

# Gastroscopy

**An examination of the oesophagus, stomach and duodenum**

# and Colonoscopy

**An examination of the large intestine (bowel) – Plenvu**

This leaflet provides essential information to prepare you for your forthcoming procedure, a gastroscopy and colonoscopy. It also covers frequently asked questions. Please read this leaflet and complete the medical questionnaire on pages 6 and 7 before you arrive for your procedure.

## What is a gastroscopy?

A gastroscopy is a procedure examining the oesophagus (food pipe), stomach and duodenum (part of the small bowel) using a flexible video endoscope. This is passed through your mouth into the stomach and gives a clear view of the lining of the upper gastrointestinal tract. Using small forceps, tissue biopsies may be taken to check for bacteria and other pathologies. This helps to make a diagnosis.

## What is a Colonoscopy?

A colonoscopy examines the colon (large bowel) with a different flexible video endoscope. The colonoscope is inserted into the back passage (anus) and manoeuvred round the large bowel. This gives a clear view of the lining, allowing the endoscopist to make a diagnosis. The endoscopist can perform biopsies (a sample of tissue taken painlessly using forceps). It is also possible to remove polyps during the colonoscopy. Polyps are abnormal growths of tissue rather like warts. Some types of polyps can become cancerous if left and are best removed.

You can have your procedures with or without an intravenous sedative and pain reliever. Further information is given later on in this leaflet to help you decide what is appropriate for you. Full preparation for these procedures involves adjusting your diet, fasting and taking liquid bowel preparation. For a safe and successful investigation, it is important to follow all the instructions completely.

## What should you do in preparation for the procedure?

To allow a clear view, the colon must be completely empty of faeces (poo). You will need to follow a low residue diet and take an oral bowel preparation (prep) to clear your bowel of faeces.

### Please read and follow our instructions carefully:

- Please let the unit know before the procedure if there is a risk you could be **pregnant** or **breastfeeding**.
- **Follow bowel prep instructions carefully.** Poor preparation may result in a failed procedure that needs to be repeated. There should be CLEAR, brown water being produced at the end of the bowel preparation.
- **Please take the bowel prep slowly to prevent nausea and vomiting.**
- If you suffer with constipation, we advise two tablets of senakot each evening for 5 days before.
- Squash can be added to bowel prep to flavour. A drinking straw helps to reduce taste.
- If you are taking an **oral contraception pill** you should take alternative precautions the week following the procedure.
- **Stop taking** iron tablets, ferrous sulphate or vitamin tablets containing iron **7 days before** your procedure.
- **A low residue diet** should be started **5 days before your procedure** (see page 10).
- Anti-hypertensives (blood pressure) and any critical medications, such as anti-rejection meds, epilepsy, Parkinson's and heart tablets, should be taken as per normal with only a small amount of water to avoid your procedure being cancelled.
- Do not take your medicines less than 2 hours before or after taking your preparations as it may affect its absorption.
- If you have **renal conditions**, you should be issued with Movi-prep.
- Patients on **anticoagulant medication** (blood thinners), please ring the endoscopy nurse's enquiry line for advice - see the 'useful contacts' at the end of this information sheet.
- If you have a **pacemaker**, ring the nurses' enquiry line. Please have the details and serial number of your pacemaker available. This information will be on your pacemaker card.
- On the day you start to take the sachets of Plenvu, **do not take your diuretics** (water tablets) as you may become dehydrated.
- If possible, remove nail varnish from fingers.

### Diabetic patients should follow the instructions below:

- If you are **diabetic**, you should have a morning appointment.
- **Insulin dependent diabetic patients** should contact the diabetic specialist nurses before the procedure - see the 'useful contacts' at the end of this information sheet.
- **Tablet controlled diabetic patients**, please ring the endoscopy nurse's enquiry line for advice - see the 'useful contacts' at the end of this information sheet.

