

# Gastroscopy & Colonoscopy

This leaflet explains about your gastroscopy and colonoscopy and how to prepare for these procedures, including when to stop eating, how to cleanse your bowel and what medications you may need to stop. It also covers what you can expect when you come to hospital.

**It is very important that no food or milk is consumed in the 24 hour period prior to your examination. Please read the fasting and laxative instructions overleaf.**

**If you have been sent a consent form for gastroscopy and colonoscopy, please read these and bring the signed documents with you to your appointment.**

These procedures are booked at either the Endoscopy Unit at St George's Hospital or the Day Case Unit at Queen Mary's Hospital, Roehampton. Please refer to your appointment letter / appointment text for the location of your procedure.

St George's is a national training centre for endoscopy. Students and qualified trainees may be involved in your care. If you do not want students to be present, please inform the doctor or the nurse in charge.

## What is a gastroscopy and colonoscopy?

Gastroscopy is a camera examination of the stomach and colonoscopy is a camera examination of the large bowel. These procedures are done consecutively at the same appointment for your convenience. They help to find the cause of your abdominal symptoms and to diagnose and sometimes treat diseases of the intestine. The time taken to perform the procedures is variable but most gastroscopies are completed within 5 to 10 minutes and colonoscopies within 30 to 45 minutes. However, please allow up to three hours in the hospital for the whole process to be completed. We recommend that you bring a book or magazine with you to read whilst you are waiting.

The procedures are usually done under mild sedation, so please ensure you read the section below under "What happens after gastroscopy and colonoscopy?" Alternatives to sedation are listed in the section "What happens during the gastroscopy and colonoscopy?"

## What are the risks?

These procedures are very safe, but there is a small risk of causing a potential complication:

- The sedative can affect your breathing making it slow and shallow, however you will be closely monitored throughout the procedure and in recovery.
- The risks for each procedure are detailed below:
  - **During gastroscopy.**
    - There is a risk of dislodging loose teeth, crowns and bridgework but this is rare.

- There is overall less than a 1:2,000 risk of causing significant bleeding. Minor bleeding is to be expected when biopsies are taken and this bleeding usually stops spontaneously. If bleeding does not stop spontaneously, it can usually be treated by the endoscopist during the procedure.
  - The risk of causing a perforation (unwanted tear in the upper digestive tract) is less than 1:3,000. If a perforation occurs at the time of endoscopy, admission to hospital and treatment with antibiotics may be required.
  - If significant bleeding and / or a perforation cannot be treated by the endoscopist at the time of the procedure, further intervention, including radiological embolisation (to stop bleeding) or surgery may be required.
- **During colonoscopy.**
    - There is overall less than a 1:2,000 chance of causing significant bleeding and / or perforation (unwanted tear in the bowel). Minor bleeding is to be expected if biopsies are taken and this bleeding usually stops spontaneously.
    - If polyps are removed:
      - The risk of significant bleeding is 1:200 – 1:1,000. If bleeding occurs during the procedure, it can usually be managed by the endoscopist.
      - The risk of causing a perforation is 1:500 – 1:1,500. If a perforation occurs at the time of endoscopy, admission to hospital and treatment with antibiotics may be required.
      - If significant bleeding and / or a perforation cannot be treated by the endoscopist, further intervention, including radiological embolisation (to stop bleeding) or surgery may be required.
      - The risk of bleeding and / or perforation can remain for up to 14 days after the procedure. If you should experience significant bleeding and / or severe abdominal pain at home, you should seek medical help by contacting either the endoscopy unit where the procedure took place or your local A&E department.
      - Overall, there is a 1:2,400 chance that a blood transfusion may be needed.
- In both gastroscopy and colonoscopy, there is a small risk of an abnormality being missed.
  - On occasion, it may not be possible to complete a procedure. If this occurs, you may be offered the opportunity to have the procedure repeated on another day or an alternative investigation may be suggested.

