



# A guide to...

## Having a Gastroscopy and Colonoscopy

### *Patient Information*

#### How to contact us

Booking and interpreting queries – Please call the number on your appointment letter

Clinical queries – Hemel Hempstead 01442 287968 / Watford 01923 436095

Any other query – Please call Hemel Hempstead 01442 287681 / Watford 01923 217530

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 198** or email **westherts.pals@nhs.net**



Author	Dr Alistair King
Department	Endoscopy
Ratified / Review Date	April 2025 / April 2028
ID Number	25-2411-V15



## What is a Gastroscopy and Colonoscopy (OGD)?

A combined gastroscopy and colonoscopy is a procedure that examines both the upper and lower parts of your digestive system using separate thin, flexible tubes equipped with lights and tiny cameras.

The procedure begins with the gastroscopy, during which the endoscope is gently passed through the mouth and down the throat to examine the lining of the gullet (oesophagus), stomach, and the first part of the small intestine (duodenum).

Once this part is completed, a different endoscope is used for the colonoscopy, which involves passing the tube through the anus and guiding it around the large bowel (colon and rectum) to inspect the lining.

Both parts of the procedure allow for the detection of abnormalities, and small tissue samples (biopsies) may be taken for laboratory analysis. During the colonoscopy, polyps (abnormal growths) can also be removed using specialised instruments. Depending on the findings, additional techniques may be performed, such as marking abnormal areas with a tattoo or clip, spraying a dye (chromoendoscopy) to improve visibility, or treating bleeding with injection, banding, or heat (diathermy).

The combined procedure typically takes 35 to 55 minutes in total.

Images of the upper and lower digestive system and any abnormalities observed are captured and stored in your medical record.

The risks and benefits of the procedure are outlined in this leaflet for your reference.

## Benefits of the Procedure

A gastroscopy and colonoscopy are valuable tools for diagnosing potential causes of your symptoms by allowing us to examine the lining of your bowel for abnormalities. Based on the findings, we can provide tailored advice, which may include recommending further tests, specific procedural treatments, or prescribing medications to manage your condition effectively.

In some cases, the procedure is performed to review findings from a previous endoscopic procedure. This helps us adjust your treatment plan or follow-up period as necessary to ensure you receive optimal care.

## Preparation for Your Procedure

To ensure the success of your investigation, both your stomach and colon must be properly prepared:

- **Fasting:** Your stomach must be empty. Stop eating six hours before your procedure. You may continue sipping clear fluids until two hours before the test. Following these instructions is essential; otherwise, your procedure may need to be cancelled.
- **Bowel Preparation:** For a clear view of your colon, it must be completely free of waste material. You will have been sent a laxative solution to drink before the procedure. Please follow the instructions provided in the bowel preparation leaflet carefully, as incorrect preparation could result in the cancellation of your procedure.

## Medications

- **Medications:** Please bring a list of all the medications you are currently taking, including the reasons you take them.
- **Iron Tablets:** Please stop taking these five days before your procedure.
- **Blood Thinning Medications:** If you are taking warfarin, clopidogrel, ticagrelor, dabigatran, rivaroxaban, apixaban, or edoxaban, continue taking them unless advised otherwise by a clinician.
- **Diabetes Medications:** You will receive an information leaflet with specific guidance. You may also wish to consult your diabetes specialist nurse.
- **Parkinson's, Blood Pressure, and Other Medications:** Continue taking Parkinson's and blood pressure medications as usual. For other oral medications, avoid taking them within one hour before or after consuming the bowel preparation, as this may affect absorption.

## What will happen?

When you arrive, the nurse will explain the procedure and answer any questions you may have. You will be asked to sign a digital consent form, which outlines the same risks detailed below for your consideration prior to arrival.

It will be necessary for all patients undergoing a colonoscopy to have a cannula inserted into their arm or hand. Even if sedation is not requested, we may administer Buscopan through the cannula. This medication helps to relax bowel spasms and does not carry the same post-procedure restrictions as sedation. You will also be provided with a gown and dignity shorts for your comfort.

## Keeping You Comfortable

We offer three options to help keep you comfortable during the procedure:

### 1. Throat Spray

A numbing spray can be applied to the back of your throat to keep you comfortable during the gastroscopy. Recovery after throat spray is quicker compared to sedation, and you will be able to drive afterwards.

