



**The Leeds
Teaching Hospitals**
NHS Trust

Endoscopy Unit

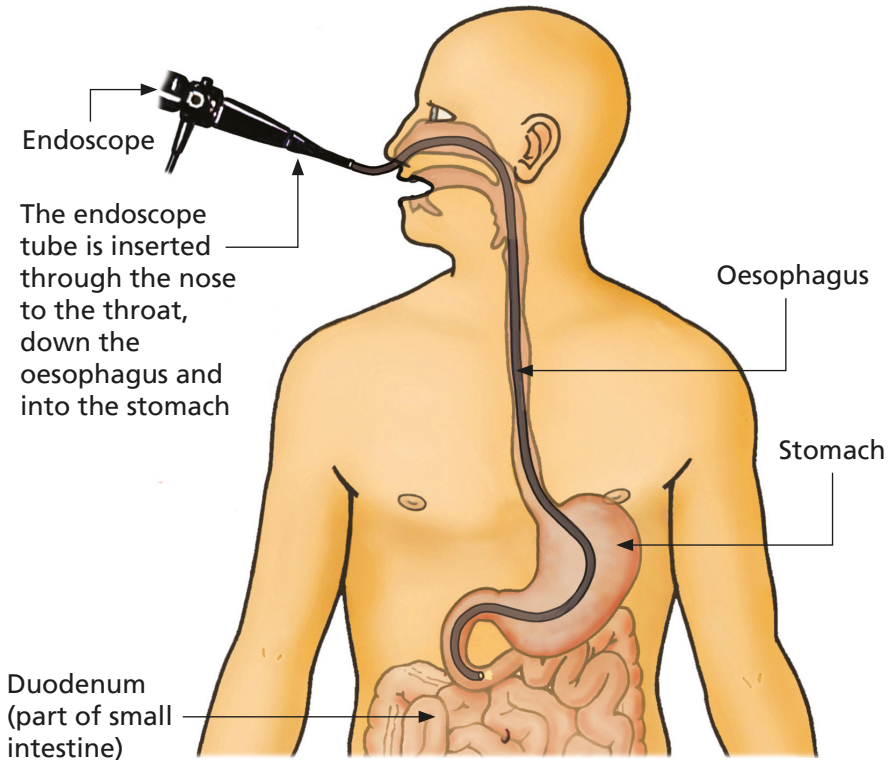
Having a Push Enteroscopy

A guide to the test

Outpatient
information

Your doctor has recommended that you have a **Push 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 Push Enteroscopy



A push enteroscopy is a test which allows the endoscopist to examine the lining of your oesophagus (gullet), stomach, duodenum and jejunum (small intestine). It is done by passing a special type of endoscope (camera) through your mouth and into your duodenum and jejunum, this is similar to a gastroscopy. The endoscopist will be able to examine more of your small bowel than has been possible previously. The test takes approximately 30 minutes.

Why am I having a Push Enteroscopy?

Your doctor has referred you for a push enteroscopy to investigate your small bowel. Your consultant will have explained the reason why you need this test. Often, a previous investigation 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 Push Enteroscopy allows the doctor to:

- visualise the upper part of your small intestine;
- take tissue samples or biopsies; and
- treat bleeding problems.

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

A push enteroscopy provides detailed information of the appearances of the lining of the upper portion of the small bowel to be examined. As a push enteroscopy does not examine the whole of the small bowel, it is usually performed in addition to other tests such as x-rays (small bowel meal), a capsule endoscopy and scans.

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 the development of a push enteroscopy, 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 Push Enteroscopy?

A Push 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 the consent form. If you have any questions, speak to the nurse or 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; and
- nausea.

The following more serious complications have rarely been reported with Push Enteroscopy

- Damage to the stomach or 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. Using sedation can affect your breathing. To reduce this risk, we monitor your pulse and oxygen level during the test.
- Damage to loose teeth, crowns or to dental bridgework.

What preparation will I need?

Push Enteroscopy **must** be performed on an empty stomach. Your appointment letter will tell you when to stop eating and drinking.

Do I keep taking my tablets?

You must keep taking any essential tablets **unless your doctor tells you specifically not to**. Please take your tablets early morning with a sip of water and if you have any questions or queries, please contact the nursing team on the number at the end of this booklet.

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 (Brilliguel) or Acenocoumarol (Sinthrome).

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 Push Enteroscopy?

Push Enteroscopy is normally carried out under sedation. Sedation is not a general anaesthetic and will not put you to sleep; however, it may make you feel relaxed and possibly, a little drowsy. After the test, you will have to rest in the recovery area so we can monitor your recovery from the sedative, this can take 1 - 3 hours. **You must bring someone with you and also go home in a car / taxi, not on public transport** as you may be unsteady on your feet due to the sedation. 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. Sedation will not be given if the above are not arranged before the test. If you are unable to organise this, please contact the Endoscopy Unit for advice.

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 more common in patients with deeper sedation and / or general anaesthesia.

Occasionally, push enteroscopy can be carried out under throat spray, which is a local anaesthetic. This will mean your throat is numb and you are awake and aware throughout the test. You will be able to go home straight after your test as there are no after-effects apart from numbness for 1 hour. If you would like to discuss this option, please contact the Endoscopy Unit.

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 a test you want. **Remember, you can change your mind about having this procedure at any time. The endoscopist will discuss the consent form with you.**

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. If you have chosen to have sedation, a cannula will be placed in your vein so that sedation can be administered, you will be given oxygen through a small plastic tube in your nose. If you are having throat spray, your throat will be numbed. 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. Before the test starts, a plastic mouthpiece is placed between your teeth to keep your mouth slightly open.

When the endoscopist gently passes the endoscope through your mouth, you may gag slightly - this is quite normal and will not interfere with your breathing. During the procedure, air is put into your stomach so that the endoscopist can have a clear view. This may make you burp a little, some people find this uncomfortable. Most of the air is removed at the end of the test. When the procedure is finished, the enteroscope is removed quickly and easily.

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 or registrar.

What happens after the test?

You will be transferred to the recovery room after the test. The length of your stay is dependant on if you have had sedation or throat spray.

If you had local anaesthetic spray for your test you can leave the department after the recovery nurse has checked your blood pressure. You will have to wait 1 hour before you have anything to eat or drink as the throat spray can make swallowing difficult.

If you have had sedation the recovery nurse will monitor you during your recovery from sedation, this can take 1 - 3 hours.

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;
- go to work; and
- sign legal documents.

These apply to sedated patients only.

The recovery nurse will prepare you for discharge home and give you after-care instructions. You may experience a sore throat and feel bloated due to the air left in your stomach. Both sensations are normal and should clear up quickly by themselves.

Some fatigue after the examination is common, you should plan to take it easy for the rest of the day.

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, 9.00 am - 4.00 pm

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

Telephone: **0113 3922585**

Monday - Friday, 9.00 am - 4.00 pm



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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