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Please contact (PALS) the Patient Advice and Liaison Service on:

**Frimley Park Hospital**

**Telephone:** 01276 526530

**Email:** fhft.palsfrimleypark@nhs.net

**Heatherwood Hospital**

**Telephone:** 01753 633365

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**Frimley Park Hospital**

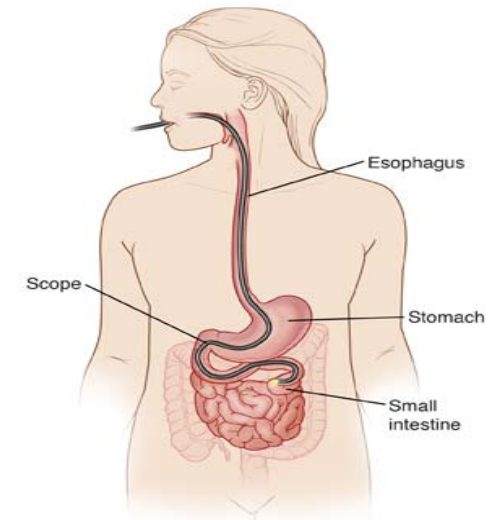
Portsmouth Road, Frimley, Surrey, GU16 7UJ

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Endoscopy Unit  
Frimley Park Hospital

Enteroscopy



<b>Title of Leaflet</b>	Enteroscopy				
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**Legal Notice**

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible. Please therefore always check specific advice or any concerns you may have with your doctor.

Information for patients, relatives and carers

### **What is a Enteroscopy? Why do I need this test?**

An enteroscopy is an examination of your small bowel to investigate the cause of your symptoms including abdominal pain, diarrhea, bleeding and anaemia. This test will help to decide on further investigation and management of your symptoms.

This advanced procedure is often used as a follow up to other diagnostic testing such as Gastroscopy, Colonoscopy, Video capsule endoscopy or radiology imaging.

We put a long, thin flexible tube called an enteroscope into either your mouth and pass it down into your stomach and onto the small bowel. Alternatively we put the enteroscope up your bottom and pass it along the large bowel and then into the small bowel. The Enteroscope is slightly thicker than your little finger and has a camera in its tip which sends pictures of the inside of your stomach and intestine to a video screen.

### **Push enteroscopy or balloon enteroscopy?**

A straight forward enteroscopy is called a 'push enteroscopy' and is used to examine the small bowel that is within easy reach of this type of camera. If the doctors needs to examine further down the small bowel then you will have a 'balloon enteroscopy'. This is when a flexible overtube with a balloon is used together with the enteroscope.

### **What are the alternatives?**

An Enteroscopy allows us to look directly inside your small bowel (duodenum) and take small samples where necessary for testing (biopsies) to help us reach the diagnosis.

A barium study, MRI or capsule endoscopy are all other ways of examining the small bowel. Some of these will have already been performed.

### **What are the benefits?**

An Enteroscopy enables us to make a diagnosis; that is, to see what is causing your symptoms. We are able to tell you the results of the findings after the procedure on the same day.

- a list of allergies to medication, food or substances
- please bring your essential medications such as insulin, Parkinsons medication, epilepsy medications, etc.

Please do not bring any valuables with you. The hospital cannot accept responsibility for the loss or damage to personal property during your stay in endoscopy.

### **Who can I contact with queries and concerns?**

For medication queries before or after your test, please contact the Endoscopy Unit Nurses' Station: Tel: 01276 526045, between 8.00am and 1.00pm, Monday - Friday.

If you want to change your appointment or need another information leaflet, please contact the Endoscopy Unit booking team:

Tel: 01276 526647/01276 604858  
9.00am – 5.00pm, Monday – Friday.

### **NOTES**

Please use the space below to write down any questions or queries you may have and bring this with you when you come into hospital. Always ask anything you wish, no questions are trivial or 'silly'. The person you ask will do their best to answer but, if they don't know, they will find someone else who is able to discuss your concerns.

### What happens during the test?

The team in the procedure room will reassure you and clear saliva (spit) from your mouth using yanker suction.

The endoscopist will gently put the enteroscope into your mouth and pass it down into your stomach. They will view images of your oesophagus, stomach and the upper part of your small intestine on a screen.

If the endoscopist takes biopsies, you will not feel this at all. They will tell you if they take any. Medical photographs are taken during the test for the report.

### How long does the test take? What happens after the test?

It usually takes approximately 30 minutes.

Patients with morning appointments should be ready to be discharged from the unit between 11.00am and 1.00pm.

Because you have had a sedation, you will need to stay until this has worn off. This usually takes at least 30 – 45 minutes.

A nurse will give you any necessary paperwork before you leave the department. We will also send a copy of the report to your GP and the hospital specialist.