### 2. Entonox (Gas and Air):

This analgesic gas is an effective pain relief option for many patients undergoing a colonoscopy. If you choose Entonox, you will need to rest briefly after the procedure, after which it is safe for you to drive.

### 3. Intravenous Conscious Sedation:

This involves administering a sedative through a small IV line in your arm or hand. It helps you to feel relaxed and may have a light sleep, but you will remain conscious and be able to respond to people talking to you. After receiving sedation, you will need to rest in the unit for a short time. **It is vital to arrange for a responsible person to escort you home and stay with you for 24 hours after the procedure.** Without these arrangements, the investigation may need to be cancelled. Please note that conscious sedation is not the same as a general anaesthetic.

## **In the procedure room**

Before the procedure begins, the nurse will ask you some safety questions. You will be asked to lie on your left side and may need to remove any dentures. A soft plastic mouthpiece will be placed in your mouth for you to bite down on. If you have a tongue piercing, you will need to remove it.

If you choose sedation, oxygen will be provided via a small sponge placed in one of your nostrils. Once the throat spray or sedation has taken effect, the examination will proceed.

After the gastroscopy, the endoscope will be changed before beginning the Colonoscopy. The endoscopist will first check your back passage with a gloved finger before gently inserting the endoscope.

It is normal to experience some abdominal cramping during the procedure, which will be intermittent. You may also feel the urge to go to the toilet, but as your bowel is already empty, there is little risk of this happening.

During the examination, you may be asked to adjust your position, such as lying on your back, to assist with the procedure.

## **Risks**

Colonoscopy is generally a safe procedure, but like any medical test, it carries some risks:

### **Standard Gastroscopy and Colonoscopy**

- **Common (1 in 20):**
  - Sore throat (following the procedure)
  - Pain/discomfort during and following the procedure
  - Inability to complete the procedure
  - Rectal bleeding (in the days following the procedure)
- **Less Common (fewer than 1 in 20):**
  - Complications of sedation
  - Damage to teeth, lips, or gums
  - Missed pathology (gastroscopy and colonoscopy are not 100% accurate)
  - Vomiting blood (haematemesis) (following the procedure)
  - Need for further procedures or treatment (following the procedure)
- **Rare (fewer than 1 in 100):**
  - Small hole (perforation) (1 in 1,700)
  - Significant bleeding (1 in 2,400)
  - Injury to the spleen (1 in 5,000 chance)
    - Should injury to spleen occur, risk of 1 in 20 of death. (in total of 1 in 100,000)
  - Bowel preparation complications -dehydration and electrolyte imbalance. (In the days following the procedure.)
  - Chest infection (aspiration pneumonia) (1 in 1,000)

### **Colonoscopy with Polyp Removal Additional Risks:**

- **Rare (fewer than 1 in 100):**
  - Incomplete removal of the polyp

## Colonoscopy with Endoscopic Mucosal Resection (Large Polyp Removal) Additional Risks:

- **Less Common (fewer than 1 in 20):**
  - Significant bleeding
- **Rare (fewer than 1 in 100):**
  - Incomplete removal of the polyp
  - Post-polypectomy coagulation syndrome (abdominal pain at polypectomy site and fever)
- **Common (1 in 20):**
  - Late risk (In the months or years after the procedure): Recurrence of the polyp

If you have concerns about any of these risks, please speak to your doctor or a member of the team before your procedure.

## Travel Advice

If you need endoscopic therapy (eg a large polypectomy), we may recommend that you avoid travelling for 14 days after your procedure. Please call us if you would like to discuss.

## Afterwards

After the procedure, you will be encouraged to rest for a short while before going home. The length of your recovery time will depend on what was completed during the procedure:

- If you had **Entonox**, your recovery period will be at least 15 minutes.
- If you had **sedation**, you will need to rest for at least 30–45 minutes.
- If a **polypectomy** was performed, you may need to stay in the unit for up to two hours.

You will be offered a drink and a sandwich before leaving.

## When Will I Get the Results?

You will receive a copy of the report before leaving the department. The doctor or nurse will explain the findings at the end of the procedure. If tissue samples have been sent to the laboratory, the Endoscopist will review the results, and you will be contacted if there is anything of concern.