## Admission to the Endoscopy Unit

On arrival to the department, please check in at reception and then take a seat in the waiting area. In some instances relatives may have the option to wait, however, where appropriate it is better if they leave and collect you when you are ready for discharge. The time of your admission may not be the time you will have your procedure, please be prepared to stay for 3-4 hours.

A nurse will escort you to an admitting room where all relevant details will be recorded, and the procedure explained. You will be asked to sign two consent forms if you have not already done so. These forms are legal documents which confirm your agreement to both procedures, their benefits, risks, complications and alternatives. You will then be shown to a changing area to undress; a hospital gown and disposable shorts will be provided for you to wear. Please bring a dressing gown, slippers and toiletries with you, and wear loose fitting clothing. A cannula (small needle) will be inserted to administer medication.

## What happens during the procedure?

Your nurse will escort you to the procedure room and stay with you throughout the examination. You will be introduced to the endoscopist and another assisting nurse.

**During the gastroscopy** a probe is attached to your finger to monitor your general condition and depending on age, medical background and sedation requirements, oxygen may be given. Your throat will be sprayed with a local anaesthetic to numb it and any dentures removed. You will then lie on your left-hand side for the procedure. A mouthguard will be placed between your teeth to support the endoscope. If you have opted to have a sedative, this will be administered.

Throughout the test, air is used to inflate your stomach and the nurse looking after you will suction any saliva from your mouth. The procedure should not compromise your breathing, but may make you retch a little and can be associated with mild to severe discomfort. It takes approximately 5-10 minutes. After the examination, the endoscopist will remove the excess air and withdraw the endoscope. There will be a short interval to change equipment before your colonoscopy begins.

**During the colonoscopy** you will remain on your left side with your knees slightly bent. If you have chosen not to have sedation you will be offered Entonox (gas and air) which you control yourself by breathing it in. Pain relief (medication or Entonox) is offered because the procedure can be uncomfortable, causing cramp like abdominal pain.

The endoscopist will examine your back passage with a finger, then the colonoscope is gently inserted through the back passage and the bowel inflated with carbon dioxide or air. This may give you some discomfort. You may also get the sensation of wanting to go the toilet, but as the bowel is empty there is no danger of this happening. A suction channel in the instrument can remove any fluid left in the bowel, so don't worry. You may pass some wind and, although this may be embarrassing, the staff do understand it is the air the endoscopist is putting in.

You will be taken to a recovery area and offered something to eat and drink when your swallowing reflex has returned to normal. A nurse will explain the outcome of your procedure and provide written details of your aftercare and any follow-up needed. If you require an outpatient appointment, this will be sent by post.

### Risks

- Follow the bowel preparation instructions carefully. If the bowel is not clear, the procedure may need repeating again.
- Minimal risk to crowned teeth or dental bridgework
- All procedures of this nature carry a small risk of bleeding or perforation to the mucosal lining.
- You may react to the medication used, but this is rare.
- Small risk of missing anything abnormal.
- Complications of the above.

### Benefits

- No exposure to radiation.
- Better visualisation. An opportunity to take a biopsy or remove a polyp.

### Alternatives

- Barium swallow
- CT colonography

## What will you need to bring with you on the day?

- Please bring any inhalers and medication needed with you.
- Please do not bring any valuables with you, apart from your mobile phone if you wish to.
- If you have an exemption certificate, please bring it with you in case you are prescribed medication.
- You can bring a book or magazine as you could be in the unit for a while.
- Please do not wear nail varnish or false nails on your fingers as it can interfere with our monitoring.
- Please check with your nurse on arrival for an estimated time for your friend/relative to collect you.
- Please bring a dressing gown, slippers and toiletries, and wear loose fitting clothing.
- The waiting areas in the Endoscopy Centre are mixed sex facilities. However, where patients wait for the procedure, same sex facilities are provided to maintain your privacy and dignity.

## Entonox gas or sedation?

### Entonox

We would like to offer our patients the opportunity to use Entonox gas during their procedure due to the analgesic effect obtained. Entonox gas has been used in obstetrics since 1961 and then by the ambulance service since 1970 as an effective form of pain control.

