (melaena). Gastroscopy may also be part of treatment or surveillance for conditions such as Barrett's Oesophagus.

Your doctor may have referred you for a colonoscopy in order to investigate symptoms such as anaemia, rectal bleeding or a change in your bowel habit. You may have been referred for further investigation of an abnormality shown on x-ray, or as a result of a screening programme.

You may also be having a colonoscopy as part of your follow-up for surveillance of conditions such as inflammatory bowel disease, bowel cancer, or after removal of a polyp.

Gastroscopy and colonoscopy allow the endoscopist to directly view the lining of the digestive tract. During these procedures the endoscopist can take biopsies (small samples of tissue) for testing if necessary. The tissue is removed painlessly through the endoscope using tiny forceps and sent off for examination. During colonoscopy, the endoscopist can also remove polyps if any are found. Polyps are small, fleshy growths on the lining of the bowel, which are usually harmless. Removing polyps is a good way of reducing the risk of cancer.

Are there any alternatives to this test?

It may be possible to have an x-ray test, called a barium swallow or enema, or a CT scan, depending on the reason for your referral. These tests are very useful in helping the doctor diagnose your problem. However, they do not allow the endoscopist to look directly at the lining of the digestive tract, take tissue samples, remove polyps or treat any problems which are identified.

Can I change my mind?

You are quite within your rights to change your mind at any stage. You may find it helpful to discuss the investigations with your family, friends and / or GP. If you decide not to go ahead with your colonoscopy, please make sure you let us know.

Can I seek a second opinion?

Yes, at any stage. This can be arranged through your GP.

Are there any risks with Gastroscopy and Colonoscopy?

As with many medical investigations, there are some possible complications associated with these procedures. These happen very rarely, but it is important that you are made aware of them so that you are able to give your informed consent. The doctor who has referred you will have considered this, and whether the benefits of having the procedure outweigh the risks to you. The potential risks as they appear on the consent form include:

Perforation: There is a very small risk that the investigation may result in a small tear or hole (perforation) in the lining of the oesophagus, stomach or bowel, for example, when a polyp is removed. This may mean that you would need to stay in hospital until it heals, and very occasionally an operation may be needed to repair it.

Bleeding: When a sample of tissue is taken or a polyp removed, there is a small risk that the area may bleed, but this usually stops very quickly. Bleeding can also arise if perforation occurs, or from damage to the soft lining of the digestive tract from the endoscope. Bleeding is usually minimal and stops by itself, but it may be necessary for you to stay in hospital for treatment and observation.

Aspiration: During gastroscopy, while the throat is numb from the local anaesthetic spray there is a risk that you may inhale secretions that you would usually swallow. This could lead to a chest infection. Sedation makes you drowsy and adds to this risk. We will protect your airway during the procedure by using suction to remove secretions. Fasting before your gastroscopy helps to ensure that your stomach is empty and reduces the risk of you aspirating any stomach contents.

Infection: The risk of infection is very low but cannot be eliminated entirely; the endoscopes are disinfected according to strict guidelines. Everything else is single-use (disposable).

Are there any risks with Gastroscopy and Colonoscopy (continued)?

Miss rates: We cannot guarantee that we will spot everything there is to be seen, although it is unlikely we would miss anything significant. The lining of the digestive tract contains lots of folds, and views may be obscured. If the bowel lining has not been cleaned out effectively, there is a small risk that abnormalities may be missed. You can help to prevent this by ensuring that you follow the bowel preparation instructions (which are enclosed with your appointment letter) very closely.

Adverse reaction to medication: We will watch you closely for signs of allergic reaction to the throat spray and any intravenous (injected) medication that is given. Your breathing and oxygen levels will be monitored throughout the procedure. While we want you to be relaxed and comfortable, excessive sedation and / or analgesia (pain relief) could compromise your breathing; we will observe you closely and support you as necessary.

