

Endoscopy Department

Having a Colonic Double Balloon Enteroscopy at QA Hospital

Patient Information

Specialist Support

This leaflet can be made available in another language, large print or another format. Please speak to the Ward Manager who can advise you.



It is important that you read this leaflet before attending your appointment.

What is a Double Balloon Enteroscopy? (DBE)

A Double Balloon is a procedure that allows us to look at the lining of your small intestine.

In order to do this, a long thin flexible tube called an enteroscope is passed through your anus (back passage) and carefully moved around the large bowel (Colon) and into the small bowel. Two inflatable balloons are used to help move the Enteroscope through the small bowel.

Biopsies (small samples) can be taken if required and sent to the laboratory to be looked at under the microscope. The biopsies taken are about the size of a match head and will not cause you any pain. Photographs / recordings may also be taken and kept on your records.

How can I prepare for my Double Balloon?

We will arrange a pre-clerking appointment before your procedure. At this time, a nurse will check your general health and explain the procedure to you. This is the time you can ask any questions you have.

The pre clerking nurse will administer the bowel preparation, advice on what to expect and how to take it. The bowel preparation is a medication that clears your bowel by causing diarrhoea. You will not be able to eat while taking the medication. Your pre-clerking nurse will discuss this with you in more detail.

We will need a list of all the medications that you are currently taking. Please bring this medication list with you to your pre-clerking appointment.

Please note that iron tablets will need to be stopped 7 days prior to your procedure date.

Why should I have a Double Balloon Enteroscopy?

Your doctor / specialist nurse has recommended that you have a Double Balloon Enteroscopy to find out the cause of your symptoms, such as:-

- Polyps / small bowel stricture
- Acute stomach pain
- Have had a capsule that showed problems in the small bowel
- Anaemia
- Cancer

What are polyps?

A polyp is a protrusion from the lining of the bowel. They are usually removed by the Endoscopist as some may grow and become cancerous over time. There are a variety of ways to remove polyps depending on where they are in the bowel and their size. Removing polyps is a painless procedure.

Will I be asleep for the procedure?

No. A DBE is usually performed using conscious sedation and pain relief if required. The sedation may make you slightly drowsy and relaxed. You are NOT unconscious during the procedure and you will be able to talk and follow instructions. Sedation sometimes has an amnesic effect, meaning you don't remember the full procedure after it has happened.



You will be given additional oxygen, small prongs which sit in your nostrils.



PLEASE NOTE: after having sedation, you are not able to drive a vehicle, drink alcohol, operate any machinery, return to work or sign any legally binding documents for 24 hours following your procedure. You will also need a responsible adult to collect you from the Endoscopy Unit, drive you home and stay with you for 24 hours.

Gas and Air (Entonox) can be offered during your procedure. This can help to relax and relieve discomfort. The benefit of using only Entonox is that you will be back to your normal self and able to drive within half an hour.

Are there any alternatives?

- Not to have the procedure. If you decide to not have this procedure then a potential abnormality may be missed. You are advised to speak to your doctor before making this decision.



What are the risks?

A DBE is generally a very safe procedure. Complications are rare. If a polyp is removed, the risks are slightly increased.

- **Perforation**

There is a small risk of making a tear in the lining of your bowel. You may also need further treatment such as antibiotics and / or surgery. In very rare cases, surgery may lead to a stoma (an opening is made on your tummy to divert faeces into a bag).

- **Bleeding**

This usually stops on its own. In rare cases where significant bleeding occurs treatment and / or a blood transfusion may be required.

- **Adverse reaction to the medications**

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur they are usually short lived.

- **Missed pathology**

Every effort is made to complete the procedure as thoroughly as possible but it is accepted that small polyps may be missed.

- **Incomplete procedure**

On rare occasions, an incomplete procedure can occur for reasons such as;

- a technical difficulty
- stool or blockage in the bowel
- difficulties during the procedure
- significant discomfort

Giving my consent (permission)

You will need to give consent to go ahead with the procedure. It is important that you are fully informed about all aspects of the procedure and understand the risks and benefits for consent to be valid.

There is a copy of the consent form printed in this booklet for you to read through (found on pages 10 & 11). If you have any questions or concerns, or want to talk about giving consent or

any part of the procedure, this can be done at the time of your pre-clerking. Your consent form will be completed with the pre-clerking nurse.

What happens when I come for my Double Balloon?

ENDOSCOPY
UNIT

LEVEL
D

You will report to our reception desk at the endoscopy unit on D level. The admitting nurse will in turn take you to a private room to complete the admission process.

Your consent will be confirmed at this point, as well as checking your bowel preparation has worked, and that your observations are satisfactory.

You will then be asked to change into a hospital gown. We recommend that you bring with you a dressing gown and slippers for your comfort while you wait to have your Double Balloon.



It is our aim for you to be seen as close to your arrival time as possible however the Endoscopy Unit is very busy and your procedure may be delayed due to emergencies.

Please expect to be in the Unit for 2 - 5 hours.

What happens during the procedure?

You will have the opportunity to ask any final questions that you may have while the Endoscopist asks you about the symptoms you have / the reason for the procedure.

