

Endoscopy with Anaesthesia

Introduction

This leaflet has been written to explain what to expect when having an endoscopy under a general anaesthetic.

You will have been provided with a leaflet explaining your endoscopy procedure. This leaflet tells you about the general anaesthetic that you will receive.

General anaesthesia

'Anaesthesia' means 'loss of sensation' and will allow your endoscopy to be carried out without discomfort or anxiety.

An anaesthetist; a doctor who specialises in anaesthesia, pain control and emergency care, will work with the doctor performing your endoscopy to ensure that your procedure goes ahead as safely and comfortably as possible.

The pre-assessment clinic

Occasionally, we will invite you to attend an endoscopy clinic appointment before your Endoscopy. This may be face to face with you, or on the telephone.

This will help us find out more about your health and gives you the opportunity to find out more about your procedure. A nurse usually runs the clinic, but is able to ask advice from a doctor who is available.

If you need to take oral bowel preparations because you are going to have a colonoscopy, or a flexible sigmoidoscopy, the nurse will be able to talk through the preparations and dietary advice with you.

Please ensure that you have a list of your current medication with you, including any herbal, homeopathic remedies, recreational drugs or over the counter medication that you take.

If you have any allergies, it would be helpful for us to know the details of these too.

You may need to have some routine tests done before your procedure, such as a blood test or an electrical tracing of your heart (ECG). Occasionally these tests can indicate a need for further tests to tell us how well your heart, lungs or other organs are working. The results of these tests will be explained to you by a doctor.

What happens on the day of your procedure?

Nothing to eat and drink – fasting ("nil by mouth")

It is important that you have an empty stomach before we can proceed with your endoscopy. If there is any food or water in your stomach, you may not be able to have your endoscopy under general anaesthetic.

If you are having a colonoscopy or flexible sigmoidoscopy under a general anaesthetic you will already be on a clear fluid diet. You may drink clear NON FIZZY fluids, such as plain squash, black tea or coffee (no milk) which you can continue until admission to hospital. Please drink.

If you are having a gastroscopy you will be asked to stop eating six hours before your procedure. You may drink clear fluids like non-fizzy water, plain squash, black tea or coffee (no milk) until admission to hospital.

Normal Medications

You should continue to take your normal medications up to and including the day of your endoscopy. Important exceptions to this are blood-thinning medications (warfarin, clopidogrel, aspirin, rivaroxavan, dabigatran or Apixaban) as well as drugs for diabetes (metformin and insulin). If you are taking an SGLT2 inhibitor (such as canagliflozin, dapagliflozin, empagliflozin), for diabetes or your heart, you should take the last dose more than 48 hours before admission. If you see a nurse in a preassessment clinic, you will receive advice about these medicines. If you have not seen a nurse, please telephone the endoscopy unit at least seven days before your endoscopy. This will allow us time to ask your doctor and let you know their advice before you come up to the hospital. If you are unsure, please telephone the Endoscopy unit to find out before taking anything.

The Endoscopy Unit can be contacted on 01392 402400 or 01392 402249.

When telephoning the Endoscopy Unit, please let us know your name, date of birth, and RDE number (which will be on your appointment letter), the drugs you are taking and the date of your appointment. We will also need a telephone number so that we can call you back with the correct advice. This can be either a landline number or a mobile telephone number.

If you feel unwell or have a 'cold'

Please telephone the Endoscopy unit before coming into hospital. Depending on your illness, we may need to postpone your endoscopy until you are better.

If you have had diarrhoea or vomiting

If you have had diarrhoea, vomiting or other stomach upset, before taking oral bowel cleansing medication, please telephone the Endoscopy unit before coming into hospital.

Who will I expect to meet?

On the day of your procedure we ask you to arrive at the endoscopy unit at the time of your appointment. You will meet a nurse who will admit and consent you for your procedure. The nurse will then help you to change and prepare for your endoscopy. Once you are changed, we will place a needle called a cannula into a vein in your hand or arm. You will also be met by the anaesthetist. He or she will ask you questions about

- your general health
- any previous illnesses even if these are no longer causing you any problems.
- any previous anaesthetics, especially if there have been difficulties with anaesthetics in the past
- your current medication and any past allergies
- the type of anaesthesia they will be using for your procedure and their risks and benefits.

If you have been seen by a nurse in a pre-assessment clinic, you may have already received this information. Please ask us questions if you have any concerns.

When you have been prepared for your procedure you may be asked to sit in a sub waiting room to wait for your procedure. You will be advised of your position on the list so that you have an idea of how long you will be waiting for your procedure.

Premeds

If the anaesthetist wants you to take any medications before the procedure, apart from your normal medications, he or she will prescribe a premed for you and explain what it is for. This is usually some simple painkillers, so that they are effective by the end of your procedure. Occasionally the anaesthetist will prescribe a mild sedative to help you relax.

You will be given a small amount of water to help take any medications prescribed for you as a premed.

Having your endoscopy

When it is time for your procedure a nurse will collect you and escort you to the procedure room. You will be introduced to the members of the endoscopy team in the room. When you are sitting on the trolley in the room, the nurse escorting you will double check your identification, allergies, consent form and preparation for the procedure with the anaesthetist, the ODP (anaesthetist's assistant) and doctor performing your endoscopy procedure.