## Are there any alternatives?

There are some alternatives to gastroscopy but these are not suitable for all patients. Your clinician will discuss this with you if appropriate. A CT scan or CT Virtual Colonography are potential alternatives to colonoscopy but are not suitable for all patients. If these detect a polyp or other abnormality, then further investigation may be required.

## How can I prepare for gastroscopy and colonoscopy?

- A clear view of the stomach and large bowel is required for this examination to be successful, so they must be as empty as possible. You will have been prescribed either

Citrafleet or Moviprep which are laxatives designed to clear your bowel of stool. Please read the instructions detailed below carefully.

- If you are diabetic or taking blood thinning medication such as Warfarin, Apixaban, Rivaroxaban, Dabigatran, Clopidogrel, Ticagrelor or Prasugrel please contact us on the phone numbers on page 9 of this leaflet under **Contact us**.
- Take other medications as normal, except iron tablets or stool bulking laxatives such as Fybogel or Movicol which should be stopped one week before your examination.
- If you are taking the contraceptive pill, please take additional precautions for one week following the bowel preparation.
- Please do not take oral medications one hour before or one hour after taking the bowel preparation.
- Please bring a list of your regular medications and any inhalers or sprays with you.
- If you object to receiving blood products, we need to know in advance so please contact us on the numbers on page 9 of this leaflet under **Contact us**.

## DIETARY AND LAXATIVE PREPRATION

### Three days before the procedure – Start a low fibre diet

It is important to reduce the amount of fibre you eat **before taking the bowel preparation**. This means avoiding cereals, wholemeal bread, salads, fruits or any food containing nuts or seeds.

Please see below for a guide on what foods you can eat and what you need to avoid:

**Important: You need to stop eating 24 hours before your appointment.**

You can eat / drink (up to 24 hours before):	Do not eat / drink:
<ul style="list-style-type: none"> <li>✓ Lean beef, lamb, ham, veal, pork, chicken</li> <li>✓ Fish, shellfish</li> <li>✓ White rice, noodles or white pasta</li> <li>✓ Peeled potatoes; boiled, baked or mashed</li> <li>✓ Cornflakes, Rice Krispies, <b>No Bran</b></li> <li>✓ Eggs</li> <li>✓ White bread or toast, honey, Marmite</li> <li>✓ Rich Tea or other plain biscuits</li> <li>✓ Butter, milk, cheese, cream, yoghurt</li> <li>✓ Soya and tofu</li> <li>✓ Gravy made from stock cubes</li> <li>✓ Jelly; green or yellow only</li> <li>✓ Tea, coffee, water, fizzy drinks, fruit juice</li> </ul>	<ul style="list-style-type: none"> <li>X Fruit (fresh, dried or canned)</li> <li>X Brown rice and brown pasta</li> <li>X Vegetables</li> <li>X Roasted / deep fried chips</li> <li>X High fibre cereals and porridge</li> <li>X Pulses or lentils</li> <li>X High fibre, wholemeal / multigrain bread</li> <li>X Jam / marmalade</li> <li>X Nuts and seeds</li> <li>X Crisps</li> <li>X Red or blackcurrant jelly</li> <li>X Red / blackcurrant cordial or fruit juice</li> </ul>

## Advice for diabetic patients

The bowel preparation can upset your diabetes temporarily. A nurse will contact you with advice on how to manage your diabetes whilst you are fasting. If you have not been contacted, please contact us on the telephone numbers on page 9 of this leaflet under **Contact us**. Alternatively, you may wish to contact your diabetic nurse.

## The day before the procedure - Stop eating solid food and take bowel preparation as instructed

**DO NOT EAT FOOD FOR 24 HOURS BEFORE THE TEST.** (Please check your appointment time to see when to stop eating). During this time, take only *clear fluid*, e.g. water, herbal tea, black tea or coffee (can have sugar but no milk), lemonade, sports drinks, orange squash. You may have clear soup (broth) or yellow / green jelly. You can continue clear fluids up until two hours before the examination.