A small cannula / tube is inserted into a vein in your arm or hand

and you will be given the sedative and pain relief through this. A small probe will be put on your finger to monitor your oxygen levels and heart rate. We will also monitor your blood pressure.

You will be asked to lie on your left side on the trolley (bed), however you maybe be asked to change your position during the procedure. A nurse will remain with you throughout.

The Endoscopist will firstly lubricate your anus with some jelly and will then gently insert a finger into the rectum. The Endoscopist will then insert the endoscope. Medical air will be pumped into the bowel to enable the endoscopist to see. This can sometimes cause some discomfort/bloating. It is advised that you pass this air as required to relieve discomfort throughout the procedure.

There are some naturally occurring bends in the bowel and when passing these, it may become uncomfortable for a short period but the sedation and pain relief will help to minimise this.

The procedure usually takes around 2 hours.

What happens after my Double Balloon?

You will be taken to the recovery area. A nurse will check your observations and monitor you for around 30 minutes.

You will be offered something to eat and drink before leaving the department, unless the endoscopist has specially asked for a fasting period.

If you have had sedation, you must have a responsible adult to

collect you from the Endoscopy Unit, to drive you home and to stay with you for 24 hours after the procedure. Before you leave the department, the nurse or doctor will explain the findings of your procedure to you and give you basic aftercare advice.

Routine biopsies and polyps that have been sent to the laboratory can take up to 8 weeks to be processed. The Endoscopist will then write to you with the results.

If an urgent result is required, the results are fast tracked and will be available in 2 weeks. Your GP will also receive a copy.

It is normal to have mild abdominal discomfort following a Double Balloon. This is due to the medical air that is inserted during the procedure but this should settle within a few hours.

You can eat and drink normally straight after your procedure.

You may have loose motions for a day or two following the procedure. This is due to the bowel preparation you have taken. There is a possibility you may also become mildly constipated.

General points to remember

It is our aim for you to be seen as close to your appointment time as possible however we are also a busy unit which also looks after emergencies.

You should expect to be in the department for 3 - 6 hours.

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

What if I have more questions?

If you have any questions regarding your appointment please contact the Endoscopy Unit at Queen Alexandra Hospital on 02392 286000 ex 5798.

If you have any urgent medical questions then please call 02392 286000 ex 5798 to speak to an experienced nurse.

Otherwise, make a note of your questions and the nurse can answer them when you come for your pre-clerking.



Consent Form 1
Patient Agreement to Investigation or Treatment

Patient details (or pre-printed label)

NHS Organisation Patient's first names

Surname / family name Responsible health professional

Date of birth Job title

NHS number (or other identifier) Special requirements

Male Female (eg other language / other communication method)

Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)

Gastric Double Balloon Enteroscopy

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

Diagnosis and treatment : Diagnosis +/- treatment of gastrointestinal conditions

Serious or frequently occurring risks: small risk of perforation/bleeding which may require hospitalisation / surgical repair. Adverse reaction to medication.

Damage to teeth / dental ware.

Aspiration pneumonia.

Missed pathology or failure of procedure.

Any extra procedures which may become necessary during the procedure

- blood transfusion - In the event of bleeding
- other procedure (please specify) - +/- **Biopsy**, +/- **medical photography/video** (which may be used for teaching and research purposes), +/- **dye spray**, +/- **Coagulation therapy**, +/- **Injection of Adrenaline**, +/- **Banding**, +/- **Dilatation**, +/- **Polypectomy**

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following leaflet/tape has been provided: Having a Gastroscopy.

The procedure will involve:

- general and / or regional anaesthetic local anaesthetic sedation

Signed Date

Name (PRINT) Job Title

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

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

Signed Date

Name (PRINT)

Copy accepted by patient: yes / no (please circle)

YELLOW COPY: CASE NOTES WHITE COPY: PATIENT

Statement of patient

Patient identification label

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I **agree** to the procedure or course of treatment described 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.

I **understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I **understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I **have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....

Patient's signature Date

Name (PRINT)

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see notes).

Patient's signature Date

Name (PRINT)

Confirmation of consent (To be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date

Name (PRINT) Job title

Important notes: (tick if applicable)

- See also advance directive / living will (e.g. Jehovah Witness form)
- Patient has withdrawn consent (ask patient to sign / date here)

Consent – What does this mean?

Before any doctor, nurse or therapist examines or treats you they **must** have your **consent** or permission. Consent ranges from allowing a doctor to take your blood pressure (rolling up your sleeve and presenting your arm is implied consent) to signing a form saying you agree to the treatment or operation.

It is important before giving permission that you understand what you are agreeing to. **If you do not understand – ask.** More detailed information is available on request.

Data Protection Legislation – Privacy Notice

Further information on how we look after your personal information can be found on the Trust Information Governance webpage at www.porthosp.nhs.uk - or alternatively, please speak to a member of staff.

How to comment on your treatment

We aim to provide the best possible service and if you have a question or a concern about your treatment then the Patient Advice and Liaison Service (PALS) are always happy to try to help you get answers you need. You can contact PALS on **0800 917 6039** or E-mail: PHT.pals@porthosp.nhs.uk who will contact the department concerned on your behalf.

Working together To drive excellence in care for our patients and communities

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