Nuffield Health

Patient information for consent

E12 Upper GI Endoscopy and Sigmoidoscopy

Expires end of March 2026

If you have any questions or concerns about your care, please contact the nurse in charge at the hospital.

You can get more information locally from:

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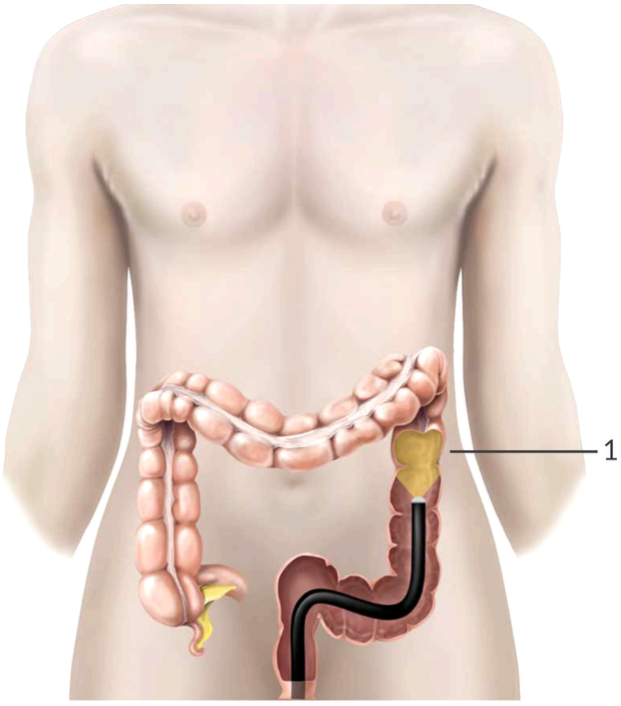
What is an upper GI endoscopy and sigmoidoscopy?

An upper gastrointestinal (GI) endoscopy is a procedure to look at the inside of your oesophagus (gullet), stomach and duodenum using a flexible telescope. This procedure is sometimes known as a gastroscopy, OGD or simply an endoscopy.

A flexible sigmoidoscopy



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1. Large bowel

A sigmoidoscopy is a procedure to look at the inside of the left, lower part of your colon (large bowel) using a flexible telescope.

Shared decision making and informed consent

Your healthcare team have suggested an upper GI endoscopy and sigmoidoscopy. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision.

Shared decision making happens when you decide on your treatment together with your healthcare team. Giving your 'informed consent' means choosing to go ahead with the procedure having understood the benefits, risks, alternatives and what will happen if you decide not to have it. If you have any questions that this document does not answer, it is important to ask your healthcare team.

Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point. You will be asked to confirm your consent on the day of the procedure.

What are the benefits?

Your doctor is concerned that you may have a problem in your digestive system. They may have recommended an upper GI endoscopy and sigmoidoscopy because you have been experiencing symptoms such as stomach pain, difficulty swallowing, bloating, diarrhoea and/or unexplained weight loss. Another reason might be that you do not have symptoms, but you are anaemic. This procedure is a good way of diagnosing most problems with your digestive system.

If the endoscopist (the person doing the endoscopy and sigmoidoscopy) finds a problem, they can perform biopsies (remove small pieces of tissue) to help make the diagnosis.

Sometimes a polyp (small growth) is the cause of the problem and the endoscopist may be able to remove it during the procedure.

Are there any alternatives?

Your doctor has recommended an upper GI endoscopy and sigmoidoscopy as it is an effective way of diagnosing some problems with your digestive system.

A barium meal is an x-ray test of your upper digestive system. This test is not as accurate as an upper GI endoscopy.

A colonoscopy is similar to a flexible sigmoidoscopy but the endoscopist looks all the way round your large bowel and the procedure has slightly higher risks. Other options include a CT colography (a CT scan of your large bowel).

