Combined
Oesophago-gastro-duodenoscopy (OGD)
and Colonoscopy with Moviprep

Patient information

Endoscopy Unit,
The Royal Infirmary of Edinburgh

Endoscopy Nurses: 0131 242 1600
Endoscopy Booking Line: 0131 536 4162

This document contains important information about your upcoming investigation and should be read immediately, giving you time for questions, if you have any.

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Introduction

You have been advised by your GP or hospital doctor to have two separate tests to examine the upper and lower gastrointestinal tract at a single appointment. One is an oesophago-gastro-duodenoscopy (OGD), also known simply as a “gastroscopy”, the other is a colonoscopy, or examination of the large intestine (bowel). Your colon must be completely clean for the procedure to be accurate and complete. Please pay particular attention to the section on preparation in this booklet.

If you are unable to keep your appointment, please notify the department as soon as possible. This will enable the staff to able to arrange another date and time for you (and give your appointment to someone else).

It is essential that you read this booklet thoroughly and carefully. Please bring this booklet and appointment letter with you when you attend.

Consent

This procedure requires your formal consent. This booklet has been written to enable you to make an informed decision about agreeing to the procedure. At the back of the booklet is the consent form.

The consent form is a legal document, therefore please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the procedure, please sign and date the consent form. You will notice that the consent form is duplicated, allowing you to keep a copy for your records. Please fill it in while it is still attached to this booklet.

If however there is anything you do not understand or wish to discuss further, but still wish to attend, do not sign the form, but bring it with you and you can sign it after you have spoken to a health care professional.

If having read the information you do not wish to go ahead with the procedures, or want to consider alternative methods of investigation, please discuss with your GP or hospital doctor as soon as possible before the date of your appointment.

Sedation

If you are having sedation, the drug can remain in your system for up to 24 hours and you may feel drowsy later on, with intermittent lapses of memory.

If you are having a procedure under sedation, you MUST have someone available to accompany you home, and if you live alone, to stay with you overnight.

If this is not possible it may be necessary to be admitted overnight after the procedure. Please notify the department as soon as possible if this is the case.

FAILURE TO DO THIS MAY RESULT IN YOUR TEST BEING CANCELLED ON THE DAY.
General information about the procedures

What is an OGD?
This is an examination of your oesophagus (gullet), stomach and the first part of your small intestine called the duodenum. The instrument used in this investigation is called a gastroscope. It is flexible and has a diameter less than that of a little finger. The gastroscope relays images back the Endoscopist on a TV screen.

What is a colonoscopy?
A colonoscopy is an examination of your colon or large intestine The instrument used in this investigation is called a colonoscope. It is a flexible telescope which can be passed through the back passage (anus) and around the colon, relaying images back the endoscopist on the screen.

During both investigations, the Endoscopist may need to take some tissue samples (biopsies) from the lining of your gut for analysis, this is painless. The samples may be retained. Photographs and/or a video recording may be taken for your records.

The procedures will be performed by, or under the supervision of, a trained doctor or nurse Endoscopist, and we will make the investigations as comfortable as possible for you. Most patients have the combined examinations performed under “conscious sedation” in which a sedative and a painkiller are given by injection into a vein to make you relaxed and lightly drowsy, without being unconscious.

Why do I need to have an OGD and colonoscopy?
You have been advised to undergo these combined investigations to help find the cause of your symptoms, help with treatment and, if necessary, to decide on further investigation. The commonest reason for having these combined procedures is to investigate the cause of anaemia with or without changes in your bowel habit.

What are the alternatives?
A Barium meal x-ray examination is another method of investigation the upper digestive tract. It is not as informative or accurate as an endoscopy and has the added disadvantage that tissue samples cannot be taken.
A Barium Enema or a CT-colonography scan are X-ray investigations which are alternatives to colonoscopy. Although neither usually require sedation and can be more comfortable for some patients, both involve exposure to radiation and require the same bowel preparation as colonoscopy. They are also less accurate at detecting some conditions, and do not allow tissue samples to be taken. If abnormalities are found on X-ray examinations, a subsequent colonoscopy is often necessary to confirm the diagnosis.

How long will I be in the Endoscopy department?
This largely depends on whether you have had sedation and how busy the department is. You should expect to be in the department for approximately 5-6 hours. The department also looks after emergencies and these can take priority over our outpatient lists.