## HOW TO TAKE THE BOWEL PREPARATION

**Failure to comply with the laxative preparation may lead to cancellation of your procedure for safety reasons.**

The section below explains how to take the bowel preparation. There are two types of bowel preparation, Citrafleet and Moviprep. Please follow the instructions for the bowel preparation provided to you and the timings of when to take it according to your appointment time.

### If taking Citrafleet sachets:

**PLEASE DRINK 2-3 LITRES OF CLEAR FLUID DURING THE FASTING PERIOD.**

### FOR MORNING AND AFTERNOON APPOINTMENTS:

#### Day before the procedure: At 4pm

Drink one sachet of Citrafleet (mix with a glass of water). The drink may fizz. Drink a full glass of water after drinking the Citrafleet. It can start to work within as little as 30 minutes but can take up to five hours to work. Please drink plenty of *clear fluids* throughout the afternoon and evening as above.

#### Day of the procedure: At 6am (or earlier if required)

Drink the second sachet of Citrafleet, even if you think the first one has already worked. Please drink a further 500mls to a litre of *clear fluid* up to two hours before the colonoscopy.

For afternoon appointments you can take the second sachet at 9am.

**You must stop drinking two hours prior to the procedure.**

### If taking Moviprep sachets:

**Please follow the instructions below according to your appointment time.**

## FOR MORNING APPOINTMENTS:

### **Day before the procedure: At 12 noon**

Make up your first jug of Moviprep by mixing both sachets A and B in a litre of water. Stir the solution until clear. Drink a glassful every 15-30 minutes until it is finished. Keep the rest of the mixture in the refrigerator as it tastes better when it is cold. It is also important to drink an additional 500ml of clear fluid during the evening.

### **At 6pm**

Repeat as above with the remaining sachets, A and B and drink a glass every half an hour until 7pm. Keep the remaining two glasses of preparation in the refrigerator for the following morning.

### **Day of the procedure: At 6am (or earlier if required)**

Drink the remaining two glasses of bowel preparation and a further two glasses of clear fluid.

**You must stop drinking two hours prior to the procedure.**

## FOR AFTERNOON APPOINTMENTS:

### **Day before the procedure: At 4pm**

Make up your first jug of Moviprep by mixing both sachets A and B in a litre of water. Stir the solution until clear. Drink a glassful every 15-30 minutes until it is finished. Keep the rest of the mixture in the refrigerator as it tastes better when it is cold. It is also important to drink an additional 500ml of clear fluid during the evening.

### **Day of the procedure: At 9am**

Make up your second litre of Moviprep repeating the steps above and drink it over 1-2 hours, drinking a glassful every 15-30 minutes until it is finished. Following this, please drink an extra 500mls of clear fluid.

**You must stop drinking two hours prior to the procedure.**

## WHAT HAPPENS ON THE DAY OF THE PROCEDURES?

### **On arrival at the endoscopy unit**

- A nurse will check your details, including medications and allergies.
- If you have already signed the consent forms, you will have the opportunity to ask any final questions with the endoscopist before the examination. If you have not yet signed the form, the procedures will be explained and you will be asked to sign a consent form.
- You will be asked to change into a gown and privacy shorts.

## **What happens during gastroscopy and colonoscopy?**

- All patients attending for a colonoscopy will have an intravenous cannula sited for safety reasons.