The benefits of Entonox gas are:

- Rapid onset of pain relief - within 1-2 minutes.
- Minimal side effects - no serious adverse effects being reported.
- Ease of administration - you can self-administer under our supervision.
- Short duration - effects disappear rapidly once Entonox is withdrawn and you may drive home.

### Sedative and painkiller

A sedative and painkiller may be worth considering if you are anxious about the procedure, the admission nurse will help you come to a decision. It will be administered through the line that you will already have had inserted in your arm/hand. It may have an amnesic effect (give you short term memory loss) but it will not 'knock you out' as the endoscopist may require you to change position to help the camera round.

If you choose to have this, it is **ESSENTIAL** that you organise for someone to pick you up and stay with you for the rest of the day. **You cannot drive for 24hrs** as insurance may be invalid.

Also, following sedation **you should not:**

- drink alcohol for 24 hours.
- operate machinery for 24 hours.
- return to work for 24 hours.
- sign important documents.

## Plenvu

Please follow this instruction leaflet very carefully. It has been designed specifically for the procedure and may differ from the manufacturer's instructions.

### What is the medicine 'Plenvu' used for?

Plenvu sachets have been prescribed to empty your bowel prior to the procedure.

- The pack consists of three sachets: dose 1, and dose 2 (sachets 'A' and 'B').

- Plenvu is a powerful laxative and you need to take **all** of the bowel preparation for it to be effective.
- **Do not use Plenvu** if you are pregnant or breastfeeding, or allergic to any of the ingredients (please refer to the manufacturer's leaflet for the ingredients).
- **If you are frail or elderly** it is advised that you have someone with you once you start taking your bowel preparation.

### Effects of Plenvu

- Very soon after taking the preparation, or within a few hours, you will experience diarrhoea. You may get some stomach cramps, dizziness, nausea or vomiting, or a sore bottom. Do not go out but stay close to the toilet. These feelings should ease but may not completely go. **Continue to drink clear fluids.**
- It is advisable to use a barrier cream around your bottom, e.g. Vaseline, white paraffin etc., to help prevent soreness.
- **If you have a stoma bag**, your stoma output will increase with the bowel preparation. You are advised to stay close to toilet facilities and have plenty of spare stoma equipment. Please call your stoma team to provide the right equipment before you start to take the preparation.

## Medical questionnaire

The next section (on pages 6 and 7) is for you to complete prior to arriving at the Endoscopy and Day Surgery Unit.

**Please bring this with you on the day of the procedure.**

It is important that you fill it in accurately so that the nursing staff can provide you with the best care possible. If you have any concerns or questions, please call the nurses' enquiry line - see the 'useful contacts' at the end of this information sheet.

# Medical questionnaire

<b>HEART</b>	Yes	No
Heart disease		
Valve surgery, angina, heart attack		
When did you last have chest pain.....		
High blood pressure		
Rheumatic Fever		
Stroke		
Circulation (e.g.) thrombosis)		
Other		
Did any of above require anticoagulants		
Nursing notes		

<b>LUNG</b>	Yes	No
Lung Condition (e.g. emphysema, asthma)		
Coughing up blood		
Other		
Nursing notes		

<b>LIVER/KIDNEY/URINARY TRACT</b>	Yes	No
Liver Condition (e.g. jaundice, cirrhosis)		
Kidney (e.g. kidney stones, infection)		
Urinary Tract (e.g. infection, blood in urine)		
Nursing notes		

<b>INFECTIOUS DISEASES</b>	Yes	No
TB		
Hepatitis (B or C)		
HIV/AIDS		
MRSA/ Other		
Have you ever been notified that you are at risk of CJD or vCJD for public health service		

<b>GASTROINTESTINAL TRACT</b>	Yes	No
Stomach (e.g. ulcers, hiatus hernia)		
Bowel (irritable bowel, polyps, cancer)		
Nursing notes		

<b>OTHER CONDITIONS</b>	Yes	No
Diabetes		
Epilepsy		
Anaemia		
Glaucoma		
Addison's disease		
Nursing notes		