You may be in the department 2-3 hours before the investigation; therefore you may want to bring something to read. **We would recommend you do not bring any valuable items with you to the hospital**
Preparation

Your colon must be completely clean for the colonoscopy to be accurate and complete. The following pages give you detailed instructions about your medication, the dietary restrictions to follow and the cleansing routine to use.

If you have serious cardiac or renal disorders please contact us immediately, before starting your bowel preparation.

Medication

Please do not take any iron tablets for seven days before the test
Fibre supplements (eg Fybogel, Regulan) must be stopped three days before the test
Anti-diarrhoea medication (eg Loperamide, Imodium, Lomotil, Codeine Phosphate) must be stopped three days before the test.

Anticoagulants
If you are on blood-thinning treatment (e.g. Warfarin or Clopidogrel) please telephone the Endoscopy Unit on 0131 242 1600, as special arrangements may need to be made for you.

Diabetes medication
If you have diabetes that is controlled by insulin or tablets, please ensure the Endoscopy Unit is aware so that the appointment can be made at the beginning of the list. Please see detailed guidelines about your medication printed in the back of this booklet.

Other medication
All other routine medications, including steroids, should be continued, but on the day of the colonoscopy, they may be taken following the procedure, depending on the time the procedure is scheduled.

If you are taking the oral contraceptive pill then other precautions should be taken, due to the bowel preparation causing diarrhoea.

Allergies
Please telephone the Endoscopy Unit on 0131 2421600 for information if you think you have a latex allergy.

If you have any other queries regarding your medications please telephone the Endoscopy Unit on 0131 2421600.
Diet

The success of the colonoscopy depends on your colon being completely clean.

For one day before starting your preparation please follow a low fibre diet: i.e. avoiding foods such as fruit, vegetables, brown bread and high fibre breakfast cereals (see below*).

From the time you start to take the preparation, do not take any solid food until after the colonoscopy is completed. During this time you may only consume clear liquids (see below**). You will be given refreshment, once you are fully awake following your colonoscopy and before you leave the Endoscopy unit.

*Low fibre foods
A low fibre diet must be followed the day before you take the bowel preparation (i.e. two days before your test). The following are examples of low fibre foods:

- Fats (use sparingly): Butter, margarine
- Eggs: Boiled, poached
- Cereal: Crisp rice cereal, corn flakes (no bran)
- Cheese: Cream cheese, cottage cheese, cheese sauce
- Potatoes (no skin): Boiled, creamed, mashed, and baked
- Pasta: Plain macaroni, spaghetti, noodles (not wholewheat)
- Rice: Plain, boiled white rice
- Meat/Fish: Minced or well-cooked tender, lean beef, lamb, ham, veal, pork, poultry, fish, shellfish
- Gravy: Using stock cubes (white flour or corn flour may be used to thicken)
- Bread: White bread/toast
- Sugar/sweetener: White sugar, brown sugar, and sweetener
- Dessert: Clear jelly (green and yellow only, not red or blackcurrant)

**Clear Drinks
Water
Soft drinks, energy drinks (not fizzy)
Cordials (not blackcurrant)
Strained fruit juice
Tea/coffee (black)
Herbal/fruit tea
Clear soup (consommé, or strained chicken noodle soup)
Drinks made from stock/meat extract cubes.
Bowel preparation (MOVIPREP)

It is **essential** that you take the two doses of medication given or posted to you as instructed below: (Please note the times differ slightly from those in the product leaflet. This is to give you a greater choice of time for taking the medication).

**To make up each dose, open one clear bag and remove the sachets A and B.**
Add the contents of sachets A and B to a container and pour in 1 litre of water, stirring until all the powder has dissolved and the solution is clear or slightly hazy. This may take up to 5 minutes. If you prefer you may add cordial to taste (**but nothing red/purple**)

Drink the first litre of Moviprep solution over 1 - 2 hours (try to drink a glassful every 15 - 20 minutes)
When you are ready, make up the second dose of the preparation in the same way and again drink over 1 - 2 hours

During the course of the whole preparation please drink at least a further 1 litre of **clear** liquid (e.g. water, soft drinks, tea or coffee without milk) to prevent you feeling thirsty or becoming dehydrated.

On the day of the test please drink only clear liquids up to one hour before coming to hospital then nil by mouth. No further food is allowed until after the procedure.