- A numbing anaesthetic spray will be applied to the back of your throat to reduce the gag reflex, the effects of which normally last 30 minutes.
- You will be offered the choice of having sedative and pain relief administered intravenously for the procedure. It makes you feel relaxed but not asleep. If you have sedation, you will need to be accompanied home after the procedure and to be in the presence of a responsible adult for at least 12 hours after leaving the endoscopy department. Small amounts of sedative can remain in your body for 24 hours so you will not be allowed to drive for 24 hours following administration of sedation.
- As an alternative to sedation, you may be offered inhaled pain relief called Entonox (gas and air) to reduce discomfort during the procedures. As Entonox is inhaled, it can only be taken before the start of the gastroscopy but can be taken throughout the duration of the colonoscopy. If you have Entonox, you will be able to go home 30 minutes after the procedure unaccompanied. Please note, Entonox is not suitable for all patients including those taking Methotrexate or with certain lung conditions or who have had certain eye / ear procedures. For more information about Entonox, please go to the link on the St George's Hospital website: [GAS\\_ENTO.pdf \(stgeorges.nhs.uk\)](#)
- The gastroscope is gently inserted via your mouth into your stomach. This is not painful and will not make breathing or swallowing difficult but you may feel bloated and it can make you belch and gag. Careful continued slow breathing (through mouth or nose) may alleviate any discomfort. The nurse may need to clear saliva from your mouth using a small suction tube. If you gag you won't vomit as your stomach will be empty.
- A biopsy (tissue sample) is usually taken during this test. You cannot feel this.
- On completion of this procedure, the endoscopist will start the colonoscopy. The colonoscope is gently inserted via the anus into the large bowel and carbon dioxide gas is introduced. The procedure may make you feel bloated and may cause episodes of abdominal discomfort and cramping. You may feel as if you want to go to the toilet but this is just a sensation caused by the gas. Your bowel should be empty from the laxative preparation so please do not worry about this. Your comfort will be assessed throughout the procedure and steps taken to minimise discomfort as much as possible.
- A biopsy (tissue sample) may be taken, or a polyp (small growth on the bowel wall) may be removed during the procedure. You cannot feel this but you can often visualise what is happening if you chose to do so.

## What happens after gastroscopy and colonoscopy?

Following the procedure, you will be taken to the recovery area where you will be monitored for 30 to 45 minutes. After this you will be able to get dressed and have some refreshments. A nurse will give you a copy of the endoscopy report as well as some important discharge advice. A normal diet can be resumed once the procedure is complete.

If you have had sedation, you will not be allowed to drive and must arrange for someone to accompany you home. The medication given during the procedure will prohibit you from driving for 24 hours after the examination. Please do not plan to take public transport home

unless accompanied. If you are unable to arrange transportation, we can arrange a taxi to take you home, however you are responsible for the fare. You will need a responsible adult at home for at least 12 hours.

If you have had no sedation or Entonox, you can leave unaccompanied.

## Asking for your consent and signing the consent form

It is important that you feel involved in decisions about your care. If you have been sent consent forms with your appointment letter, please take the time to read these before your appointment. If you agree with and understand the procedures for which you are attending, please sign the consent forms and bring them with you to the appointment. You will have the opportunity to ask any questions before the examination. If you have not received the consent forms, the information will be explained and you will be asked to sign a consent form before your procedures take place.

You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

## FREQUENTLY ASKED QUESTIONS

### What if my bowel preparation hasn't worked for hours after taking the laxative?

**Please be patient.** We anticipate that the laxative will work within a few hours but this can sometimes take a little longer depending on your age, diet, if you have diabetes and whether you suffer from constipation. If by the morning of your appointment you have had no result, please contact us for advice. When it does start working, please stay close to a toilet as sometimes no warning may be given.

### What If the laxative makes me feel sick or nauseated?

Occasionally, nausea may be experienced. If this happens stop drinking the preparation for 15 minutes and then start again, slowly at first. If you experience nausea or vomiting, go to your local pharmacy and ask for anti-sickness tablets. Contact the Endoscopy Unit on the telephone numbers of page 9 of this leaflet, if your symptoms persist.

### What should my bowel motions look like after taking the laxatives?

For this procedure to be successful, it is very important to clear the bowel of stool. When you have finished taking all the laxatives prescribed, your bowel motions should be a watery yellow consistency. Please ensure that you drink plenty of clear fluids the day before the procedure and up until two hours before your appointment.

