



**The Leeds
Teaching Hospitals**
NHS Trust

Endoscopy Unit

Balloon Enteroscopy

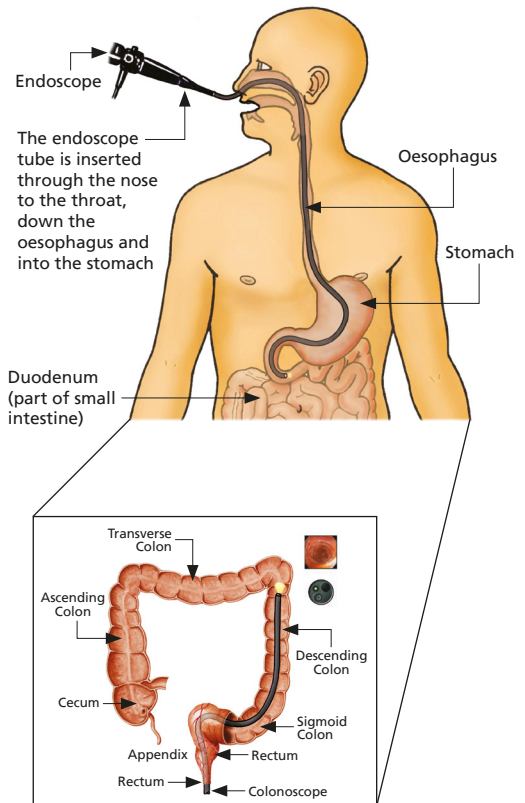
A guide to the test

Outpatient
information

Your doctor has recommended that you have a **Balloon Enteroscopy**. This leaflet will explain the procedure and what to expect on the day of your test. If you have further questions, please telephone the department or discuss them with a member of staff on the day of your procedure.

What is a Balloon Enteroscopy?

A Balloon Enteroscopy is an endoscopic test that allows specially trained doctors to examine the inside of your small bowel. An endoscope (camera) will be passed into your oesophagus (gullet), stomach and then into your small intestine (similar to gastroscopy). Alternatively, the camera will be passed through your large bowel and into your small intestine (similar to a colonoscopy). The doctor will be able to examine further into the small bowel than has been possible previously. The test can take up to 2 hours.



Why am I having a Balloon Enteroscopy?

Your doctor has referred you for a Balloon Enteroscopy to investigate your small bowel. Your consultant will have explained the reason why you need this test. Often, a previous investigation such as capsule endoscopy, x-ray test, CT or MRI has shown that your small bowel needs to be looked at in further depth. This procedure allows the doctor to examine parts of the small bowel that are usually very difficult to reach.

A Balloon Enteroscopy allows the doctor to:

- visualise the whole of your small intestine;
- take tissue samples or biopsies;
- remove small tumours and growths such as polyps;
- treat bleeding problem; and
- dilate or stretch narrowings in the bowel.

What are the benefits and alternatives to having a Balloon Enteroscopy?

A Balloon Enteroscopy provides detailed information of the appearances of the lining of the small bowel. The information gained during your test may reveal a cause for the symptoms you have been experiencing.

Information gained during your test may assist your doctor in your further treatment and care. Before Balloon Enteroscopy was developed, surgery was often the only alternative method of treating some conditions of the small bowel. If you prefer not to be investigated, we advise you to discuss the implications with your doctor.

What are the risks of having a Balloon Enteroscopy?

Balloon Enteroscopy is generally a safe procedure.

Complications are rare but can occur. The risks associated with your test are detailed on your consent form and below.

Please read this. You should be aware of the risks before you sign your consent form. If you have any questions, speak to the nurse or the endoscopist on the day of your test or alternatively, ring the Endoscopy Unit. As with any medical procedure, the risk must be compared to the benefit of having the procedure carried out.

Common side-effects are:

- sore throat;
- abdominal bloating and trapped wind;
- nausea and
- minor bleeding.

These are usually mild and resolve in 12 - 24 hours.

The following more serious complications have rarely been reported with Balloon Enteroscopy:

- damage to the bowel, including bleeding or a tear (perforation) can occur to 1% of patients. If this did happen, you may require an operation. The risk is slightly increased if any blood vessels are cauterised;
- reaction to the sedative or anaesthetic drugs. To reduce this risk, we monitor your pulse and oxygen level during the test;
- pancreatitis i.e. inflammation of the pancreas gland; and
- damage to loose teeth, crowns or to dental bridgework.

Will I need to stay in hospital after my Balloon Enteroscopy?

Before your test, it will have been decided if you need to be admitted to hospital and stay overnight. Additional tests may also have been requested such as blood tests and a heart tracing (ECG). If you are admitted, you will stay on the ward overnight for observation and be discharged home the following day.

Your appointment letter will inform you if you have to be admitted to hospital. If you are, you should arrange for someone to collect you and take you home from the ward the following day.

If you are **not** staying in hospital, you will be given sedation. **You must bring someone with you to take you home and also go home in a car / taxi, not on public transport** as you may be unsteady on your feet. You must have someone at home to care for you for 24 hours and must rest indoors. This means no work, no driving, no alcohol and you shouldn't operate machinery. The test may have to be cancelled if the above are not arranged before the test. If you are unable to arrange this, please contact the endoscopy administration team.

What preparation will I need?