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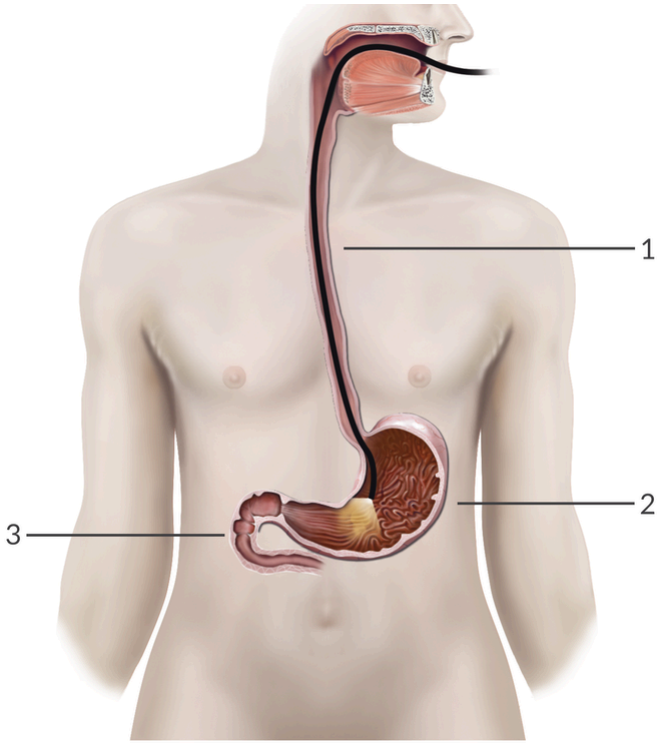
If your doctor finds a problem on the CT scan, you may still need an upper GI endoscopy or sigmoidoscopy to treat the problem or perform biopsies.

What will happen if I decide not to have the procedure?

Your doctor may not be able to confirm what the problem is. If you decide not to have an upper GI endoscopy and sigmoidoscopy, you should discuss this carefully with your doctor.

An upper GI endoscopy



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1. Oesophagus
2. Stomach
3. Duodenum

Before the procedure

If you take iron tablets, stop taking them at least a week before the procedure.

If you take warfarin, clopidogrel or other blood-thinning medication, let the endoscopy unit know as soon as possible and follow their advice. You may need to stop taking your medication around the time of the procedure.

The healthcare team will give you instructions about when you need to stop eating and drinking to make sure the endoscopist can have a clear view of your stomach and colon.

You will either be given bowel preparation medication (a strong laxative) to drink the day before the procedure or you will have an enema when you arrive at the endoscopy unit. This should empty your bowel so the endoscopist can have a clear view. Follow the instructions carefully.

If you have diabetes, let the healthcare team know as soon as possible. You will need special advice depending on the treatment you receive for your diabetes.

If you get severe abdominal pain or if you vomit, contact the endoscopy unit or your doctor.

The procedure may involve injecting you with medication (Buscopan) to relax your bowel and make the procedure more comfortable. Buscopan can affect the pressure in your eyes, so let the endoscopist know if you have glaucoma.

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to the endoscopist and the healthcare team your name and the procedure you are having.

What does the procedure involve?

An upper GI endoscopy and sigmoidoscopy usually takes about an hour.

The endoscopist may offer you a sedative or painkiller to help you to relax. They will give it to you through a small needle in your arm or the back of your hand. You will be able to ask and answer questions but you will feel relaxed. You may not be aware of or remember the procedure. The healthcare team can give you more information about this.

Once you have removed any false teeth or plates, they may spray your throat with some local anaesthetic and ask you to swallow it. This can taste unpleasant.

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The endoscopist will ask you to lie on your left side and will place a plastic mouthpiece in your mouth. The healthcare team will monitor your oxygen levels and heart rate using a finger or toe clip. If you need oxygen, they will give it to you through a mask or small tube under your nostrils.

If you are awake during the procedure and at any time you want it to stop, let the endoscopist know. The endoscopist will end the procedure as soon as it is safe to do so.

An upper GI endoscopy involves placing a flexible telescope (endoscope) into the back of your throat. The endoscopist may ask you to swallow when the endoscope is in your throat. This will help the endoscope to pass easily into your oesophagus and down into your stomach. From here the endoscope will pass into your duodenum.

A sigmoidoscopy involves placing a flexible telescope into your back passage and blowing some air into your large bowel to get a clear view. The endoscopist will usually examine up to the first 60cm of your large bowel.

The endoscopist will be able to look for problems such as inflammation, ulcers or polyps (small growths). They will be able to perform biopsies and take photographs to help make the diagnosis. If they find a polyp, it may be possible to remove it during the procedure.

