



BON SECOURS HEALTH SYSTEM

My Endoscopy Procedure



Introduction

Welcome to the Bon Secours Hospital Cork, Ireland's largest private hospital (also one of the largest private hospitals in Europe). Our hospital was established in 1915 and has more than 300 beds. We employ more than 1,000 staff and admit approximately 35,000 patients every year.

It is a general hospital providing an extensive range of medical and surgical specialties for adults and children.

We pride ourselves in our ethos that you the patient are at the very center of all we do.

This ethos originated from our founders, "The Sisters of Bon Secours", whose purpose was "providing care to all who suffer and give them a reason to live and a reason to hope".

It is very important to us that your hospital experience is as smooth as possible. We have therefore provided this information leaflet to help you and your families prepare for your hospital stay and your discharge home.

We appreciate feedback about your experience during your time in endoscopy. There is a patient survey available. Please contact a member of staff if you would like to complete one.

Endoscopy Overview

There are a number of different types of endoscopy. Your consultant will advise you on which endoscopy is appropriate for you.

1. **Colonoscopy:** A colonoscopy is a procedure that allows the doctor to look directly into the large bowel (colon).
2. **Gastroscopy:** A gastroscopy is a procedure that allows the doctor to look at the lining of the oesophagus, the stomach and the first part of the small intestine.
3. **Sigmoidoscopy:** A sigmoidoscopy is a procedure that allows the doctor to look directly at the lining of the rectum and sigmoid, the lower part of the large bowel (colon).
4. **Cystoscopy:** A cystoscopy is a procedure that allows the doctor to look at the lining of your bladder and the tube that carries urine out of your body (urethra).
5. **Bronchoscopy:** A bronchoscopy is a procedure which allows the doctor to look directly into the windpipe (trachea) and airways (bronchi) in your lungs.
6. **EBUS (Endoscopic Bronchial Ultrasound):** This is a procedure used to diagnose different types of lung disorders, including inflammation, infections or cancer.
7. **ERCP (Endoscopic Retrograde Cholangion-pancratography):** Allows the doctor to take detailed pictures of the pancreas and bile ducts (ducts that connect the liver, gall bladder and pancreas to the small bowel).

Preparing for your endoscopy procedure

- Make a list of what to take to hospital with you.
- Please contact your health insurance to determine the type of cover you have for your endoscopy procedure.
- Please follow the instructions sent out to you from your consultant regarding the times from when you need to start fasting from food and fluid. This will vary depending on your specific procedure and time of admission.
- Having food or liquid in your stomach when you are under sedation can cause serious complications.
- **Ensure you have a responsible adult available to collect you from hospital and stay with you for 24 hours following sedation. You will not be allowed take a taxi, bus, train or walk home on your own.**
- The person collecting you will be required to sign you out from the endoscopy ward.
- For 24 hours post sedation someone must stay with you.
- Also 24 hours post sedation you are not permitted to drive, operate machinery, ride a bike, cook or take alcohol.
- It is advisable not to undertake any physical activity.
- Your short term memory may be impaired for 48 hours after sedation. You should not make important business decisions or sign legal documents during this period.

Consent

You will sign a consent form prior to the procedure outlining the procedure that is being performed, risks, benefits and alternatives to the procedure.

If you are under 16 years of age your parents or guardian will be required to sign the consent form.

If for any reason you are unable to attend for your endoscopy procedure please contact the consultant secretary to cancel and reschedule a date that is more suitable for you.

Other things to consider before your endoscopy procedure

Infections

- It is important that you have no active infections before endoscopy procedure. These include tooth abscesses, bladder infections, infected leg ulcers, insect bites or stings, colds and flu.
- If you become unwell before your endoscopy procedure, please discuss with your GP or consultant.

Cosmetics

- Remove any cosmetics and false tan
- Remove any nail polish and false nails
- Remove any piercings as there is a risk of burns
- Remove contact lenses prior to admission.

Skin

- Ensure all wounds and cuts are covered prior to admission.
- Please ensure you shower the night before or morning of your endoscopy procedure.