The last dose of laxative taken on the morning of the procedure aims to clear out the stool that has built up overnight, so you can be confident that you can travel safely to the hospital for

your appointment.

## What should I do if I suffer from chronic constipation?

Please contact the Endoscopy Unit on the telephone numbers of Page 9 of this leaflet as we can advise you on a constipation management plan before you start taking the laxatives required for the procedure.

## Tips on bowel preparation

Using flushable wipes and applying barrier cream to your anal area can help minimise soreness resulting from repeated bowel motions. If you feel uncomfortable, stop temporarily, keep moving about and you should feel better. If you do not like the taste, drinking it through a straw can help. No alcohol should be drunk the day before or on the day of the procedure.

## Will I feel any pain?

You may feel some discomfort from the air that is pumped into the stomach and it may make you belch or gag. It should not hurt. Taking slow, deep breaths throughout the procedure will help you retain the air and may relieve the discomfort.

You may feel some discomfort from the gas that is pumped into the large bowel so that the endoscopist can view the lining adequately. You may also feel intermittent mild cramping when the colonoscope moves around the bowel although this is not usually painful. A mild sedative and painkiller are usually given but some people prefer not to have any sedation or choose to have Entonox which is an inhaled pain relief.

## Where do I go?

Please see your appointment letter for the location of your appointment and the hospital address below:

**St George's Hospital**, Blackshaw Road, London, SW17 0QT. Please go to the Endoscopy Unit, First floor, St James' Wing.

**Queen Mary's Hospital**, Roehampton Lane, London, SW15 5PN. Please present at the main reception and you will be directed to the Day Case Unit.

## Is there parking at the hospital?

At St George's Hospital, the car park entrance is located on Blackshaw Road. Queen Mary's Hospital has a car park on site. Please ensure you check the rates before parking.

## Results / Will I have a follow-up appointment?

Upon completion of these tests the findings will be discussed with you. We will be able to tell you of any visual findings, however any samples will need to be sent to the laboratory for testing. This can take up to three weeks. A copy of the report will be sent to your referring



doctor and your GP. If required, a follow up appointment will be requested and this will be sent to you through the post.

## Contact us

If you have any questions or concerns about your examination please contact us:

**For appointments at St George's Hospital** call:

The Endoscopy department on 020 8725 1913 / 1491 Monday to Friday 9am to 5pm.

**For appointments at Queen Mary's Hospital** call:

The Day Case Unit on 020 8487 6466 Monday to Friday 9am to 5pm.

## Preparation checklist

- Make a note of the date and time of your appointment.
- If you are planning to or have been advised to have sedation, arrange for a friend or relative (18 years of age or older) to escort you home after your appointment and be with you for at least 12 hours.
- If you are taking medications for diabetes or to prevent blood clots, please follow the instructions provided by the nurse. If you have not been contacted, please contact us.
- Start a low fibre diet three days before your appointment.
- STOP EATING 24 HOURS before your appointment, clear fluids are allowed up to two hours before your appointment.
- Take the bowel preparation as instructed the day before your procedure and in the morning of the procedure.
- STOP DRINKING clear fluids two hours before your appointment.
- Bring your signed consent form with you to your appointment.

## Useful sources of information

[Gastroscopy - NHS \(www.nhs.uk\)](http://www.nhs.uk) for further explanation about gastroscopy.

Video: What happens during a colonoscopy?

[Colonoscopy - NHS \(www.nhs.uk\)](http://www.nhs.uk) including further explanation and videos about gastroscopy and colonoscopy.

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:  
Monday, Tuesday and Thursday between 10am and 4pm  
Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### **NHS Choices**

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** [www.nhs.uk](http://www.nhs.uk)

### **NHS 111**

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### **AccessAble**

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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