

# Ileoscopy



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## **What is an ileoscopy?**

An ileoscopy is the examination of your bowel through your stoma. Your doctor has requested this procedure to help investigate and manage your medical condition. A narrow, thin, flexible instrument with a light and camera on the end is used, which can be guided around the various bends in your bowel. The lining of your bowel will be checked for any problems such as inflammation or polyps (small growths on the inner lining of your bowel).

The procedure usually takes about 20 minutes but can take longer – don't worry if this is the case. Sometimes a biopsy (sample) is taken from the lining of the bowel. A small instrument called a forcep is passed through the endoscope to 'pinch' out a tiny piece of the lining, which is sent to the hospital laboratory for analysis. It is possible to remove polyps in a similar way if necessary. Biopsies or polyp removals are painless.

## **How do I prepare for it?**

Don't eat anything for 6 hours before your appointment, although you can continue to drink. Wear loose fitting clothing and leave any valuables and jewellery at home. Stop taking oral iron tablets one week before your appointment.

The nurse who admits you will explain the procedure and answer any questions you may have. You will be asked to sign a consent form but you can change your mind about having your procedure at any time. You will also be asked whether you want to have the procedure with or without sedation.

## **What if I have diabetes?**

Please check with your GP diabetic link nurse regarding how to prepare for this appointment. Diabetic patients should be booked on to appointments at either the start of the morning or afternoon list – please call the number on your appointment letter if you have been given an appointment after 9am in the morning or after 2pm in the afternoon so we can change your appointment.

## Will I need sedation?

Most patients who have ileoscopies do not have a sedation. This has the advantage that you are awake during your procedure and can talk to the endoscopist. You will be able to leave the department immediately after your test and can resume normal activities immediately, for example working or driving your car. You will be fully aware of the procedure and most patients find this acceptable.

## What if I do have sedation?

You will be given an intravenous sedation to make you feel relaxed and sleepy. However, this isn't a general anaesthetic and you won't be unconscious. This option means you may not be aware of the procedure. The disadvantages of sedation include that you will need to:

- stay in the department for an hour or more after your test
- be escorted home and have someone with you overnight.

The injection will continue to have a mild sedative effect for up to 24 hours so you must not drive, sign important papers or operate machinery during this time. If you think you may choose sedation, then you must arrange for a responsible adult to drive you home and stay with you overnight. **We will have to cancel your procedure if you do not have an escort to take you home.**

## How long will it take?

Your appointment time is for your pre-procedure check and not the time of your actual examination. The length of time you will be here can vary but may be anything from two to four hours or more as we are also an emergency unit and unexpected delays may occur. The nurse who admits you will be able to give you more information during your admission check. If you have someone to take you home after your procedure please bring their telephone number with you so we can call them when you are ready to be collected.

## **What happens during the procedure?**

A trained nurse will stay with you throughout and you will be asked to lie on a couch on your back. The endoscopist may give you a sedative injection at this point if you have asked for one and, if so, we will give you extra oxygen through a facemask and put a plastic 'peg' on your finger to monitor your pulse and oxygen levels.

The enteroscope (the instrument we use to examine your bowel) will be gently inserted through your stoma into the bowel and air is also put into your bowel to give a clear view of the bowel lining. This may give you some wind-like pains but these will not last long.

You may feel some discomfort as the tube goes around bends in your bowel. This usually eases once the bend has been passed. If you find the procedure too uncomfortable then let the nurse know as we can give you some/more sedation or pain relief. If you are too uncomfortable, let us know so the procedure can be stopped.

## **What are the possible risks?**

- In less than one in 1000 cases there is the risk of haemorrhage (bleeding) or perforation (tear) to the bowel. These are more likely to occur after a polyp removal. Perforations usually need an operation to repair them.
- Sometimes the base of a polyp can bleed, although usually this can be stopped during the procedure.
- Occasionally a blood transfusion may be needed if a patient bleeds severely.
- An adverse reaction to the intravenous sedative or analgesia can be a rare complication.

## **What happens afterwards?**

If you haven't had any sedation you will usually be able to go home immediately after your procedure.

If you have had sedation, then you will be taken to the recovery area. When you are sufficiently awake we will give you a drink and biscuits before you get dressed. We will always do our best to respect your privacy and dignity

(such as the use of curtains and providing single sex clinical areas) but if you have any concerns at all please speak to the nurse in charge. You can usually go home up to an hour after the procedure.

Following sedation we advise you not to drive, operate machinery, return to work, drink alcohol or sign any legal documents for 24 hours afterwards.

You may feel bloated or have some wind like pains if some of the air remains in your bowel but these usually settle down quickly.

### **When will I get my results?**

The endoscopist will be able to tell you the results immediately after your procedure. If you have had sedation then the nurse who helps you after your procedure can talk to you and your escort before you leave, as the sedation can affect your ability to remember the discussion. You will also usually be given a copy of your investigation report before you leave the department, which we also send to your GP.

If biopsies were taken or polyps were removed, you should receive the results either from the hospital doctor who requested the procedure (if you are to be seen in clinic again) or by letter to you and/or your GP. The results may take several weeks to come through.

### **Any questions?**

Please contact the telephone number on your appointment letter if you have any queries before your actual appointment. If you have any queries following your appointment, contact your own GP or your hospital consultant's secretary.

Please note we are a training centre for endoscopy training and all training lists are closely supervised by a senior Consultant specialising in endoscopy procedures - please contact the telephone number on your appointment letter if you do not wish to participate in same.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