Blood Thinners

- If you are taking anti-platelet drugs such as clopidogrel (Plavix) or other anticoagulants/blood thinning drug e.g. Warfarin, please check with your cardiologist/consultant if these should be continued or discontinued prior to your procedure.

Patient's with Diabetes

- "*Guidelines for Patients with Diabetes having a Colonoscopy*" pages 9 & 10, "*Guidelines for Patients with Diabetes having a Gastroscopy*" pages 11 & 12.
- It is important to monitor your blood sugars more closely when fasting and when taking your bowel prep if having a colonoscopy.

Pacemaker/other Cardiac Implantable devices

- If you have a pace maker or internal cardiac defibrillator in place please inform the consultant/endoscopy department prior to coming in to the hospital for your procedure.

Medication

Please complete the Medication form at the back of the consent form and bring this with you on the morning of your endoscopy procedure.

This medication list will be used during your admission by nursing and medical staff and will form part of your medical record.

Please document the name and contact number of your pharmacist.

If you need help completing this your GP or pharmacist can help or may be able to give you a printout which you can bring with you to hospital.

We need a list of the medication you are taking, the strength or dosage and how many you take and how often you take them.

Don't forget to include:

- inhalers/nebules
- eye/ear/nasal drops
- creams/ointments and medicated patches
- suppositories/pessaries
- oral contraceptives/hormone replacement therapy
- over-the-counter medicines

for e.g. pain or allergies

- vitamins and minerals
- nutritional supplements and herbal products

We also need to know any medications you were taking in the past four weeks even if you no longer take them.

Please document any allergies you have on this information / consent form.

Ensure you read the information leaflet about your procedure prior to coming into the hospital. Make a list of any questions you have and these can be answered by the nursing staff or Consultant.

Regular medication

- If you are taking time-sensitive medication such as medications for Parkinson disease and epilepsy, these medications can be taken 4 hours in advance of your planned procedure.
- Regular medication can also be taken post procedure.

Preparation days & instructions if having a colonoscopy

Preparation Days	Instructions
10 Days prior	If you take iron tablets please stop.
7 days prior	Avoid the following food: <ul style="list-style-type: none"> • Lettuce • Sweetcorn • Beetroot • Seeds
2 days prior	Commence low residue diet. Foods allowed as part of low residue diet: <ul style="list-style-type: none"> • Lean Meat • Ham • Poultry & Liver • Fish • Milk & Cream • Butter & Margarine • Cheese • Eggs • Ice Cream • Yoghurt (no fruit or nuts) • Pasta • White Rice • White Bread • Corn Flakes • Rice Krispies • Special K • Plain sponge, scones & pancakes • Sweet biscuits (no fruit or nuts) • Water biscuits, cream crackers

<p>2 days prior</p>	<ul style="list-style-type: none"> • Milk pudding • Potatoes (no skins) • 1 portion of carrots or cauliflower per day. • 1 portion of tinned pears, peaches or manadrins. • Clear fruit juice, water & squash • Minerals, Oxo, Bovril, tea & coffee • Jelly • Toffee • Fudge • Jam • Honey • Syrup • Vinegar • Pepper • Spices • Lard, dripping, oil • Clear soups <p>Foods <u>not allowed</u> as part of low residue diet:</p> <ul style="list-style-type: none"> • Wholemeal pasta • Brown rice • Wholemeal or brown bread • Wholemeal breakfast cereal • Wholemeal biscuits • Any cakes or puddings that contain whole meal or nuts • All vegetables raw or cooked except 1 portion of carrots or 1 portion of cauliflower • Pickles • Sweets with nuts or dried fruit • Jam or marmalade with peel • Minced meat • Nuts & peanut butter • Soups containing vegetables • Lentils • Pearl barley
<p>1 day prior</p>	<p>Strictly follow bowel preparation instructions.</p>

Guidelines for patients with diabetes having a colonoscopy

PATIENTS WITH TYPE 1 OR TYPE 2 DIABETES ON INSULIN

Day before Colonoscopy

- Start bowel preparation as instructed.
- Drink plenty of fluids during the preparation period including full sugar drinks such as 7up.
- Continue long acting insulins such as (Lantus or Toujeo or Abasaglar or Levemir or Tresiba).
- Do not take fast acting insulin such as (NovoRapid or Humalog or Apidra) the day before your procedure.
- If on a mixed insulin such as (Novomix 30 or Humulin or Insuman or Humalog mix) take half of the usual dose.
- Check your blood glucose levels every 2 hours.
- Please bring your insulin pens/ diabetes medications and hypo treatment with you to hospital.