**Side-effects**

Everybody responds differently to the laxatives. We advise you to remain within easy reach of a toilet as Moviprep causes multiple, often urgent bowel movements. It may start working within 30 minutes but sometimes takes much longer. The effects will last up to six hours or sometimes more

Moviprep may make you feel nauseated or sick, feel tired, have abdominal bloating or cramps, and can occasionally cause an allergic reaction, with or without a rash. The lack of solid food in combination with the laxative can trigger nausea. We suggest you drink as much clear fluid as you can to help prevent this.
## Bowel preparation schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>DAY BEFORE THE TEST</th>
<th>DAY BEFORE THE TEST</th>
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<tbody>
<tr>
<td>Between 6am – 7am</td>
<td><strong>Light</strong> breakfast = tea, toast, cereal</td>
<td><strong>Light</strong> breakfast = tea, toast, cereal</td>
</tr>
<tr>
<td>Between 7am – 9am</td>
<td><strong>Sachets A &amp; B</strong> – dissolved in 1L water; add cordial to taste (NOT blackcurrant)</td>
<td><strong>Sachets A &amp; B</strong> – dissolved in 1L water; add cordial to taste (NOT blackcurrant)</td>
</tr>
<tr>
<td>Between 9am – 10am</td>
<td>Drink Moviprep solution until finished + 500ml fluid (see list of permitted drinks, below)</td>
<td>500ml fluid (see list of permitted drinks, below)</td>
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<tr>
<td>1200</td>
<td>Clear soup + 500ml fluid (clear soup= consommé/ Bovril or strained chicken noodle)</td>
<td>Clear soup + 500ml fluid (clear soup= consommé/ Bovril or strained chicken noodle)</td>
</tr>
<tr>
<td>2pm</td>
<td>500ml fluid</td>
<td>500ml fluid</td>
</tr>
<tr>
<td>4pm</td>
<td><strong>Sachets A &amp; B</strong> – dissolved in 1L water; add cordial to taste (NOT blackcurrant)</td>
<td><strong>Sachets A &amp; B</strong> – dissolved in 1L water; add cordial to taste (NOT blackcurrant)</td>
</tr>
<tr>
<td>Between 5pm – 7pm</td>
<td>Drink Moviprep solution until finished + 500ml fluid</td>
<td>Drink Moviprep solution until finished + 500ml fluid</td>
</tr>
<tr>
<td>Between 7pm – BEDTIME</td>
<td>500ml clear fluid + more as required</td>
<td>500ml clear fluid + more as required</td>
</tr>
<tr>
<td></td>
<td>Retire to bed once you stop going to the toilet</td>
<td>Retire to bed once you stop going to the toilet</td>
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<td></td>
<td><strong>DAY OF THE TEST</strong></td>
<td><strong>DAY OF THE TEST</strong></td>
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<tr>
<td>6am</td>
<td>Drink only clear fluids as required until 1 hour before you come to hospital</td>
<td><strong>Sachets A &amp; B</strong> – dissolved in 1L water; add cordial to taste (NOT blackcurrant)</td>
</tr>
<tr>
<td>Between 7am – 9am</td>
<td>Drink Moviprep solution until finished + 500ml fluid</td>
<td>500ml clear fluid + more as required</td>
</tr>
<tr>
<td></td>
<td><strong>DAY OF THE TEST</strong></td>
<td><strong>DAY OF THE TEST</strong></td>
</tr>
<tr>
<td></td>
<td>Drink clear fluids as required until 1 hour before you come to hospital</td>
<td>Drink clear fluids as required until 1 hour before you come to hospital</td>
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What happens when I arrive?

When you arrive in the department, a qualified nurse or health care assistant will meet you and will ask you a few questions, including about your arrangements for getting home. You will also be able to ask further questions about the investigations. The nurse will ensure you understand the procedures and discuss any outstanding concerns or questions you may have. They may insert a small cannula (plastic tube) into a vein in your arm through which sedation will be administered later.

You will have a brief medical assessment where a nurse will ask you some questions regarding your medical condition and any surgery or illnesses you have had. This is to confirm that you are fit to undergo the investigation. Your blood pressure and heart rate will be recorded, and if you have diabetes, your blood glucose level will also be recorded.

If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point.

If you have sedation you will not be permitted to drive or use public transport so you must arrange for a responsible adult to accompany you home and stay with you for 24 hours. The nurse will need to be given their telephone number so that they can be contacted when you are ready for discharge.

The OGD procedure

You will be escorted into the procedure room where the Endoscopist and the nurses will introduce themselves. You will also be able to ask further questions about the investigation.

