



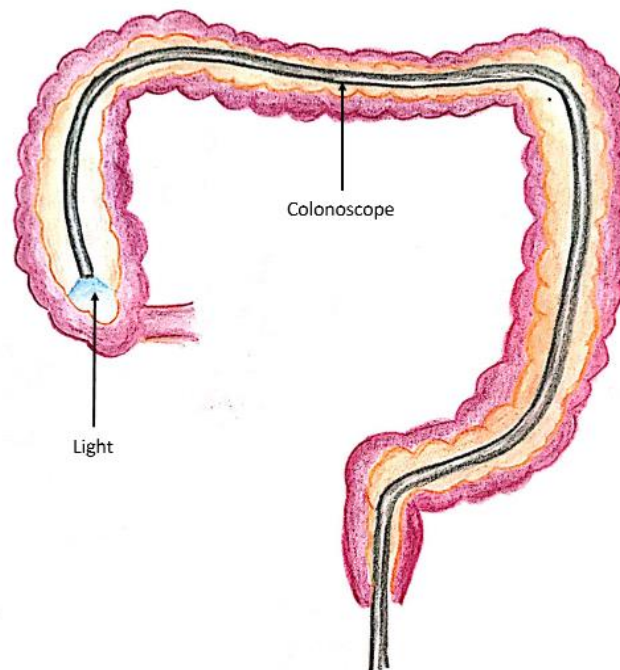
Lower Gastrointestinal Endoscopy

Information and advice for
patients

CSTH professorial surgical unit

What is lower gastrointestinal endoscopy (LGIE)?

This is an examination of your back passage from inside. Lower gastrointestinal endoscopy (lower GI endoscopy) is a procedure which allows the doctor to visualize the inner lining of the lower gastrointestinal tract using a flexible tube just larger than the diameter of a pencil that has a camera at the end (endoscope). It is passed through the anus and looks at your rectum and large bowel. The camera sends images to a screen where the endoscopist can have a closer look at them. In addition to the examination, the endoscopist may take small tissue samples (biopsies) or may perform certain procedures depending on the abnormalities detected (discussed below)



Why do you need a LGIE?

LGIE may be advised to find out the causes for your symptoms. Including:

- Bleeding from back passage
 - This can be a way of presentation of many conditions. e.g. haemorrhoids (piles), bowel cancer, polyps (abnormally raised areas of the lining of the bowel)
- Persistent loose stools
 - This may be due to swollen lining of the bowel (inflammatory bowel disease) or even due to bowel cancer.
- Loss of appetite, unintentional weight loss and anaemia
 - This may be due to right sided bowel cancer
- Alteration of bowel habits
 - This may rarely be due to left sided bowel malignancy

It is also indicated for surveillance for cancer in certain situations, Including:

- Past history of bowel cancer
- Past history of polyps
- Identified person with a genetic condition with high risk of bowel cancer

- Screening for colon cancer: at 50 years of age and every 10 years afterwards until 70 years of age.

In addition, your surgeon may perform certain treatment interventions depending on the abnormalities found. E. g.:

- Removal of polyps
- Inserting an expandable tube (stent) for blockage of bowel due to cancer.
- Stopping bleeding from breakage of the lining of bowel

How LGIE is performed?

There are two types of lower gastrointestinal endoscopy;

1. Colonoscopy –visualizes anus, rectum, full length of the large bowel and the last part of the small bowels.
2. Flexible sigmoidoscopy – visualizes anus, rectum and left segments of the large bowel.

The selection of the type of lower gastrointestinal endoscopy will depend on your symptoms and where the suspect abnormality is. Your doctor will explain the procedure suitable for you during clinic visits.

Procedure is performed under sedation to lower your conscious level minimizing the discomfort. Therefore, you may not remember the procedure clearly.

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A drug which causes sedation will be injected to you through a needle which is placed in the back of your hand.

You will be kept lying on your left side (left lateral position) with your knees bent toward your abdomen.

When you are sedated an experienced endoscopist will first examine your anus by passing a finger. After that the endoscope will be passed through the back passage to visualize the inner surface of the bowel displayed on the screen.

Air will be inserted through the endoscope in to the bowel to allow a clear view.

If any polyps are detected, it will be removed using a wire passed through the endoscope. The wire is positioned around the base of the polyp and an electric current is passed through it to separate the polyp from the bowel.

