

# Introduction to endoscopy

## Welcome to El Camino Hospital's endoscopy unit

These pages present general information for both upper and lower procedures. Examples of upper procedures include endoscopy (upper esophogastroduodenoscopy), EUS (upper endoscopic ultrasound), enteroscopy, ERCP (endoscopic retrograde cholangiopancreatography), bronchoscopy and TEE (transesophageal echocardiogram). Examples of lower procedures are sigmoidoscopy, small bowel enteroscopy, colonoscopy and lower EUS (endoscopic ultrasound).

On arrival, you will meet with the patient registrar, then the admitting nurse, then the pre-procedure nurse in the changing area. After the procedure is completed, there is a recovery period prior to discharge.

Procedures are scheduled every hour because that is the average time it takes to complete a case. Sometimes the cases scheduled before your procedure will take less time and your doctor is ready for you earlier. Sometimes prior cases will take longer than one hour and will delay the start of your case. Your procedure will occur as close to the scheduled time as possible. Recovery and discharge usually take 30-45 minutes but it can be different for each person and type of procedure. On the average, your stay will be 3 hours from arrival until discharge.

## Patient registrar — main lobby of Old Main

Please register at patient registration in the main lobby of the Old Main 90 minutes prior to the procedure time (6:30 a.m. if your case is scheduled for 7:30 a.m.). When hospital registration is completed, you will be directed to the endoscopy center.

## Admitting nurse

When you arrive in the endoscopy center, check in with the admitting nurse. Give the nurse the papers and labels you received from patient registration, then have a seat. When the admitting nurse calls you into the interview room, you will be asked who will be taking you home. **You must have a ride home. "No ride, no procedure."** Your driver doesn't need to stay while you are having your procedure but must leave a telephone number to be called to pick you up at the appropriate time. If you are using a ride service, only RoadRunners (650-940-7016) or Outreach (650-988-9852) can be used. A taxicab or a limousine **cannot** be used. (Please note: RoadRunners provides transportation within an 8 to 10-mile radius of the El Camino Hospital campuses.)

The nurse will take your vital signs and review and complete procedural paperwork with you. The nurse will have you sign a consent form for your procedure. She will enter information into your electronic medical record. The admitting nurse will confirm that you have read and understand the pre-procedure educational information along with the patient safety information contained in your packet. If you have any questions please ask the admitting nurse.

Prior to **lower procedures**, you should have had clear liquids and a **cleansing preparation**. Prior to upper procedures, you should not have had anything to eat or drink since 12 midnight, unless you are having both procedures and were finishing your cleansing preparation or were instructed to take medications. Please notify the admitting nurse of any food, drink, or medications you have taken today.

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### Changing area

The admitting nurse will show you to a cubicle to change into a gown, which needs to be worn open at the back.

Family members, your driver, or anyone with you may be asked to stay in the waiting room.

No more than one person will be allowed in the pre-procedure area.

For **upper procedures**, full or partial dentures, or anything removable in the mouth will need to be removed prior to the procedure.

For **all procedures**, all clothes are to be removed except for socks.

There are bags for your belongings. Put shoes in the small bag. The small bag and all other belongings are placed in the larger bag. There is a blanket to cover up with when you lie down on the gurney. All jewelry will need to be removed or taped in place. Glasses are removed.

A pre-procedure nurse will insert your IV and give you a call button to press if you need anything while waiting for your procedure.

There is a restroom immediately inside the pre-procedure area for your use. After your IV has been inserted, the nurse can put it on a rolling pole that can be pushed to and from the restroom.

### Sedation vs. anesthesia

The IV will be plain solution without medications, until the procedure is ready to start in the procedure room and you've spoken with your doctor. The medication is given into the IV tubing and will start working within minutes. Most procedures are done with sedation given by the procedure nurse. When sedation is used, the goal is for you to be comfortable throughout the procedure. All sedated patients receive a small amount of medication to start. With sedation you will feel drowsy and relaxed. Most

patients go to sleep; you may try to stay awake to watch. Some patients do stay awake, watch, and are comfortable.

You don't have to be asleep. The important thing is to be comfortable. If you get uncomfortable let the doctor know. Further sedation can then be given as needed throughout the procedure to keep you as comfortable as possible. In some cases the doctor has requested an anesthesiologist who meets and talks with you before the procedure. When anesthesia is used patients are completely asleep throughout the procedure. Anesthesia patients are required to spend extra time (1 hour) in the post-anesthesia recovery unit, or PACU, after the procedure. Sedation patients usually spend 30 minutes. However, recovery after anesthesia or sedation is individual, depending on the type of procedure(s), amount of medication given, medical history, and may be longer. You will have no memory of the procedure with anesthesia and may not remember some or all of the procedure with sedation.

### Procedure time

When it is time for your procedure, the procedure nurse will introduce him/herself and then roll your gurney into the procedure room. The nurse will apply EKG leads on your chest, an oxygen sensor on one finger, oxygen in your nose, and a blood pressure cuff on your arm. Your blood pressure will be taken every 5 minutes during the procedure. You will be turned to your left side for most procedures. The doctor will tell the nurse or the anesthesiologist to begin sedation or anesthesia prior to starting the procedure.