Pain: Colonoscopy can be uncomfortable at times due to air being introduced into the bowel. Sedation and pain medication can help to reduce this, and it should be short-lived.

Failure to complete the procedure: Your comfort and safety are our priority; we will stop at any time if we cannot ensure this, or if there is a problem with equipment, which is rare.

Consent

The consent form will be provided and completed on the day of your procedure. The consent form gives us formal agreement for your colonoscopy.

What do I need to do to prepare for my gastroscopy and colonoscopy?

In order to ensure that the bowel lining can be thoroughly inspected, you will need to take strong laxatives (bowel preparation) to remove the stool (poo). This reduces the risk of small abnormalities being missed. You will also need to fast before your appointment to ensure that your stomach is empty and reduce the risk of aspiration during gastroscopy.

When you receive your appointment letter and this booklet, please make sure that you have also received:

- your bowel preparation
- Bowel Preparation Instruction Sheet
- Medication Advice Sheet

If you are diabetic, you should also find that a separate advice sheet is enclosed with this booklet and your appointment letter. Please telephone the number below for further advice:

Royal Bournemouth Hospital diabetes nurse specialist on: 0300 019 4888

Poole Hospital diabetes nurse specialist on: 0300 019 2355

If any of the above items are missing please contact the booking office so that they can provide you with them:

Royal Bournemouth Hospital Endoscopy Department Booking Office:
0300 019 4667 (Mon-Fri, 9am - 4:30pm)

Poole Hospital Endoscopy Department Booking Office:
0300 019 2939 (Mon-Fri, 9am - 4:30pm)

The Bowel Preparation Instruction Sheet contains detailed advice to help you ensure that the lining of your bowel is as clean as possible. You may need to stop taking some of your medication (such as iron supplements and stool-bulking agents) in the week running up to the procedure. The instruction sheet also contains information about following a low fibre diet and what 'clear fluids' includes.

It is very important that you follow the bowel preparation instructions very carefully and take the bowel preparation with plenty of clear fluids to keep you hydrated.

Should I take my medicines as normal?

Please read the Medication Advice Sheet very carefully. It contains advice about which medications to stop and when to take your remaining medications while having bowel preparation. Some medicines need to be stopped a week before having a colonoscopy, so you need to plan ahead. If you need further advice or support, please contact us:

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Poole Hospital Endoscopy Department: 0300 019 2772 (Mon-Fri, 8am-6pm)

Should I take my medicines as normal (continued)?

If you are taking warfarin, or similar medication to prevent clotting (except aspirin, which you may continue), we advise that you telephone the number below to inform us. A trained nurse will be able to advise you about taking your medication.

Royal Bournemouth Hospital anticoagulant nurse advisor: 0300 019 5027

Poole Hospital anticoagulant nurse advisor: 0300 019 8391

Helpful advice from previous patients:

If your bottom feels sore when you are taking the preparation or after your procedure, a barrier cream or product used to treat nappy rash can really help.

Where is the Endoscopy Department?

The Endoscopy Department is on the ground floor, in the West Wing of The Royal Bournemouth Hospital.

Before you come for your test:

The Bowel Preparation Advice Sheet will guide you through the preparation process. It provides detailed instruction on when to start a low fibre diet, when to take each dose of bowel preparation and what clear fluids you may drink during that period. You can continue to drink clear fluids, and then water only until two hours before your appointment. After that you should stop taking anything by mouth until after the procedure. However, if you need to take any essential medications (including simple painkillers like paracetamol, for a headache) you may do so with small sips of water provided that you let us know when you come for your procedures.

If you are suffering from a heavy cold, sore throat or chest infection, it may be advisable to postpone your procedures until you are feeling better. Please contact the Endoscopy Department to seek advice on the numbers above.

Do I need to bring anything with me?

Please ask your GP's receptionist to print out a list of your medication and allergies and bring this list with you on the day of your appointment. You do not need to see your GP for this. We will also ask you for details of your medical history. It is always sensible to bring your medication with you, particularly if you are diabetic and / or taking insulin.