Day of Colonoscopy - Morning List (AM)

- Do not take morning fast acting insulin (NovoRapid or Humalog or Apidra).
- If on a mixed Insulin such as (Novomix or Humulin or Insuman or Humalog Mix) take half of the usual dose.
- If on Lantus or Toujeo or Tresiba or Abasaglar or Levemir continue your usual dose. If normally taken in the morning take half of your usual dose.
- Monitor your blood glucose levels every 2 hours.

Day of Colonoscopy - Afternoon List (PM)

- You can have full sugar drinks such as 7up, Tea up to 9am.
- Do not take morning fast acting insulin (NovoRapid or Humalog or Apidra).

PATIENTS WITH TYPE 1 OR TYPE 2 DIABETES ON INSULIN Contd.

- If on a mixed Insulin such as Novomix 30 or Humulin or Insuman or Humalog Mix take half of the usual dose.
- If on Lantus or Toujeo or Tresiba or Abasaglar or Levemir continue your usual dose. If normally taken in the morning take half of your usual dose.

After procedure

- When you can tolerate food and drinks resume your fast acting insulin dose, this dose may need to be reduced.
- When you can tolerate food and drinks resume your usual evening dose of mixed insulin.
- Resume your usual dose of long acting insulin when it is next due.
- Continue to monitor your blood glucose levels every 2 hours until stable.

PATIENTS WITH TYPE 2 DIABETES NOT ON INSULIN

Day before Colonoscopy

- Start bowel preparation as instructed.
- Drink plenty of fluids during the preparation.
- Do not take diabetes medication.

Day of Colonoscopy

- Do not take morning diabetes medication.
- Monitor your blood glucose levels every 2 hours.

After procedure

- When you can tolerate food, resume Metformin (Glucophage). Resume all other diabetes medication the following day.
- Continue to monitor your blood glucose levels every 2 hours until stable.

Guidelines for patients with diabetes having a gastroscopy

PATIENTS WITH TYPE 1 OR TYPE 2 DIABETES ON INSULIN

Day of Colonoscopy - Morning List (AM)

- Do not eat or drink anything from midnight.
- Monitor blood glucose levels every 2 hours on the day of the procedure.
- Continue long acting insulins such as Lantus or Toujeo or Abasaglar or Levemir or Tresiba. If you normally take your insulin in the morning take half of the usual dose on the morning of the procedure.
- Do not take the morning dose of fast acting insulin such as NovoRapid or Humalog or Apidra.
- If you are on mixed insulin such as Novomix 30 or Humulin or Insuman or Humalog Mix take half of the usual dose.
- Please bring your insulin pens or diabetes medications and hypo treatment with you to hospital.

Before procedure on Afternoon List (PM)

- Have a light breakfast- tea and 1 slice of toast at 8.30am and you can have fluids until 10am.
- Take half of your usual dose of fast acting insulin such as NovoRapid or Humalog or Apidra.
- Continue long acting insulins such as Lantus or Toujeo or Abasaglar or Levemir or Tresiba. If you normally take your insulin in the morning take half of the usual dose on the morning of the procedure.
- If you are on mixed insulin such as Novomix 30 or Humulin or Insuman or Humalog Mix take half of the usual dose.
- After a light breakfast remain fasting.
- Monitor blood glucose levels every 2 hours on the day of your procedure.

PATIENTS WITH TYPE 1 OR TYPE 2 DIABETES ON INSULIN Contd.