If you have any dentures you will be asked to remove them at this point. Any remaining teeth will be protected by a small plastic mouth guard, which will be inserted immediately before the examination starts.

If you are having local anaesthetic throat spray, this will be sprayed on to the back of your throat whilst you are sitting up and swallowing: the effect is rapid and you will notice loss of sensation of your tongue and throat. The nurse looking after you will ask you to lie on your left side.

If you are having sedation, the medication will be administered into the cannula in your vein, which will make you relaxed and lightly drowsy but not unconscious. This means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Some patients experience amnesia with the sedation so that afterwards they remember very little of the procedure, but this does not always happen.

The Endoscopist will introduce the gastroscope into your mouth, and by asking you to swallow can pass it down your oesophagus, into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing will be unhindered.
The Colonoscopy procedure

The endoscopist will first perform a finger examination of your back passage (anus) before passing the colonoscope. The colonoscopy involves manoeuvring the colonoscope around the entire length of your colon (large intestine). Air is passed into the colon during the investigation to aid the passage of the colonoscope. There are some bends that naturally occur in the colon and negotiating these may be uncomfortable for short periods of time, but the sedation and painkiller will minimise any discomfort. You may be assisted to change position at times during the procedure to help the colonoscope pass parts of the colon more easily and comfortably. The examination usually takes 20-30 minutes to complete.

During both procedures we will monitor your breathing, heart rate and oxygen levels. This is done by means of a probe attached to your finger or earlobe. Your blood pressure may also be recorded during the procedure using a cuff, which will inflate on your arm from time to time. Any saliva or other secretions produced during the investigation will be removed using a small suction tube like the one used at the dentist.

Colonic polyps

Polyps are found in up to a third of colonoscopies. A polyp is small growth on the lining of the colon. Most polyps are benign. We usually recommend their removal (polypectomy) at the time of the procedure, to avoid them becoming larger or developing complications over time. Some polyps are attached to the colon wall by a stalk, like a mushroom, whereas others are flat without a stalk.

Polypectomy

A polyp may be removed by placing a snare (wire loop) around the polyp and removing the polyp by tightening the snare, using high frequency electrical current (diathermy) on larger polyps to prevent bleeding.

Flat polyps (without any stalk) can be removed by a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting the lining of the colon that surrounds the flat polyp. This raises the area and allows the wire loop snare to capture the polyp.

Smaller polyps can be removed using diathermy via special forceps. These hold the polyp whilst the diathermy is applied, therefore destroying the polyp.

Risks of the procedures

The doctor who has requested the procedures will have considered and discussed this with you. The risks should be weighed against the benefit of having the procedures carried out. There are two sets of procedural risks you should be aware of:

Risks associated with intravenous sedation

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally transient. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly.
Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by a doctor before having the procedures. In these situations it may be advised that less or no sedation is used, as the risks of complications from sedation may be higher.

**Risks associated with the endoscopic examinations**

Gastroscopy and Colonoscopy are generally very safe investigations, but as with any invasive procedure have the possibility of complications. A sore throat after gastroscopy and “trapped wind” after colonoscopy are the most common side effects. More serious complications occur infrequently but can include:

**Damage to teeth.** For this reason dentures are removed and you will be asked about loose teeth, crowns or bridgework

**Chest infection** can occur after the procedure if some fluid passes into the lungs. The risk of this is greater with procedures requiring heavier sedation. Treatment with antibiotics may be necessary.

**Bleeding** from the site of a biopsy or polyp removal. This is usually minor and stops on its own, but if necessary it can be controlled by cautery, injection, or clips placed through the endoscope. The risk of significant bleeding from polyp removal is approximately 1 for every 100-200 examinations where this is performed.

**Perforation** (or tear) of the lining or wall of the digestive tract. This is very rare with a diagnostic examination only, but can occur more often with the more complex procedures involving endoscopic treatment. A perforation would require admission to hospital for treatment with fluids and antibiotics, and would often require surgery to repair the tear. The risk is approximately 1 for every 1,000 examinations. The risk of perforation is higher with polyp removal in the colon.

**After the procedures**

Your blood pressure and heart rate will be recorded and if you have diabetes, your blood glucose will be monitored. Should you have underlying breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing.

Once you are awake and have recovered from the initial effects of the sedation (which normally take 30-60 minutes) you will be offered a hot drink and toast/sandwiches.