The Endoscopy Department is very busy and sometimes appointments are delayed due to emergencies or unforeseen problems. Every effort will be made to see you punctually, but it may not always be possible for you to be seen at precisely the time stated on your appointment letter. It is advisable to bring a book or something to read to help you pass the time.

You should expect to be in the hospital for at least three to four hours so that you can be admitted and recovered safely.

Do not bring valuables or large quantities of money into the hospital as we cannot accept responsibility for them.

You will need to get undressed for your colonoscopy. We will provide you with a hospital gown to wear, and shorts to protect your dignity if you wish. Some people like to bring a dressing gown and slippers with them. Your clothing and belongings will remain with you at all times.

Most people find it helpful to have sedation and pain relief to ease the discomfort of having a colonoscopy (gastroscopy can be performed with throat spray alone, but for a combined procedure, if you choose to have sedation, it will be given at the start of the gastroscopy, so that it is effective during both procedures). The effects of intravenous (injected) sedation can take up to 24 hours to wear off.

You will be unable to drive or use public transport unsupervised during this period. Please make sure that a responsible adult is available to collect you after your colonoscopy and stay with you for at least 12 hours. Make sure you bring their contact details with you when you come.

What will happen on the day?

Please report to the Endoscopy Department at the time indicated on your appointment letter. The receptionist will check your details and ask you to complete a form, if you have not already done so, giving details of your medical history, regular medications, allergies, and contact details of the person collecting you / next of kin.

You will then be escorted to a seating area from where a nurse will collect you to complete your admission. We ask your family and friends not to accompany you beyond this point. The department is very busy and space can be limited at times. We will tell them the approximate time that you will be ready to leave and ask them to return at that time.

What will happen on the day (continued)?

A nurse will check your details and documentation and admit you for your colonoscopy. Your blood pressure, pulse and oxygen levels will be measured to ensure that you are well enough to have the procedure. If you are diabetic the nurse may also measure your blood glucose level.

A cannula (flexible needle) will be inserted into your hand or arm in order that pain relief and / or sedation can be given. It may also be necessary to administer Buscopan, a medication to reduce spasms in the bowel during the colonoscopy procedure.

If you have any communication difficulties, or require a translation service, please let the nursing staff know on the day and they will ensure that you have the support you require.

The nurse will discuss the risks and benefits of having a gastroscopy and colonoscopy and make sure that you understand what the procedure involves. You will then be asked to sign the consent form to indicate that you understand the information given and that you give permission for the procedures to go ahead. You will have the opportunity to ask any questions at this point, and may withdraw your consent at any time.

Why have you asked me whether I have a pacemaker or Internal Cardiac Defibrillator (ICD)?

Implanted cardiac devices such as Permanent Pacemakers and Internal Cardiac Defibrillators may be subject to interference from some of the electrical equipment used during colonoscopy. If you have such a device, precautions will be taken to ensure your safety throughout your procedure. Please alert staff if this applies to you. It is helpful if you can bring details of the device if possible.

Who will be in the procedure room with me?

You will be accompanied into the procedure room by a nurse who will monitor and support you throughout your gastroscopy and colonoscopy. Also present will be the endoscopist performing the procedure and another nurse or healthcare assistant who will assist with equipment and the collection of samples.

The procedure will be performed by an appropriately qualified and experienced endoscopist. In some cases a trainee may be present, who may be learning to perform endoscopies under direct, expert supervision. If you would prefer not to have your procedure performed by someone who is training, you will have the opportunity to make this known before entering the procedure room.

Will I be given sedation?

Gastroscopy is a short procedure and is generally well-tolerated with local anaesthetic throat spray. However, most people find it easier to tolerate having a colonoscopy with the help of sedation and analgesia (pain relief). This will make you feel relaxed and drowsy, but it is unlikely to send you to sleep. The sedation we give is Midazolam. It will reduce your awareness of time and may make you forget the procedure itself. The pain relief used is a strong opiate analgesic (pethidine or fentanyl). If you choose to have sedation, it will be given at the start of the session, so that it is effective during both procedures.