### X-ray or ultrasound

For some procedures additional X-ray, ultrasound, or other equipment may need to be used during the procedure and an additional staff member may be in the room to assist with that equipment.

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### Lower procedures

The lower procedure usually takes about 45-60 minutes. Carbon dioxide gas must be introduced to inflate the bowel to allow the scope to be inserted and to see the bowel walls. You may expel some of the gas during the procedure. You may experience cramping from the inflation of the bowel with the gas, or from the guiding of the scope around loops of the bowel, or looping of the scope. The nurse will remind you to take deep breaths through your nose and out through the mouth. Although you start the procedure on your left side, you may need to turn to your back or right side, maybe even onto your abdomen. A staff member may need to press on your abdomen to guide the scope. There is no pain if a polyp is removed or a specimen taken. The doctor will try to remove the carbon dioxide gas used for inflation but some gas usually remains. You may have some cramping from that remaining gas and will experience some relief by expelling it.

### Upper procedures

The upper procedure usually takes about 30-45 minutes. Enough medication is usually given for you to sleep through the procedure. As you are going off to sleep, there are a couple of things you'll do for the doctor but you probably won't remember doing them. You will be instructed to hold your breath when your throat is sprayed with an anesthetic to numb your throat.

You will bite down on a piece of plastic with a hole in the middle which is placed between your teeth. As you keep your chin to your chest, the scope will be inserted through the hole, and you will be asked to swallow. Again, you will be going off to sleep and probably won't remember. Try not to speak or swallow during the procedure. While you sleep, a suction is used in your mouth for secretions, like at the dentist's office. As in the lower procedure, carbon dioxide gas must be introduced for inflation and

you may expel some gas during the procedure. The doctor will try to remove the carbon dioxide gas used for inflation but some gas usually remains. You may have some cramping from that remaining gas and will experience some relief by expelling it. As in the lower bowel (colon), there is no pain if a polyp is removed or a specimen taken.

### Both procedures

Sometimes the doctor has scheduled both an upper and a lower procedure to be done during the same case. The first procedure would be done, then the gurney turned, and another scope will be used to complete the second procedure.

### Bronchoscopy

Bronchoscopy is scheduled for 1 hour, or up to 2 hours for interventional bronchoscopy. Prior to bronchoscopy, a respiratory therapist will administer a respiratory treatment with an anesthetic to numb the respiratory passages. The respiratory therapist assists the doctor during the procedure. If your doctor requests an X-ray during the procedure, that equipment and a technician will also be in the room. The doctor will usually numb one nostril and then insert the scope. Do not try to speak during the procedure. Afterwards a chest X-ray may be taken. You are required to stay an entire hour after the procedure. Prior to discharge you will be asked to sip a drink to assure that your swallowing has returned to normal.

### Recovery

When the procedure(s) is finished, you will be rolled into the post-anesthesia recovery unit, or PACU. Blood pressures are taken 15 minutes apart. You will rest there between blood pressures. The post-procedure nurse will remove the IV and review discharge instructions with you. The post-procedure nurse can take you to the restroom if necessary and will get you something to drink. For upper procedures, you will

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be asked to sip your drink to assure that your swallowing has returned to normal before discharge. Your family member, driver, or anyone with you may be called into the recovery area at this time. The post-procedure nurse will give you a copy of the typed discharge instructions from your doctor after she/he reviews them with you. You will sign a copy saying that you received and understand your discharge instructions. You will also sign your medication list to confirm the medications you are taking at home and you will receive a copy to take home. During this recovery period, the doctor may talk with you and, with your permission, the person accompanying you. After you are dressed, it is a requirement that you be discharged by wheelchair. Your driver will be asked to drive the car to the front lobby entrance, where we will meet them.

### Discharge instructions

- For your first meal after returning home, start with soft bland foods (not greasy or spicy; examples of soft bland foods are eggs and toast, oatmeal, pancakes, soup and sandwich, macaroni and cheese). For one day, avoid foods that cause gas.
- Because you have received sedative medication, do not drink alcohol for the rest of the day.
- Do not drive a car or operate heavy machinery for the rest of the day.
- Avoid work or exercise for the rest of the day.
- Follow the fall risk prevention instructions you received in your packet.
- Due to remaining air from inflation during the procedure, you may experience the following

symptoms: your abdomen may be bloated, you may have some cramping, you may belch and pass gas. You will experience some relief by expelling the air. These symptoms should improve within 24 hours.

- For oral procedures, you may have a sore throat, which should improve in 1-3 days. If you have a sore throat, you may treat it like a scratchy throat from a cold. For example, you may gargle with salt water, take a cough drop, or eat cold or soft foods.
- You may see a small amount of blood on tissues when you cough or wipe. This can be due to irritation from the scope.
- Call your doctor or go to the emergency department if you have:
  - Heavy bleeding
  - Severe chest or abdominal pain
  - High fever (greater than 101)
  - Nausea or vomiting

Additional discharge instructions for specific procedures may also be needed and would be included in your discharge instructions.

### Conclusion

Thank you for reading "Introduction to endoscopy." Our goal is for your procedure to be completed as efficiently and comfortably as possible. The purpose of this introduction is to help you by explaining what to expect before, during, and after your procedure.

A patient satisfaction survey is included with your discharge instructions. Your comments can help us to improve our process.