For the endoscopist to see the wall of the small intestine clearly it is essential that the bowel is completely empty. The bowel preparation that has been sent to you works as a powerful laxative and makes your bowel clean. Your bowel preparation medicine and instruction sheet will have been sent to you. **Please follow the instruction sheet carefully.** It is very important that this preparation works, failure to follow these instructions may result in an **unsuccessful** procedure. Balloon Enteroscopy **must** be performed on an empty stomach, your appointment letter will tell you when you will need to stop drinking any fluids.

Do I keep taking my tablets?

You must keep taking any essential tablets **unless your doctor tells you specifically not to.**

Please telephone the Endoscopy Unit if you are **diabetic**, have **sleep apnoea** or are taking tablets that prevent blood clots. Examples of blood thinning tablets are Warfarin, Dabigatran, Apixaban, Rivaroxaban, Edoxaban, Aspirin, Clopidogrel (Plavix), Dipyridamole (Persantin), Prasugrel (Efient), Ticagrelor (Brilligie) or Acenocoumarol (Sinthrome).

Please also let us know if you are taking iron tablets as these may need to be stopped, before your procedure.

What should I bring on the day?

Please bring a list of medication that you take and also any medication that you may require, whilst in the department such as GTN spray, inhalers and insulin. Please **do not** bring valuables to the department or wear lots of jewellery. Please can you also ensure that you **remove nail varnish** as this interferes with the signal we receive from our monitors about your oxygen levels.

Will I be asleep for my Balloon Enteroscopy?

Balloon Enteroscopies of the small bowel are often carried out under general anaesthetic. Sometimes, they are carried out under sedation. Sedation means that you will be relaxed but not asleep.

There are known adverse effects from the intravenous drugs administered during the procedure, ranging from mild and common to rare and serious. These include: headaches, nausea, fainting, depression of respiratory and nervous system, which may result in aspiration pneumonia, anaphylaxis and coma. Although these serious complications are rare, they are common in patients with deeper sedation and / or general anaesthesia.

Your appointment letter will inform you if a general anaesthetic has been arranged for your procedure.

Remember: if you are having sedation or a GA and are not staying in hospital, you must bring someone with you and also go home in a car / taxi, not on public transport.

What will happen on the day of the test?

When you arrive at reception in the Endoscopy Unit, your personal details will be checked. The assessment nurse will collect you and take your medical history, discuss and explain the test and take your blood pressure and pulse. You will be able to ask any questions and discuss any worries that you have about the test. You will be asked for your consent forms (supplied with this leaflet). This will be attached to your notes and taken to the procedure room. Please make sure that you have read this through before you come for your test as when you sign this form you are agreeing that this is the test you want - remember, you can change your mind about having this procedure at any time.

Please note: every effort will be made to see you at your appointment time; however, due to hospital inpatient emergencies, delays may occur. The endoscopy staff will keep you informed of any delays.

What happens in the procedure room?

You will be greeted by two nurses who will remain with you during the test. The nurses and the endoscopist will complete a checklist to ensure all your information is correct. A cannula will be placed in your vein so that sedation or anaesthetic can be administered, you will be given oxygen through a small plastic tube in your nose. You will then be asked to remove any dentures or glasses and lay on a trolley on your left-hand side. All patients pulse and oxygen levels are monitored by a probe placed on your finger during the test.

The Balloon Enteroscope is a small flexible tube, the width of a pencil. It is usually passed into your small intestine via your mouth. Sometimes, it is passed via the anus. These options will be explained before the test.

The endoscopist will advance the tube along your small intestine while carefully looking for abnormal areas on a special TV monitor. The tube contains channels that allow the endoscopist to take pieces of tissue (biopsies), remove polyps and treat bleeding. This does not hurt the lining of the intestine, the test can take up to 2 hours.

Please note: all hospitals in the trust are teaching hospitals and it may be that a trainee endoscopist performs your procedure under the direct supervision of a consultant, registrar or nurse practitioner. Student nurses or doctors may also be present during your procedure to observe the test. If you do not wish students to be present, please inform the endoscopist

What happens after the test?

You will be transferred to the recovery room after the test. If you are staying in hospital, you will be transferred to the ward when you have recovered. If not, you will be allowed home when the nurse in recovery is happy with your progress.

If you have had sedation or anaesthetic and are going home, the recovery nurse will monitor you during your recovery, prepare you for discharge and give you aftercare instructions. This can take 2 - 3 hours. Some fatigue after the examination is common, you should plan to take it easy for the rest of the day.

Remember: if you have sedation, you will need an escort with you, transport home and someone to look after you for 24 hours after the test, you must not:

- drive a vehicle;
- drink alcohol;
- operate machinery;
- sign legal documents; and
- go to work.

When will I get my results?

A full report will be sent to your referring doctor and your GP. The endoscopist or nursing staff will usually have the opportunity to speak to you after your test regarding the results. An appointment to see the doctor who referred you for the test will be sent to you in the post or given to you in the department. Any enquires regarding your outpatient appointment should be directed to your consultants secretary. If you feel that you are waiting a long time for an appointment to discuss your results, your GP will also have a report so you can see them too.

This leaflet has been designed as a general guide to your test. If after reading this you have any questions that you feel have not been answered, please contact the Endoscopy department on the numbers below.

Administration Team: for any enquiry about your appointment including cancellation. Also, contact this number if you require an interpreter or transport.

Telephone: **0113 3920692**

Monday - Friday, 8.30 am - 4.00 pm

Nursing Team: please contact this number if you would like advice on your medication, your bowel preparation or any other medical question or worry.

Telephone: **0113 3922585**

Monday - Friday, 8.30 am - 6.00 pm



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

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