Some people also benefit from using Entonox ('gas and air') to ease discomfort. The gas is inhaled as needed to relieve pain. It is possible to have the procedures with Entonox alone, or in addition to injectable medication. Since Entonox wears off quickly after the procedure, no driving or supervision restrictions are imposed. However, it may not be suitable for everyone. The admitting nurse will talk through the options with you, and help you decide upon the most suitable and safest option for you.

What will happen to me during the procedures?

When you enter the procedure room you will be asked to sit upright on a trolley. A probe will be placed on your finger so that your pulse and oxygen levels can be monitored throughout the procedure. If you have any dentures or plates we will ask you to remove them at this point and keep them safe with the rest of your belongings.

To help you swallow the gastroscope, the back of your throat will be sprayed with local anaesthetic. This can taste a little unpleasant and will numb your throat. We will then ask you to lie on your left side. If you find this difficult please let the nurse know and the staff will assist you. A plastic mouth guard will be put in place to protect you and keep your mouth slightly open.

If you have chosen to have sedation, it will be given at this point. A small sponge will be placed just inside your nostril so that oxygen can be given to support you. The sedative is then injected via the cannula in your hand or arm. This will make you feel drowsy, relaxed and will reduce your awareness of time. The endoscopist will then pass the gastroscope.

What will happen to me during the procedures (continued)?

When the endoscopist passes the tube over the back of your tongue it is important to stay calm. It may cause you to gag, but this will subside. It should not cause you any pain or stop you being able to breathe. Listen to the nurse and focus on your breathing. You can breathe through your mouth and nose as you wish. The nurse will keep you safe by using suction or wiping any secretions away to keep your airway clear.

As the gastroscope is passed down through the oesophagus and into the stomach, the endoscopist will need to blow some air in so that he or she can get a clear view of the lining. This may make you feel bloated but it will pass. You may feel a bit of pressure as the endoscopist passes the gastroscope through the sphincter (opening) at the bottom of your stomach. This should not be painful. The endoscopist will check the duodenum and then start to withdraw the gastroscope, taking photographs and biopsies as necessary on the way back.

Sometimes the endoscopist may take a CLO test. This involves taking a piece of tissue from the lining of your stomach to test for a bacterium called *Helicobacter Pylori*. The sample of tissue is tiny and is removed painlessly through the gastroscope using tiny forceps. You will be informed if this test has been performed and offered information and advice by the nursing staff before you go home. The gastroscopy usually lasts between 5-10 minutes. When the procedure is finished the endoscopist will gently remove the gastroscope, sucking out as much air as possible to relieve any bloating sensation. The nurses will assist you to reposition and may apply a face mask to give you oxygen, or assist you in the use of Entonox as required.

The endoscopist will lubricate your bottom and gently check that the way is clear. He or she will then pass the colonoscope into the rectum and introduce some air so that the lining can be clearly viewed. This may cause you to feel as though you need to open your bowels. Rest assured that your bowel will be empty and there is no danger of this happening. Any stool that is left behind is usually liquid, and can be rinsed away and sucked out down the colonoscope.

The endoscopist will carefully pass the colonoscope round the colon, which can measure between 60 to 100 cm. You may wish to watch the images on the screen, or prefer to rest with your eyes closed. The endoscopist and nurses will support and reassure you throughout the procedure. You may be asked to change position, turning on to your back or right side and occasionally on to your front to assist the passage of the colonoscope. Gentle pressure may be applied to your abdomen to help guide the camera round. On the way back, the endoscopist will take photographs and biopsies as necessary. If any polyps are detected they may be removed if it is safe to do so. When the procedure is finished the colonoscope will be removed and you will be taken to the recovery area on the trolley until you are ready to get up.