Before you leave the department, the nurse or endoscopist will discuss the findings and any medication or further investigations required. They will also tell you if you need further appointments, and you will also be given some written information.

If the person accompanying you has left the department, the nursing staff will telephone them when you are ready for discharge.

Because the sedative remains in system for about 24 hours, you may feel drowsy later on, with intermittent lapses of memory.

**You should not drive, take alcohol, care for dependents, sign any legally binding documents or operate machinery or potentially hazardous household appliances for 24 hours following the procedure.**
Points to remember

- If you are having sedation, you must have someone to accompany you.

- If you have serious cardiac or renal disorders please contact us before starting your bowel preparation.

- Our aim is for you to be seen and have your procedure as soon as possible after your arrival. However, the department is very busy and also deals with emergencies so it is possible under these circumstances that your procedure may be delayed.

- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

- If you have any problems with worsening abdominal pain or continuing bleeding after your procedure, please contact the endoscopy department between the hours of 7am – 1700 Monday to Friday on 0131 242 1600.

  Outwith these times please contact NHS 24 on 08454 24 24 24.
Information for patients with diabetes

You should inform the Endoscopy department about your diabetes and request an early morning appointment.

Diet and tablet-controlled diabetes (Type 2 diabetes)

Preparation – two days before your procedure
When following the low fibre diet, on the first day try to make sure you eat your usual amounts of carbohydrate from the allowed list: e.g. white bread, white rice, pasta etc. Continue to take your usual tablets and check your blood glucose levels as usual.

Day before the Colonoscopy - one day before your procedure
You may drink water, sugar-free squash, sugar-free carbonated drinks, clear soup. Tea and coffee before lunch with milk, after lunch without milk, Bovril and sugar-free, clear jelly (green and yellow only). Remember that these will not provide any carbohydrate.

To include some carbohydrate in your diet, you will need to drink some fluids containing sugar. It is probably best to drink these at regular intervals throughout the day. The following contain a similar amount of carbohydrate to one medium sized slice of bread:

150mls/5 fl oz. unsweetened clear apple juice
150mls/5 fl oz unsweetened clear grape juice
60mls/2 fl oz ordinary sweetened squash
75mls/2.5fl oz traditional lucozade
250mls/8fl oz ordinary lemonade
150ml/5fl oz cola
100g/4oz ordinary clear jelly (green and yellow only, not red or blackcurrant)

If on Metformin do not take until you are eating again after the Colonoscopy
If on Rosiglitazone (Amaryl) or Pioglitazone (Starlix) do not take until after the Colonoscopy
If on Gliclazide, Glibenclamide, Tolbutamide, Repaglanide or Glimepiride do not take the evening doses.

The day of the Colonoscopy
Check your blood glucose levels on waking. If your blood glucose is less than 5 mmol/l, or you feel that your blood glucose level may be low, have a small glass of a sugar-containing drink. Inform the nurse on arrival in the Endoscopy unit that you have done this. A nurse will check your blood glucose level when you arrive in the Endoscopy unit.

Do not take your morning dose of tablets; bring your tablets with you to have after the procedure when you have had something to eat.

Report to the nursing staff if you have needed glucose before arriving and inform them immediately if you feel ‘hypo’ at any time during your visit
Your dosage of tablets can be given as soon as you are able to eat and drink safely; the nursing staff will inform you when it is safe.
Insulin Treated diabetes (Type 1 and 2)

Preparation

Two days before your procedure
When following the diet, on the first day try to make sure you eat your usual amounts of carbohydrate from the allowed list: e.g. white bread, white rice, pasta etc. Continue to take your usual insulin and check your blood glucose levels as usual.

The day before your procedure
You may drink water, sugar-free squash, sugar-free carbonated drinks, clear soup; tea and coffee before lunch with milk, after lunch without milk. Bovril and sugar free, clear jelly (green and yellow only). Remember that these will not provide any carbohydrate.

To include some carbohydrate in you diet, you will need to drink some fluids containing sugar. It is probably best to drink these at regular intervals throughout the day. The following contain a similar amount of carbohydrate to one medium sized slice of bread:

- 150mls/5 fl oz. unsweetened clear apple juice
- 150mls/5 fl oz unsweetened clear grape juice
- 60mls/2 fl oz ordinary sweetened squash
- 75mls/2.5fl oz traditional lucozade
- 250mls/8fl oz ordinary lemonade
- 150ml/5fl oz cola
- 100g/4oz ordinary clear jelly (green and yellow only, not red or blackcurrant)

Monitor your blood glucose levels at least four times during the day, but ideally you should monitor even more frequently than this. Continue to take your daily insulin injections, but the amount you take may need to be altered according to how your blood glucose levels are behaving and how much carbohydrate-containing drinks you are taking. In general, insulin doses often need to be reduced by one quarter to one third.