After procedure

- When you can tolerate food and drinks resume your fast acting insulin dose, this dose may need to be reduced.
 - When you can tolerate food and drinks resume your usual evening dose of mixed insulin.
 - Resume your usual dose of long acting insulin when it is next due.
 - Monitor your blood glucose levels until stable.
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PATIENTS WITH TYPE 2 DIABETES NOT ON INSULIN

Before your procedure on the morning (AM) or afternoon List (PM)

- You should not eat or drink anything from midnight.
- Do not take your morning dose of oral diabetes medications.
- Monitor your blood glucose levels every 2 hours.

After your Procedure

- When you are tolerating food and your blood glucose levels are stable resume Metformin (Glucophage). Resume all other diabetes medications the next day.
- Continue to monitor your blood glucose levels every 2 hours until stable.

Bowel cleansing

If you are having a colonoscopy collect your prescription for bowel prep from your pharmacist at least two days prior to your endoscopy procedure and ensure you understand clearly what times to take your bowel prep. It is very important to follow all the instructions correctly. The bowel must be fully empty for this test, so that there is a good view of the bowel lining during the procedure. If you do not follow the instructions it may not be possible to perform or fully complete the procedure.

Bowel cleansing preparations such as Moviprep[®], Picolax[®] and Klean-Prep[®] can affect the action of some medicines.

Examples of medicines that may be affected in this way include combined oral contraceptives, anti-epileptics, anti-diabetics and antibiotics.

The combined oral contraceptive pill must be taken regularly for 21 days, followed by 7 pill free days, to ensure full contraceptive cover.

If you have been recommended to take any bowel cleansing preparations during the 21 days in which you take your oral contraceptive pill – please follow the guidelines below to ensure contraceptive cover after your procedure.

Day of Pill	Recommendations
Day 1-13 (Day 1 is the first day you start taking your pill in your 21 day cycle) Week 1 & 2	Use extra contraceptive precautions for the 7 days after you take bowel preparation or abstain from sexual intercourse for 7 days and continue to take oral contraceptive as normal.
Day 14-21 Week 3	Use extra contraceptive precautions for the 7 days after you take bowel preparation or abstain from sexual intercourse for 7 days. And continue taking your next 21 days of oral contraceptive without the usual 7 'pill free days'.
Day 21-28 Week 4	Take your bowel preparation as prescribed, recommence your oral contraceptive on the usual day, and use extra contraceptive precautions for 7 days or abstain from sexual intercourse for 7 days.

If you have any future questions regarding this information please contact your doctor or pharmacist for further advice.

Sedation

Sedation

Sedation is the use of a small amount of medication to produce a 'sleepy' like state. It is given into a vein through a needle in your hand. It makes you relaxed during the procedure.

It is important to note that

procedures carried out in the endoscopy unit are done under conscious sedation and not general anaesthetic.

Some patients may or may not remember the procedure afterwards.

The effects of the sedation will last for up to 24 hours.

Pain management

Assessing your pain

Your nursing team will ask you to score your pain levels on a scale (normally 0-10) to indicate whether you feel no pain, through to an indication of severe pain.

The team will also ask you to specify the location and the type of pain you are feeling and whether it changes over time.

The nurse will assess your pain prior to discharge.

If you are having a colonoscopy you may experience discomfort/cramps you will be encouraged to lie on your side post procedure and pass flatus (gas) to relieve any abdominal cramps or discomfort you may be having.

You will be given pain relief if required.

Day of endoscopy procedure

Pre Endoscopy procedure

Your nurse will admit you by taking a detailed medical/ surgical history and assessing your vital signs (blood pressure, pulse, respirations, temperature and oxygen saturations). You will be given an opportunity to ask questions and the nurse will relieve any anxieties or concerns that you may have. Once you have understood the procedure you are going for, you consent to same and wish to take sedation the nurse will insert a needle (cannula) in to a vein. This will be used by the consultant to administer sedation once you enter the procedure room.

Intra endoscopy procedure.

