

# Enteroscopy

## GI Unit

### Patient Information Leaflet

#### Introduction

This leaflet is for people who are having a procedure called an enteroscopy. It gives information on what this is, the benefits and risks of it and what happens during the procedure.

#### What is an enteroscopy?

It is a procedure used to examine the food pipe (oesophagus), stomach and part of the small bowel.

The instrument used to perform this procedure is called an enteroscope. This is a slim, flexible tube with a light at the tip which is passed through the mouth. The image from this instrument is transferred to a screen which allows the operator to closely inspect the lining of the gut in order to make a diagnosis.

#### What are the benefits of this test?

Your hospital consultant has suggested you have this procedure to investigate symptoms such as anaemia or diarrhoea. This will give us information to help diagnose your condition and advise you about possible treatments.

## **What are the risks?**

An enteroscopy is a safe procedure and therefore complications are rare. You may notice some discomfort in your throat afterwards, this should settle quickly and without treatment. Bleeding after a biopsy may occur but again this is rare.

There is a small risk of perforation (damage) to the area being examined. If this happens, you will need to stay overnight in hospital for observation. This would mean that you would not be able to eat or drink anything, and would need a drip to prevent dehydration. In extreme cases, you may need surgical repair and a blood transfusion.

These complications are extremely rare and only happen in about one in 10,000 people.

If you would like more information about this procedure, please contact the GI Unit on 01384 244113.

## **What alternatives are there to this procedure?**

Depending on your condition, there may be alternative ways of looking at your gullet, stomach and small bowel, for example, using X-rays.

A barium X-ray is sometimes used instead of an enteroscopy. During a barium meal, you are given a white liquid to drink containing a metal called barium. Barium sticks to the lining of your gullet, stomach and duodenum and these parts of your body show up as white on X-rays. X-rays can be viewed to see if there is anything unusual.

A barium X-ray is safer than an enteroscopy but samples of tissue (biopsies) cannot be taken, unlike during enteroscopy. Sometimes it is necessary to perform an enteroscopy after having a barium X-ray, in order for tissue samples to be taken to diagnose the problem.

You should discuss the options with your GP or the consultant who has referred you for an enteroscopy.

## What preparation will I need?

You should not have anything to eat or drink for six hours before the test as you need to have an empty stomach for the procedure. If you are diabetic, please contact the GI Unit on 01384 244113 (9am to 5pm, Monday to Friday) for advice.

## What about my medication?

You can take **essential** tablets, such as heart tablets or painkillers, with a sip of water as normal, as long as you can take them on an empty stomach.

If you are taking tablets which thin the blood, such as **warfarin, aspirin, clopidogel** or **rivaroxaban**, and have not been advised as to whether to continue or stop taking the medication before your procedure, please contact the GI Unit for advice.

**If you have a pacemaker, please ring the GI unit as soon as possible** before you come for the procedure. This is because we have to arrange for someone from Cardiology Department to see you at your appointment.

## Will it hurt?

The procedure is not painful but may be a little uncomfortable.

Some patients experience a feeling of fullness and may want to burp. This is mainly due to air which is passed into the oesophagus, stomach and small bowel through a channel of the enteroscope. The air is important as it inflates the gut slightly which allows the operator to investigate it thoroughly.

Any feelings of bloating or discomfort should quickly pass once the procedure has been completed.

## Preparing for your enteroscopy

We prefer to give our patients two choices of preparation for an enteroscopy. Without either of these, you may find the procedure uncomfortable.

The choices are:

- A local anaesthetic spray called Xylocaine at the back of your throat.
- Or an injection of a sedating drug called Midazolam into a vein in your hand or arm.

In making your choice, please read carefully and consider which of the following options will suit you and your personal circumstances.

### Midazolam – the injection

#### Advantages:

- The injection of this sedating drug relaxes you and makes the procedure more comfortable.
- When you regain full awareness, you will be able to eat and drink normally at once.

#### Disadvantages:

- You may not be able to co-operate during the procedure.
- You will need to stay in the recovery area after your procedure. The length of time will vary from half an hour to two hours, depending on how you respond to the sedation and how soon you return to your normal self.
- You will need to arrange for a responsible adult to take you home afterwards, either by car or taxi. You will not be able to go home on public transport.
- Someone will need to stay with you overnight.
- You cannot, by law, be in charge of a motor vehicle or moving machinery for 24 hours afterwards.