<b>OTHER DETAILS</b>	Yes	No
Dentures		
Hearing Aid		
Glasses/contact lenses		
Body piercing		
Metal joints or any bones pinned		
Are you sensitive/allergic to anything? (e.g. antibiotics/latex/foods/adhesive etc)		
Nursing notes		

<b>LIFESTYLE</b>	Yes	No
Do you smoke		
Do you take any illegal substances?		
Do you drink alcohol (If yes – how many units/week – 21 male/ 14 female)		
Nursing notes		

Nursing notes



**This next section is extremely important and contains instructions of when to start taking the bowel preparation.**

On the next two pages you will see two grids:

- Page 8 is for patients attending a morning appointment.
- Page 9 is for patients attending an afternoon appointment.

Please be clear of your appointment time so that the correct grid is followed. If you are concerned about which grid to follow, please ring the nurses' enquiry line for advice.

**Follow this page if your appointment/procedure is in the morning**

<b>Appointment Day (AM)</b>	<b>5 Days Before</b>	<b>4 Days Before</b>	<b>3 Days Before</b>	<b>Day Before</b>	<b>Procedure Day</b>
Monday	Wednesday	Thursday	Friday	Sunday	Monday
Tuesday	Thursday	Friday	Saturday	Monday	Tuesday
Wednesday	Friday	Saturday	Sunday	Tuesday	Wednesday
Thursday	Saturday	Sunday	Monday	Wednesday	Thursday
Friday	Sunday	Monday	Tuesday	Thursday	Friday
Saturday	Monday	Tuesday	Wednesday	Friday	Saturday
Sunday	Tuesday	Wednesday	Thursday	Saturday	Sunday
<p><b>7 days before</b> your procedure Stop taking any iron tablets or vitamin tablets containing iron until after your procedure.</p>	<p>Take a <b>low residue</b> diet <b>5 days before</b> the procedure.</p> <p>See additional advice about low residue diet on page 10.</p>	<p>Low residue diet.</p>	<p>Low residue diet.</p>	<p><b>Low residue</b> breakfast.</p> <p><b>No solid food after breakfast.</b></p> <p><b>Clear fluids</b> may be drunk freely.</p> <p><b>6pm: Prepare Dose 1 (1 sachet only of Plenvu as per leaflet).</b> Sip the Plenvu slowly over 60 minutes.</p> <p><b>9pm: Prepare Dose 2 of Plenvu (sachets A and B).</b> Sip it slowly over 60 minutes.</p> <p><b>Drink an additional 500ml of water or clear fluids with EACH 500mls of Plenvu.</b></p>	<p>No Food.</p> <p>Continue to take <b>clear fluids up to 2 hours</b> before the procedure, then nil by mouth for your gastroscopy</p> <p><b>No</b> alcoholic drinks.</p>



## Follow this page if your appointment/procedure is in the afternoon

Appointment Day (PM)	5 Days Before	4 Days Before	3 Days Before	Day Before	Procedure Day
Monday	Wednesday	Thursday	Friday	Sunday	Monday
Tuesday	Thursday	Friday	Saturday	Monday	Tuesday
Wednesday	Friday	Saturday	Sunday	Tuesday	Wednesday
Thursday	Saturday	Sunday	Monday	Wednesday	Thursday
Friday	Sunday	Monday	Tuesday	Thursday	Friday
Saturday	Monday	Tuesday	Wednesday	Friday	Saturday
Sunday	Tuesday	Wednesday	Thursday	Saturday	Sunday
<p><b>7 days before procedure</b> Stop taking any iron tablets or vitamin tablets containing iron until after your procedure</p>	<p>Take a <b>low residue</b> diet <b>5 days before</b> the procedure.</p> <p>See additional advice about low residue diet on page 10.</p>	<p>Low residue diet.</p>	<p>Low residue diet.</p>	<p><b>Low residue</b> breakfast and lunch.</p> <p><b>No solid food after lunch.</b></p> <p><b>Clear fluids</b> may be drunk freely.</p> <p><b>6pm:</b> <b>Prepare Dose 1 (1 sachet only of Plenvu as per leaflet).</b> Sip the Plenvu slowly over 60 minutes.</p> <p><b>Drink an additional 500ml of water or clear fluids with EACH 500mls of Plenvu.</b></p>	<p><b>No Food.</b></p> <p><b>6 am:</b> <b>Prepare dose 2 of Plenvu (sachets A and B).</b> Sip it slowly over 60 minutes.</p> <p><b>Drink a further 500ml of water.</b></p> <p>Allow 2 hours for Plenvu to work after finishing your second dose, before leaving for your appointment.</p> <p>Continue to drink <b>clear fluids up to 2 hours before the procedure</b>, then nil by mouth, for your gastroscopy</p>