You should reduce your evening insulin injection by one third, unless your blood glucose levels are running very high (e.g. greater than 15 mmols/l) when you should leave your dose unaltered.

If you have concerns about adjusting your insulin dosage please contact the Diabetes Specialist Nurses on 0131 242 1470, to discuss appropriate measures.

The day of the Colonoscopy
Check your blood glucose levels on waking. If your blood glucose level is less than 5 mmol/l, or you feel that your blood glucose level may be low, have a small glass of a sugar-containing drink. Inform the nurse on arrival in the Endoscopy unit that you have done this. A nurse will check your blood glucose level when you arrive in the Endoscopy unit.

Do not take your morning dose of insulin; bring your insulin with you to have after the procedure.
Report to the nursing staff if you have needed glucose before arriving and inform them immediately if you feel ‘hypo’ at any time during your visit.

Your dosage of insulin can be given as soon as you are able to eat and drink safely; the nursing staff will inform you when it is safe.

**Carrying glucose to treat hypoglycaemia**

If you are on tablets or insulin for your diabetes, then on the day before and day of the procedure carry glucose tablets (*Dextrosol*) in case of hypoglycaemia. As these are absorbed quickly through the tissues of the mouth, if sucked, they will not interfere with the procedure. Take three (3) tablets initially, followed by a further three (3) if symptoms continue after 15 minutes. If your medication has been adjusted this should not be a problem.

**Blood glucose monitoring**

If you usually test your blood glucose levels, check them, as usual, on the morning of the procedure and carry your equipment with you to the appointment.

If you do not usually test your blood, do not worry, your blood glucose levels will be checked when you arrive for the procedure.
Location of the Endoscopy Unit
The endoscopy unit is located within the Medical Daycase Unit of the Royal Infirmary

Directions to the Medical Day Case Unit

If entering via North Junction Road/Car park B: Entrance signed Day Case & Day Surgery (No.2 on map) adjacent to Main Front Entrance (West)

If entering via South Junction Road/Car park C: Enter the hospital through Main Rear Entrance (East). Continue through main mall and exit at Main Front Entrance (West). Turn left and enter at Day Case & Day Surgery (No.2 on map).

Please report to reception desk on arrival.

Plan of the hospital and grounds. Entrance to Endoscopy Unit is at “2”
Location of the Royal Infirmary of Edinburgh.
The hospital is on the south side of Edinburgh on old Dalkeith Road (A7).
The full address is:
Royal Infirmary of Edinburgh, 51 Little France Crescent, Old Dalkeith Road, EH16 4SA

By Public Transport

The following services stop at the hospital, either at the West main entrance bus stop, or close by on Old Dalkeith Road.

LRT 8, Muirhouse to Little France
LRT 18, Gyle Centre to Little France
LRT 21, Gyle Centre to Little France
LRT 24, Davidson’s Mains to Little France
LRT 33, & N33 Baberton Mains to Little France
LRT 38, Muirhouse to Little France
LRT 49, The Jewel to NRIE
Munros 51 or 52, Edinburgh to Jedburgh or Kelso respectively.
First 79, Haymarket to Rosewell
First 86, Clerwood to Mayfield
Eve Car and Coaches 128, Haddington to Little France
First 140 & 142, Rosewell to NRIE, passing Musselburgh

Please note that the proposed services and timetables may have changed by the time of your appointment, therefore you are advised to check the details by contacting the City of Edinburgh Council’s Traveline or the bus operator on the numbers below.

Contact details for full timetables or further information are:
Lothian Buses: 0131 555 6363 www.lothianbuses.co.uk
First Edinburgh: 0131 663 9233 www.firstedinburgh.co.uk
Stagecoach: 01592 642394 www.stagecoachbus.com/fife
Munros: 01835 862253
Traveline 0800 23 23 23

By car:

Directions from City Centre – Leave the city centre via North Bridge at the East end of Princes Street. Follow this road for approx. two and a half miles until you reach the Liberton Road/Lady Road junction. Turn left on to Lady Road. Go straight over the Lady Road roundabout to the Cameron Toll roundabout. Take the 3rd exit sign posted to Dalkeith and New Royal Infirmary (A7). Continue on this road for around ¾ mile. The hospital is on the left hand side.

