

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 fluids like non-fizzy water, plain squash, black tea or coffee (no milk) which you will need to stop two hours before your appointment time.

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) but will need to stop two hours before your endoscopy.

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 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.

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.

- **Very common or common risks** (approximately 1 in 10 or 1 in 100) Some side effects are very common with anaesthesia. Fortunately, these are generally minor and/or short lived. These are feeling sick, a sore throat or headache, or even itching after some general anaesthetics.
- **Uncommon risks** (approximately 1 in 1,000) Less likely problems include chest infections, damage to teeth, lips or gums, or a previous medical condition getting worse. Your anaesthetist will try to prevent any of these happening, but sometimes these problems

are unavoidable. If you have tooth decay, have loose crowns or caps, please visit your dentist before your procedure to make sure your teeth are secure.

- **Rare or very rare risks** (1 in 5,000 to 1 in 100,000) Sometimes, unforeseen problems can occur, like a serious allergy to drugs or perforation of your bowel. Your anaesthetist will be monitoring you throughout your procedure, and is able to effectively treat most problems that arise during your endoscopy. Death is a very rare complication of anaesthesia, and usually happens as a result of four or five complications arising together. There are probably 5 deaths for every million anaesthetics given in the UK.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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