You will then be taken to the procedure room, where your tests will take place. You will get an opportunity to speak to the consultant prior to the procedure. Your vital signs will be monitored regularly during the procedure. You may be on oxygen via nasal prongs.

Staff members are aware of the importance of maintaining your dignity.

If you find the procedure uncomfortable at any time you can stop it.

Post Endoscopy procedure

Post procedure your vital signs will be monitored for up to an hour.

Your comfort levels will be monitored and analgesia will be given if required.

Once you are awake and alert you will be given something light to eat.

The nurse will contact your lift with a discharge time. Your lift will be given 1.5 hours notice of your discharge time.

You will be seen by your Consultant post procedure. You will be given written follow up instructions and discharge advise post your procedure. You will also, receive advise regarding sedation prior to you going home.

Blood clots and deep vein thrombosis

What is a blood clot?

This is when a clot forms inside a blood vessel usually your leg, which may break off and go to your lungs. A clot can cause death.

You have a higher chance of getting a clot in hospital than after a long haul flight. A clot can form up to 90 days after being in hospital.

What can I do to help myself?

- Ask for your risk of developing a blood clot to be assessed if you are admitted to hospital
- Walk and move as much as possible especially after endoscopy procedure
- Do not spend long periods sitting on chairs or in bed
- Drink plenty of fluids

Blood clots can be very serious but there are effective treatments to deal with them and help prevent them. In hospital this may require taking medication, sometimes as an injection under the skin and sometimes wearing stockings. It will always involve moving as much as possible.

Signs & symptoms of a blood clot?

- Swelling or pain in your leg or calf
- Warmth or redness in the leg or calf
- Fainting
- Shortness of breath or rapid breathing chest pain when you breathe deeply
- Coughing or coughing up blood

If you have one or more of these, you may have a clot and need urgent treatment.

You may be at increased risk if:

- You are in hospital and for the 90 days after discharge
- You are immobile for long periods of time or air travel longer than 6 hours
- You or a close relative had a blood clot in the leg or lung
- You are over 60 years of age or are overweight
- You have heart, lung or inflammatory disease
- After surgery
- You are on cancer treatment
- You have thrombophilia
- You have varicose veins with phlebitis
- You are pregnant and for the 6 weeks after birth
- You are taking oral contraceptive pill or hormone replacement therapy

Am I ready?

CHECKLIST

I have contacted my insurance provider and I am fully aware of my cover for this procedure. (If you have an excess on your policy this must be paid on admission)

My carer is able to stay with me post discharge (at least 24 hours, or longer if required)

The person taking me home is:

Their number is:

Any equipment I need to make my period of recovery more comfortable is in place

IMPORTANT NUMBERS

My Care Team

Bon Secours Cork
(021) 454 2807

My consultant

My GP

Date and Time of Endoscopy Procedure

Date of Endoscopy

Time of Endoscopy

The consultant and or secretary will advise the patient of the date of the procedure. The hospital will advise the patient of the time of admission to the hospital via SMS text message after 11am on the day prior to your planned admission.

Health Insurers Customer Service Numbers

VHI	1890 444 444
Laya Health	021 202 2000
Irish life Health	1890 714 444

What to bring to hospital

CHECKLIST

Essential clothing and personal care

- Comfortable shoes: such as closed-back slippers or trainers – **not** heeled shoes or flip-flops
- Loose-fitting nightwear and a dressing gown
- Loose-fitting clothes for travel to and from the hospital

Medicines and medical aids

- Any walking aids you currently use
- Any insulin or time sensitive medication (such as sinemet, blood pressure, anti epileptic medication) you are currently taking that you may need to take with your diet after your procedure
- Any glasses, hearing aids, contact lenses and dentures you currently use

Other

- House keys
- Mobile phone and charger (please charge up before bringing to hospital)
- Reading material
- Contact list (if not on your phone)
- Wifi available in the hospital

What not to bring?

- x** Valuables, including jewellery and money. The hospital cannot take the responsibility for any valuables that go missing. Leave large sums of money at home.
- x** Large suitcases and bags, the storage space for these and for belongings is limited.