Will the procedures be painful?

You should not experience any pain during the gastroscopy, though you may feel uncomfortable and full at times as air is introduced in order to help the endoscopist get a clear view of your stomach lining. During your colonoscopy, you may experience occasional, cramping discomfort as the colonoscope is passed around the colon. The air that is introduced can lead to some windy discomfort, and this may be painful for brief periods but it should not last long. Your comfort and safety are our priority; let the nurse or endoscopist know if you are finding it difficult. It may be eased by withdrawing air or changing the position of the colonoscope. It may be necessary to give you a bit more pain relief or Entonox, change your position or apply gentle pressure to your abdomen. The endoscopist will remove as much air as possible as the colonoscope is withdrawn, but you may feel bloated for some time afterwards. It is quite normal to pass wind during the procedure, and is nothing to be embarrassed about. We encourage you to pass wind in recovery; you will feel much more comfortable if you let it out.

How long do the procedures last?

Gastroscopy usually takes less than ten minutes. Colonoscopy usually takes about half an hour, although it may take longer in some cases. Remember, you should expect to be in the hospital for at least five hours so that you can be admitted and recovered safely.

What happens after the procedures?

You will need to remain in recovery for about another hour after the procedures. A nurse will monitor and support you until you are fully awake. (If you have had Entonox alone, the effects will wear off within 30 minutes, and you can leave the department independently if you wish).

When you are feeling comfortable and alert, you can get dressed and we will escort you through to our discharge lounge for refreshments. The nurse will contact the person who is collecting you. It takes about 24 hours for sedation to leave your system. Until then your reaction times will be slower and your judgement will be impaired.

Therefore, if you have had sedation: You must be supervised by an adult for the next 12 hours. For 24 hours you must not drive any motor vehicle, work, operate heavy machinery, sign anything legally binding, drink alcohol or take sedative medication, or look after babies or young children.

When will I know the results of my gastroscopy and colonoscopy?

Once you have had something to eat and drink, the nursing staff will go through your procedure reports with you. This will take place in a private room where you can ask any questions you may have. We prefer to do this once you have someone with you, as sedation can make it difficult for you to remember things. If you object to hearing your results with a friend or relative present please let the nursing staff know. A copy of your report will be sent to your GP. Further details of the test, results of any samples and any necessary treatments or medications should be discussed with your GP. The nurse will tell you before you leave if you require an outpatient appointment with the consultant. You will be given a discharge advice sheet and contact numbers to take home.

How will I feel after the gastroscopy and colonoscopy?

You may feel a little bloated due to air remaining in your stomach and / or bowel after the procedures. It will soon settle as you pass wind and does not require any treatment; gentle exercise and paracetamol may be helpful. If you have not had sedation you can return to your usual way of life as soon as you feel able. If you have had sedation you should rest quietly for the remainder of the day. You will be able to return to your normal way of life after 24 hours. You will be given an advice sheet which clearly details the safe advice and restrictions discussed earlier. Please abide by them; they are designed to protect you and others while you are recovering from sedation.

What if I feel unwell after I have been discharged?

Some people experience a mild sore throat for a day or so after gastroscopy. After colonoscopy it is quite normal for the bowel to take several days to regain its normal action, and not uncommon to pass a little blood from your back passage after a colonoscopy. However, if you pass a large amount of blood, either through vomiting or when you open your bowels, or have severe chest or abdominal pain which is not settling, please attend the Emergency Department.

To read this leaflet in a different language,
please visit our website: www.uhd.nhs.uk/visit/patient-information-leaflets
and use the language and accessibility function available along the top of the site.

To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499**
or email uhd.patientexperienceteam@nhs.net.

The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW
Poole Hospital, Longfleet Road, Poole, Dorset, BH15 2JB

Author: **Andreea Brooks** Date: **November 2025** Version: **Seven** Review date: **November 2028** Ref: **185/23**

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