If any other suspected lesion is detected during the procedure the endoscopist will take multiple tissue samples (biopsy). These samples will be sent to a lab and assessed by a pathologist to identify the abnormality.

After visualizing the bowel, the air will be sucked out and the endoscope is removed from the back passage.

The procedure usually will take around 30 minutes but can vary depending on the interventions performed.

What are the complications of LGIE?

Even though colonoscopy/flexible sigmoidoscopy is a commonly performed procedure it carries an element of risk.

In order to make an informed decision, you need to be aware of the possible complications which are either related to surgery or to sedation.

- Bowel perforation –This is a rare complication and happens in 1 in 1000. This may require surgery to repair.
- Bleeding from the surface – If a polyp is removed or a biopsy is taken there may be bleeding from that site. This can occur in 1 in 100 cases.
- Reduced back flow of blood in to the heart due to over distention from air. This is a very rare complication.
- Mortality – this is extremely rare.

Are there any alternatives for LGIE?

- Barium enema is an imaging method that uses x-ray images after giving contrast solution through the anus. This will delineate the bowel to detect abnormalities. But the disadvantages are less sensitivity, inability to take biopsy, use of x-ray radiation and risk of contrast allergy.

- CT cologram uses X-ray radiation to create CT images that can identify bowel abnormalities with a good sensitivity. But the disadvantages are inability to take biopsy and use of ionizing radiation.

Preparation for the procedure

You will be asked for symptoms, medical history, allergies and will be carried out relevant examination at the clinic according to your symptoms. Make sure that you bring the records of your other clinic follow ups, medications and previous surgical notes, if any.

Some of your routine medications may affect the procedure and anaesthesia. Therefore, you will be advised about the alteration of your routine medications. Specially blood thinning drugs such as warfarin and clopidogel which should be stopped 5 days before the procedure.

Once the preoperative assessment is satisfactory, a routine date for endoscopy will be reserved and you will be asked to provide an informed written consent.

Flexible sigmoidoscopy is an outpatient procedure. You will be asked to stay fasting for solids for 6 hours and clear fluid for 2 hours prior to procedure and be present at the relevant ward by the given time on the day of procedure. You will be given a phosphate enema through your back passage to clear the bowel. You should wait till you develop an urge to pass stools. Otherwise, Kleen enema will pass without clearing the bowel properly.

For colonoscopy procedure, you should be admitted to the hospital one day prior to the procedure for further preparation. You are supposed to bring white colour, loose-fitting and comfortable clothes for the procedure and investigation reports done so far. Leave your valuables with your guardian. In order to get a clear view of the large bowels, you will have to drink a solution (polyethylene glycol) which clears the bowel. One sachet of it is dissolved in 1 l of water and should be drunk over 1 hour followed by 1l of clear fluid over next hour. Likewise, 4l of the solution is needed to be taken alternating with water over 8 hours.

Starting time for this bowel preparation depends on the time of the procedure (morning or afternoon). The clear instructions will be provided to you once you get admitted to the ward. Make sure you bring a 1 l water bottle for this purpose. When the bowel is completely clear you will see a rice water type stools passing through. If you do not experience this rice water type stools you can inform the ward staff. You are supposed to keep fasting after the bowel preparation till the procedure.

The day of your procedure

You need to be dressed up with white color clothes and will be taken to the endoscopy unit.

After completing your planned procedure, you will be there for a few minutes. Then you will be transferred back to the ward once you regain consciousness adequately from sedation.

Your recovery

You will be monitored closely for complications. Later the same day you may drink and eat as required unless specific instructions are given not to.

Your discharge and follow up

You are likely to be discharged on the same day 1-2 hours after the procedure. As you are on sedatives you should accompany a responsible person to go home.

A copy of the result of your procedure will be provided to you before the discharge. Instructions for further follow up will be given.

Further management plans and results of any biopsies will be discussed in further follow ups.

You should seek medical advice if you develop heavy bleeding from your back passage, worsening abdominal pain or fever over next few days.

Resuming normal activity and returning to work

It is safe to attend to light activities of daily living depending on your comforts at home. However, you should not drive, return to work, drink alcohol, operate machinery or be responsible for small children at least in the first 24 hours after your procedure, even if you feel fine. You should be able to return to office work on the following day.

Contacts

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