### What happens when I go home?

The anaesthetic throat spray takes about 45 – 60 minutes to wear off, so please do not eat or drink anything for one hour after your procedure. When this time comes, start by taking sips of cool water. If you swallow these easily, you can eat and drink normally. You should be able to take your regular medication unless you have been advised otherwise.

### What should I bring with me to hospital?

- the name and contact number of the person collecting you
- a list of medications including herbal and over the counter medications

If the endoscopist has taken a biopsy, it will take some time for this to be processed. Your referring doctor will review the results of the biopsy and recommend your treatment pathway based on their discoveries.

### What are the risks?

An Enteroscopy is a safe procedure and complications are very rare, but they can include:

- **Sore throat:** Your throat may be sore for a day or two after the procedure. This is not serious and will get better. You can take over the counter throat lozenges to ease the pain.
- **Dislodged teeth, crowns or bridgework:** There is a small chance that loose teeth, crowns or bridgework can be dislodged during the procedure. If you have any of these, let the endoscopist know beforehand.
- **Bleeding:** It is common to have bleeding after a biopsy. This lasts no more than a few seconds. The risk of major bleeding during this test is less than 1 in 200.
- **Perforation:** The risk of making a perforation (hole) during this test is less than 1 in 1,000. We take every care to avoid perforation; but if it happens you will need to stay in hospital and have more tests such as a CT scan. You may need surgery to repair the hole.
- **Pneumonia:** If you are very frail or have very severe breathing problems such as COPD or emphysema, you may develop pneumonia after the test.
- **Failure to complete:** Occasionally, the procedure may need to be abandoned or may be incomplete; if the stomach is not completely empty. In this case, the procedure may need to be repeated.

### Will I need sedation?

Your throat is numbed with a local anaesthetic spray. In addition, intravenous sedation is administered via a cannula (small plastic tube) to prepare you for this procedure.

**Someone must come to collect you** and stay with you overnight. You will not be allowed to go home on your own in a taxi. If you cannot arrange this, we would have to cancel your Enteroscopy.

### What are the risks of having a sedative?

You may feel tired, dizzy or weak straight afterwards. During the first 24 hours you must not:

- drive a car
- operate machinery
- drink alcohol
- take sleeping tablets
- sign legal documents
- look after young children and/or dependants alone.

### Do I need to stop taking my medication?

**If you take blood thinning medication**, you may need to stop taking them for a short time. If you have not been advised whether you need to stop or continue to take them, please contact us on 01276 526045, between 8:00am and 1:00pm, Monday – Friday.

**If you are diabetic**, please read our advice sheet.

If you have not received this, please ring the booking office on 01276 526647 / 01276 604858, between 9:00am and 5:00pm, Monday – Friday and we will send you a copy.

If you are having a standard Enteroscopy and are taking any other medications, in general you can take these as usual, unless your doctor has advised you otherwise.

### Do I need to prepare for an Enteroscopy?

- We need to get a clear view, so your stomach must be empty.
- Do not eat anything for six hours.
- You can have clear fluids such as water or black tea up to three hours before the procedure.

### What happens when I arrive for my test?

Please note that your appointment time is the time that you should arrive in the department. It is not the time of your actual procedure. We recommend that you plan to be with us for the whole morning.

When you arrive, a nurse will fill out an assessment form with you and ask you about your arrangements for getting home. Someone must

come to the endoscopy unit; collect you and stay with you overnight. You will not be allowed to go home on your own in a taxi.

The nurse will check your temperature, blood pressure, pulse, respiration rate and your oxygen levels. If applicable, the nurse will check your INR and blood sugar levels. A nurse will put a cannula (small plastic tube) into a vein, usually on the back of your hand, through which the endoscopist will administer the sedation. You will be asked to take your top off and put on a hospital gown. There are single changing cubicles available in the unit.

### Consent

We must by law obtain your written consent to any procedures beforehand. We want to involve you in decisions about your care and treatment. The endoscopist will explain all the risks, benefits and alternatives. If you decide to go ahead, we will ask you to sign a consent form.

In addition, where necessary, an Anaesthetist will explain all the risks and benefits of propofol and if you decide to go ahead, will ask you to sign an anaesthetic consent form as well.

If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a member of staff.

### What happens before the test?

You will be looked after in the procedure by doctors and nurses, depending on the what needs to be done. There may be a trainee who observe to observe the procedure. If so, we will ask your permission for this. You will be taken into the endoscopy room and make you comfortable on an examination couch. We will monitor your blood pressure, pulse, respiration rate and your oxygen levels during the test.

We will give the anaesthetic throat spray and ask you to lie down on your left side. We will put a mouthguard in your mouth and ask you to bite gently on it. This makes it easier for the endoscope to be passed down your throat.

You will be given sedative medication now, just before the start of the test. Oxygen will be given through a sponge placed in your nostril.