Directions from Bypass – Leave the Edinburgh City Bypass (A720) at the Sheriffhall Roundabout onto Old Dalkeith Road (A7) toward Edinburgh City Centre. Turn right into the hospital after just over 2 miles.
Entry to the site is via two access roads, one to the north and one to the south of the site. The nearest Car Park and drop off point to our department is reached by entering the North Junction road.

Please use Car Park B and enter the Hospital by the entrance signed Day Case & Day Surgery.

There are free disabled parking spaces located near the main entrances. The current parking charges for all other patients and visitors are:

<table>
<thead>
<tr>
<th>Time</th>
<th>Price</th>
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<tbody>
<tr>
<td>0-1 hours</td>
<td>£1.20</td>
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<tr>
<td>1-2 hours</td>
<td>£2.20</td>
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<tr>
<td>2-3 hours</td>
<td>£3.20</td>
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<tr>
<td>3-4 hours</td>
<td>£4.00</td>
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<tr>
<td>4-5 hours</td>
<td>£5.20</td>
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<tr>
<td>5-6 hours</td>
<td>£6.40</td>
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<tr>
<td>6-24 hours</td>
<td>£7.00</td>
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</table>

**By bicycle/motorbike:**

New cycle/bus lane from Cameron Toll to the Royal Infirmary of Edinburgh via Old Dalkeith Road, as well as improvements to the cycle and footpaths on Craigmillar Castle Road, may make this an option for some patients and visitors.

There is currently provision to park both bicycles and motorbikes on site, free of charge. Motorcycle parking is within marked spaces out with the car parks at various points around the perimeter of the building. Cycle parking is available close to all the entrances to the building, in the form of Sheffield stands. CCTV monitors these areas at all times.
Patient Details

Consent Form
Patient agreement to endoscopic investigation or treatment

Name of procedure/s (include a brief explanation if the medical term is not clear)

Oesophago-Gastro Duodenoscopy (OGD) and Colonoscopy

Examinations of the upper gastrointestinal tract and colon (large intestine) with flexible endoscopes (with or without biopsy, photography, removal of polyps, injection treatment)

Biopsy samples will be retained

Statement of patient

You have the right to change your mind at any time, including after you have signed this form

I have read and understood the information in the attached booklet including the benefits and any risks.

I agree to the procedure described in the booklet and on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. If a trainee performs this examination it will be performed under supervision by a fully qualified practitioner.

I would like to have sedation: Yes □  No □  Please tick box

Signed (patient) ________________________________ Date __________________________

Name (print in capitals) ________________________________

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have spoken to the healthcare professional.

Confirmation of consent
(to be completed by a healthcare professional when patient is admitted for procedure)

I have confirmed that the patient/guardian understands what the procedure involves, including the benefits and any risks

I have confirmed that the patient/guardian has no further questions and wishes for the procedure to go ahead

Signed ________________________________ Date __________________________

Name (print in capitals) ________________________________ Designation __________________________

(If your patient requires further information please complete page 3 of this consent form)
<table>
<thead>
<tr>
<th>Patient Details</th>
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**Consent Form - COPY**

Patient agreement to endoscopic investigation or treatment

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I would like to have sedation: Yes [ ] No [ ] Please tick box

<table>
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<tr>
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<th>Date</th>
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Name (print in capitals)

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Signed | Date |
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Name (print in capitals) | Designation
------------------------|----------

(If your patient requires further information please complete page 3 of this consent form)
Statement of healthcare professional (to be completed by a healthcare professional with appropriate knowledge of proposed procedure, as specified in the consent policy)

In response to a request for further information I have explained the procedure to the patient. In particular I have explained:

The intended benefits

1. Investigation of symptoms;
2. Endoscopic therapy

Potential Risks

1. Procedure risks:
2. Sedation risks:

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative investigations/treatments (including no treatment), any extra procedures which may become necessary and any particular concerns of those involved.

Signed ___________________________ Date ___________________________

Name (print in capitals) ___________________________ Designation ___________________________

Statement of interpreter where appropriate

I have interpreted the information above to the patient/guardian to the best of my ability and in a way in which I believe she/he/they can understand.

Signed ___________________________ Date ___________________________

Name (print in capitals) ___________________________