

RISKS OF COLONOSCOPY AND ENDOSCOPY ADVICE SHEET

I aim to provide the best quality digestive healthcare for you in a high quality, safe and friendly manner. However, there is some risk even with the most careful medical procedures. For your information the specific possible risks of gastroscopy and colonoscopy are listed below. If you have any particular concerns please ask!

| <u>Occasional Problems</u> | <u>What Happens?</u> | <u>How do we treat the problem?</u> |
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| Bloating & Discomfort | Gas is used to distend the bowel to give good viewing. There may be some gas remaining in the large bowel as a result of the procedure. We often use carbon dioxide not air to minimise this. | Usually no treatment is required. Walking and moving around helps to pass the trapped gas. Simethicone [Degas /Infacol] may be used to help. |
| Nausea & vomiting | Some people experience nausea and/or vomiting as a result of the preparation or the anaesthetic. | Medication can be given for nausea and vomiting and generally relieves symptoms quite quickly. |
| IV injection site problems | Some patients may experience some soreness and reddening or bleeding at the intravenous inject site | Soreness and bruising may be treated with creams or cold packs and will usually resolve within days. |
| Sore angle of jaw or back of throat or hoarse voice | Some patients may require some pressure behind the angle of the jaw to keep the airway open or may suffer reflux of stomach fluid to the throat that requires suctioning to prevent the fluid going down the airway | Simple painkillers such as paracetamol or sucked lozenges may be needed. Usually the problem resolves rapidly but rarely the discomfort may be more prolonged. |
| Reaction to Bowel Preparation | Occasionally patients may experience headaches and dizziness from dehydration. Less commonly changes in the blood salt levels (electrolytes) may occur. | Make sure you keep drinking additional fluids. We can give fluids to you via the vein and also medicines to relieve the headache. Please inform the nurses on arrival if you have these problems! |
| Effects on prescribed medication | Poor absorption of normal medications including birth control and anticonvulsant medicine. | Taking necessary medication at least 2 hours before the preparation is advised. Additional methods of contraception are suggested until the next menstrual cycle. |

| <u>Uncommon Problems</u> | <u>What Happens?</u> | <u>How do we treat the problems</u> |
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| Bleeding | Significant bleeding from the stomach or bowel can occur in 1 in 10,000 people following a biopsy, and 1 in 200-1,000 after the removal of a polyp. The bleeding may occur up to 12 days after the procedure [especially if blood thinning agents are resumed] | Although bleeding usually settles without further treatment, you may require time in hospital for observation and sometimes blood transfusion. Repeat gastroscopy or colonoscopy may be needed to stop the bleeding. Surgery could be necessary. |
| Abdominal pain | Burning of the bowel wall following removal of polyps can occur in 1 in 200-500 people. This may cause severe abdominal pain, rapid pulse and fever between 12 hours and five days after the procedure. | If you have any new pain post procedure which either doesn't rapidly settle progressively or is accompanied by local tenderness or fever, please call me immediately or go to casualty and ask them to assess you then call me. |

| <u>Rare Problems</u> | <u>What Happens?</u> | <u>How do we treat the problems</u> |
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| Perforation (Puncture or tear of the large intestine, stomach or oesophagus) | Perforation is reported to occur in one in 5,000-10,000 cases. The risk is higher if a polyp is removed or if dilatation of narrowing's is necessary, when the risk may be up to 1%. | Fluids and antibiotics will be given via an intravenous drip and the tear may require stenting or surgical repair. |
| Missed Cancer | Due to the difficult nature of variable anatomy and preparation of the gut, it is possible though rare to miss very small cancers or precancerous polyps or other disorders. This has been reported to occur in approximately one in 1,000 procedures with best practice. If symptoms persist or new symptoms develop they should be further assessed which may lead to a repeat procedure | |
| Damage to Teeth | All attempts are made to protect teeth. However it is possible for teeth or crowns to be damaged. | |
| Anaesthetic Risks | Heart, lung or brain problems may occur due to unexpected low oxygen levels, low blood pressure or irregular heartbeat. People with pre-existing disorders are higher risk. | The procedure is immediately stopped should anything untoward happen. Medication may be given to reverse the effects of sedation. Sometimes, other procedures may be required. |