When all the checks and introductions have been made, you will be helped to lie in the appropriate position on the trolley. Some monitors will be attached to you, to monitor your heartbeat, blood oxygen levels and blood pressure. The anaesthetist will then inject anaesthetic drugs using the cannula (needle) that was placed in your hand or arm. Whilst you are asleep you may have a tube placed in your mouth or windpipe to help with your breathing. This will be removed when you are ready to wake up.

During your endoscopy the anaesthetist, ODP, doctor and nurses stay with you to make sure that everything runs smoothly. We will take any samples required during your endoscopy and may give you fluids and other drugs during your procedure depending on your condition.

Waking up and after the procedure

When the endoscopy has finished, we will wake you up. For a short while, you will be monitored in the main theatres recovery unit until we are sure you have recovered sufficiently to return to the endoscopy unit. When you are back on the endoscopy unit, you will continue to be monitored by staff working in the recovery area of the unit. You will continue to be monitored until you have been recovered post procedure. If you have received painkillers, you will be recovered for a period of four hours from when you last received painkillers.

You will usually be able to go home following the procedure. You must not drive, drink alcohol or sign any legal documents for at least 24 hours after the general anaesthetic. Please ensure that

a responsible adult is able to stay with you until the following morning.

Pain relief

There are a number of different ways to administer pain relief, as detailed below.

- **Tablets** - Many pain killers can be given by tablets. If you feel sick, then we will not give you tablets.
- **Injections** - these generally work faster and can be given by the cannula used for the anaesthetic, or injected into a muscle.
- **Suppositories** - sometimes it is best to give a suppository, a tablet inserted into your rectum. These are useful if you are not eating, or may vomit. A suppository will not be given without your consent.

The anaesthetist will discuss these options with you before the endoscopy takes place. He or she may also suggest alternatives that are not detailed above.

Risks of anaesthesia

Anaesthesia has made much of today's procedures possible. It has great benefits by removing pain and sensation. However, there is always some risk, which can depend on the anaesthetic procedure, drugs, your general health and the risks of the procedure.

The risk to you as an individual will depend on:

- Whether you have any illnesses, either previously or currently
- Personal factors, such as smoking or being overweight
- A procedure which is complicated, long or done as an emergency

There is always some risk in having an anaesthetic. Our job is to keep this risk as low as possible, and to make sure you are informed of serious or commonly occurring risks as appropriate to the endoscopy procedure you are having. Patients vary as to how much information they wish to receive about their procedure or anaesthetic. Therefore, please ask if you have any further questions.

The risks are outlined on the infographic below.

Common events and risks in anaesthesia

This summary card shows the common events and risks that healthy adult patients of normal weight face when having a general anaesthetic for routine surgery (specialist surgeries may carry different risks).

Modern anaesthetics are very safe. There are some common side effects from the anaesthetic drugs or equipment used which are usually not serious or long lasting. Risk will vary between individuals and will depend on the procedure and anaesthetic technique used. Your anaesthetist will discuss with you the risks that they believe to be more significant for you. You should also discuss with them anything you feel is important to you.

There are other less common risks that your anaesthetist will not normally discuss routinely unless they believe you are at higher risk. These have not been shown on this card.

VERY COMMON – MORE THAN 1 IN 10
Equivalent to one person in your family



Sickness



Shivering



Thirst*



Sore throat



Bruising



Temporary memory loss (mainly in over 60s)

COMMON – BETWEEN 1 IN 10 AND 1 IN 100
Equivalent to one person in a street



Pain at the injection site*



Minor lip or tongue injury

UNCOMMON – BETWEEN 1 IN 100 AND 1 IN 1,000
Equivalent to one person in a village



Minor nerve injury

RARE – BETWEEN 1 IN 1,000 AND 1 IN 10,000
Equivalent to one person in a small town



1 in 1,000
Peripheral nerve damage that is permanent



1 in 2,800
Corneal abrasion (scratch on eye)



1 in 4,500
Damage to teeth requiring treatment



1 in 10,000
Anaphylaxis (severe allergic reaction to a drug)

VERY RARE – 1 IN 10,000 TO 1 IN 100,000 OR MORE
Equivalent to one person in a large town



The risks we all take in normal life, such as road travel, are actually far higher than the risks below.



1 in 20,000
Awareness during an anaesthetic



1 in 100,000
Loss of vision



1 in 100,000
Death as a direct result of anaesthesia

More information on these risks and how to prepare for surgery can be found on our website here: www.rcoa.ac.uk/patientinfo/risks/risk-leaflets

The first Sprint National Anaesthesia Project [SNAP-1] Study. Br J Anaesth 2016 <https://academic.oup.com/bja/article/117/6/758/2671124>

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This information can be offered in other formats on request, including a language other than English and Braille.

RD&E (Eastern Services) main switchboard: 01392 411611 NDDH (Northern Services) main switchboard: 01271 322577

For Royal Devon services log on to: <https://royaldevon.nhs.uk>

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