# Low Residue Diet - Some suggestions for meals

## Breakfast

- Cornflakes, rice krispies and milk. Natural plain yogurt.
- Seedless white bread or toast with butter or low fat spread, jam without seeds and rindless marmalade.
- Boiled egg on white toast.

## Lunch

- White bread sandwich with low fat spread or butter with fillings of cheese, ham, tuna, with seedless mustard.
- Clear soup with white bread. Tofu.

## Dinner

- Plain white pasta, noodles, chicken or any grilled meat, Quorn.
- White rice, poached fish.
- Egg and bacon quiche.
- Mashed, boiled or roast potatoes.

## Do not eat:

- Wholemeal bread, cakes and biscuits, wholemeal flour (in cooking).
- Wholemeal pasta, high fibre white breads.
- High fibre cereal, e.g. Wheatbran, Allbran.
- Wheatgerm, muesli, oatmeal and Weetabix.
- Pulses, fruit, e.g. figs, prunes, dates, blackberries, grapes, pears and tomatoes.
- Vegetables, e.g. broad beans, peas, butter beans, baked beans, brussel sprouts, celery and skin of the potato.
- Dried fruit and nuts, e.g. sesame seeds, sunflower seeds, almonds, hazelnuts, peanuts and brazil nuts.
- Jams and marmalade containing seeds and peel.

## Please drink plenty of clear fluids as required until your procedure

### Clear fluids are:

- Clear fruit juice/cordials (except red or purple coloured juices).
- Fruit squash.
- Black tea or coffee.
- Clear soup.
- Bovril, Oxo.
- Fizzy drinks (i.e. lemonade, cola, Lucozade).

**Please tick the checklist below to ensure you have read all the information and are ready for your procedure:**

- I have read this patient information sheet
- I have understood the information provided
- I have read the consent form (if given/sent one)
- I have arranged transport (if having sedation)
- I am aware of when I should stop eating
- I have contacted the diabetes nurse (if required)
- I have contacted the anticoagulant clinic (if required)
- I have contacted the nurses' enquiry line about my pacemaker check (if relevant)

**If you are unsure about anything, please contact us.**

**Your procedure could be cancelled if you have not followed the instructions properly.**

## Additional information

To view the Lister and New QEII site maps for navigating your way around our hospitals, please visit our Trust website - [www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)

## Useful contact details

### East and North Hertfordshire NHS Trust:

- Website [www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)
- Telephone 01438 314333

### Endoscopy Unit - Lister and New QEII:

- Lister: Telephone 01438 288603 - Option 1
- New QEII: Telephone 01707 247728

### Anticoagulation Clinic

- Lister: Telephone 01438 285335
- New QEII: Telephone 01707 224032

### Nurses' Enquiry Line

- Telephone 01438 288603 (please ring between 8am - 10am and 4pm - 6pm) - Option 2

### Diabetic Specialist Nurses

- Telephone 01438 284560
- Telephone 01438 284645
- Telephone 01438 284615

**This is not an emergency service. Messages left on the answerphone may not be answered for 24-48hrs.**



## Leaflet information

**You can request this information in a different format or another language; please speak to your doctor or nurse.**

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