Can I be sent to sleep for the procedure?

In rare cases the procedure can be performed with you asleep under a general anaesthetic or deep sedation. However, most centres do not offer this. If this is an option for you, the healthcare team will talk to you about this before your procedure date.

General anaesthetic is given through the cannula, or as a mixture of anaesthetic gas that you breathe through a tube that passes into your airways. This means you will be unaware of the procedure.

A general anaesthetic has a higher risk of complications than other forms of medication. The healthcare team can give you more information about these. You may also need to wait longer for your procedure.

Most patients manage well without a general anaesthetic.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your healthcare team may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and may even cause death.

You should ask your healthcare team if there is anything you do not understand.

The possible complications of an upper GI endoscopy and sigmoidoscopy are listed below.

- Sore throat. This gets better quickly.
- Breathing difficulties or heart irregularities, as a result of reacting to the sedative, inhaling secretions such as saliva, or your bowel being stretched. To help prevent this, your oxygen levels and heart rate will be monitored and a suction device will be used to clear any secretions from your mouth.
- Heart attack (where part of the heart muscle dies) or stroke (loss of brain function resulting from an interruption of the blood supply to your brain) can happen if you have serious medical problems. This is rare.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let the endoscopist know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Infection. It is possible to get an infection from the equipment used, or if bacteria enter your blood. The equipment is disinfected so the risk is low, but let the endoscopist know if you have a heart abnormality or a weak immune system. You may need treatment with antibiotics. Let your doctor know if you get a high temperature or feel unwell.
- Blurred vision, if you are given a Buscopan injection. This usually gets better after about an hour. Sometimes the injection can also affect the pressure inside your eye. This is more likely if you have a rare type of glaucoma. If your eye becomes red and painful, and your vision becomes blurred, let your doctor know straight away.

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- Making a hole in your oesophagus, stomach, duodenum or colon (risk: less than 3 in 2,000). The risk is higher if a polyp is removed, especially if it is a large polyp. This is a serious complication. You may need surgery, which can involve forming a stoma (when your bowel opening opens onto your skin).
- Damage to teeth or bridgework. The endoscopist will place a plastic mouthpiece in your mouth to help protect your teeth. Let the endoscopist know if you have any loose teeth.
- Bleeding from a biopsy site or from minor damage caused by the endoscope (risk: less than 1 in 1,000). This usually stops on its own.
- Bleeding, if a polyp is removed (risk: 1 in 100). This may be higher if you have multiple or large polyps removed. Bleeding usually stops soon after a polyp is removed. Sometimes bleeding can happen up to 2 weeks after the procedure. If you take blood-thinning medication and have a polyp, the endoscopist will usually not remove it.
- Missed diagnosis. The endoscopist may not be able to find out the cause of your problem. Let your doctor know if you have any further problems with your digestive system after the procedure.
- Incomplete procedure caused by a technical difficulty, food or blockage in your digestive system, complications during the procedure, or discomfort. Your doctor may recommend another endoscopy or sigmoidoscopy, or a different test such as a barium meal or CT colography.
- Death. This is rare (risk: less than 3 in 25,000).

What happens after the procedure?

After the procedure you will be transferred to the recovery area where you can rest. If you were given a sedative, you will usually recover in about 2 hours but this depends on how much sedative you were given.

Do not eat or drink for at least the first hour after the procedure. Once you can swallow properly you will be given a drink. You may feel a bit bloated for a few hours but this will pass.

If you had sedation:

- A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours.
- Be near a telephone in case of an emergency.
- Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

You should be able to return to work the next day unless you are told otherwise.

The healthcare team will tell you the results of the procedure and talk to you about any treatment or follow-up care you may need. Results from biopsies will not be available for a few days, so the healthcare team may arrange for you to come back to the clinic for these results.

Once at home, if you get pain in your chest or abdomen, have difficulty breathing, significant or continued bleeding from your back passage, a high temperature, or you vomit, contact the endoscopy unit or your GP. In an emergency, call an ambulance or go immediately to your nearest emergency department.

Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

An upper GI endoscopy and sigmoidoscopy is usually a safe and effective way of finding out if there is a problem with your digestive system. However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

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Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

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