- The medication (Midazolam) relaxes and makes you comfortable. However, it may affect your memory for up to 24 hours afterwards. You may not remember information given to you by the doctor but we will give you a report to take home.
- The effect of the sedation (Midazolam) may be prolonged by other medication you are taking. We will discuss this with you when you come for the procedure.

## **Xylocaine – local anaesthetic spray**

### **Advantages:**

- The local anaesthetic spray temporarily numbs normal feelings in your throat to make the procedure more comfortable.
- You will be able to co-operate with the examination.
- You will remember information given to you by the doctor.
- You will be able to return home or go back to work immediately.
- You will not need to be accompanied.
- You will be able to drive and operate machinery straight after the procedure, as long as you feel well enough.
- There is no likelihood of interference from other drugs you may be taking.

### **Disadvantages:**

- For one hour afterwards, until the sensation in your throat returns to normal, you should not eat or drink.

## Safety

The sedating drug (Midazolam) we use is very safe. You will be monitored by trained nurses at all times during the procedure and in the recovery area afterwards. Oxygen is usually given during the procedure.

However, overall there are slightly more complications with sedation than the local anaesthetic spray. The risk of complications is also higher in the elderly or those with chronic chest or heart disease.

The local anaesthetic spray is completely safe.

If you are still unclear or worried about this procedure, please contact the GI Unit on 01384 244113 (9am to 5pm, Monday to Friday).

## Who is treating me?

Your procedure will be carried out by a trained endoscopist. Within the GI Unit we have fully trained consultants, surgeons and nurse practitioners.

## What happens before the test?

- If you wear dentures (false teeth) or glasses, you will need to remove these before the procedure starts.
- We will ask you to slip off your outdoor shoes and lie on your left side on an examination trolley with your head resting on a pillow.
- The nurse will place an absorbent cover loosely around your neck to catch any secretions.
- We will give you a local anaesthetic spray or sedation as chosen by you (for more information on this, please read section on 'Preparing for your enteroscopy').
- We will ask you to put a plastic guard between your teeth. This protects your teeth and prevents you from biting the enteroscope.

## What happens during the test?

The endoscopist will pass the enteroscope gently through your mouth. They may ask you to take a deep breath to allow the enteroscope to pass. The enteroscope will move down your food pipe into your stomach and lower bowel.

The endoscopist may take small tissue samples (biopsies) if necessary. This should not hurt. Once a full inspection has been carried out, the enteroscope will be gently removed.

## How long will it take?

The procedure usually takes about 30 minutes to complete.

## Aftercare

When the procedure has been completed, we will give you an aftercare information leaflet before you leave the department.

## When will I get the results?

We will tell you the results of your test before you go home. If samples (biopsies) have been taken, we will send these to the hospital laboratory to be analysed. This will take several days to process so you will usually get these results at your next hospital clinic appointment or by appointment with your GP.

## Should I ask questions?

We want you to be fully informed at all times so you should always ask any questions you may have. The person you ask will do his/her best to answer your questions. If they do not know, they will find someone else who is able to discuss your concerns.

## Is there anything I should tell people?

If there is any procedure you **do not** want to happen, you should tell the people who are treating you. It is also important for them to know about any illnesses or allergies which you have suffered from in the past.

Remember to tell the team about anything that concerns you or anything which might affect your general health.

## Consent for procedure

You will need to give your permission before the endoscopist examines you.

As part of your treatment some kind of photographic record may be made – for example: clinical photographs or recordings. We will tell you if this is likely to happen.

The photographs or recordings will be kept with your notes and will be held in confidence as part of your medical records. This means that they will normally be seen only by those involved in providing you with care or those who need to check the quality of care you have received.

The use of photographs is extremely important for other NHS work such as teaching or medical research. However, we will not use yours in a way that allows your identity to be recognised without your permission.

We will ask you to sign a consent form once the procedure has been discussed with you. Health professionals must ensure that you know enough about the procedure beforehand and that you are fully aware of the benefits and risks of the procedure.

Once the consent form is completed, we will give you a copy to keep. If you later change your mind, you can withdraw your consent after you have signed it.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

GI Unit on 01384 244113 (7am to 4pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dudleygroup.nhs.uk/services-and-wards/gastroenterology/>

If you have any feedback on this patient information leaflet, please email [patient.information@dgh.nhs.uk](mailto:patient.information@dgh.nhs.uk)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

یہ کتابچہ آپ کو بڑے حروف کی لکھائی، سمعی صورت اور دیگر زبانوں میں مہیا کیا جا سکتا ہے۔ براہ کرم نمبر 08000730510 پر رابطہ کریں۔