

Information for Parent/Carers/Children and Young Adults on Gastroscopy and Colonoscopy Procedures

This leaflet aims to provide information for Parents/Carers/Children and Young Adults on why a gastroscopy and a colonoscopy are required and it explains how the procedures are performed.

What is a gastroscopy?

It is the name of the procedure in which an endoscope (a flexible tube with a camera on the end) is passed via the mouth into the stomach and duodenum (the very start of the small bowel) allowing the Doctor to look at the upper part of the digestive system.

What is a colonoscopy?

It is the name of the procedure in which a colonoscope (a flexible tube with a camera on the end) is passed via the anus (bottom) into the large bowel allowing the Doctor to look at the lower part of the digestive system.

Why are the procedures needed?

The procedures help the Doctor make a diagnosis as to why the child has been feeling unwell. The Doctor who will be carrying out the procedures will discuss and explain in detail what happens. Questions can be asked at this time.

Preparation needed for the colonoscopy

Before the colonoscopy it is very important that the bowel is clear of any faeces (poo) because this allows the Doctor to have a good view of the bowel. Therefore **2 days** before the procedure only food from the list below can be eaten. It is **VERY** important to drink plenty and not to eat any other foods, especially foods high in fat as this will slow down the emptying of the bowel.

- Eggs – boiled or poached White Fish and Chicken Lean Meat
- Quorn, Tofu, Textured Vegetable Protein
- White Bread with no butter or margarine
- Potatoes – boiled or mashed without skins or butter
- White Pasta, Macaroni, noodles, White Rice
- Jelly (not red or purple in colour) Boiled Sweets or Clear Mints
- Sugar, Honey, Syrup, Treacle, Jams, Marmalade
- Black Tea and Coffee (no milk)
- Lucozade, Squashes, Smooth Fruit Juice (no bits) Water, Soda Water

Foods allowed the day before the procedure?

It is advisable to have a good breakfast choosing only foods listed above. After breakfast no more solid food is allowed until after the procedure. It is important to continue to drink plenty of clear fluids for example water or fruit squashes avoiding too many fizzy drinks as these may cause bloating or excess wind.

Medication

To help in clearing the bowel before the procedure some medication called a laxative will have been prescribed, the medication will need to be taken the day before the procedure. In a separate information leaflet it will state very clearly on the times the medication will need to be given. After taking the medication it is advisable to stay indoors close to a toilet, if it's a school day arrangements must be made to take the day off school and not plan any activities (e.g. shopping, sports and clubs) away from the home.

The medication may taste better if the solution is chilled and a little squash is added it must not be Ribena, or red or purple in colour. It is recommended the medication is taken steadily rather than in big mouthfuls; this is best achieved using a drinking straw. The medication should be completed within one hour of starting it.

If your child is aged 6 and below, they will be admitted to Buxton ward the day before the procedure were the bowel prep medication will be given. The child will remain an inpatient until after the procedure.

How quickly will the medication start to work?

The medication should start to work within 30 minutes of taking it and may continue to work for up to 6 hours after. The bowel movements should change from soft to loose and lastly to watery. It is advised to stay indoors near a toilet when taking the medication as the bowel movements can be frequent and quite urgent.

Are there any side effects with the medication?

The skin around the bottom may become red and sore due to frequent loose stools (diarrhoea). A barrier cream such as Vaseline or nappy rash preparations can be used to protect the skin. The soreness is temporary and will disappear in a few days. Using moist toilet tissue paper may also be more comfortable to use.

Whilst taking the medication it is not unexpected to experience headaches, nausea and sometimes vomiting. Abdominal pains and cramps can occur.

What to do if the vomiting continues?

If feeling unwell or the vomiting continues or there are any worries and concerns please contact a member of the Children's Gastroenterology Team, if a member of the team is not available at any time contact the Children's Assessment Unit (CAU), contact details below.

Can other medications be taken while taking the laxative medication?

If taking daily medication this needs to be taken at least one hour before starting the laxative medication. The doctor or nurse will discuss if any daily medication should be stopped on the day of the procedure. On the day before the procedure paracetamol may be taken for abdominal pain or a headache as normal if needed.

If taking an oral contraceptive pill, additional contraceptive precautions should be used (for example condoms) as the laxative medication may decrease the effectiveness of the pill.

What happens on the day of the procedures?

If you have been informed that the procedure will be happening in the **morning** it is very important after midnight to only have water or squash to drink up until 6am on the day of the procedure. From 6am nothing more must be drunk until after the procedure.

If you have been informed that the procedure will be happening in the **afternoon** then you can have clear soups and squash to drink up until 8am, then only water or squash to drink until 11.00 am, then nothing more must be drunk until after the procedure

The child will either be admitted to Buxton Ward, Children's Ward situated on level 2 west block or Lion Ward in the Day Procedure Unit (DPU) situated on level 2 central block. During the admission Parents/Carers will be able to stay. One of them will also be allowed to accompany the child to theatre and stay until they go to sleep.

The Parents/Carers will be asked to sign a consent form, following explanation of the procedure, this gives the doctor permission to carry out the procedure. The child will also be seen by an Anaesthetist.

What happens during the procedures?

The procedures are carried out in theatre under a general anaesthetic, so the child will be fast asleep whilst it is done

It will take about 40 minutes to do both procedures. A number of biopsies will be taken to give more information. This involves pinching out a tiny bit of lining from the bowel (approximately 2 – 3 millimetres about the size of a pin head) with an instrument called 'forceps'. The biopsies are then sent to the laboratory for analysis which will then help to make a diagnosis.

What happens following the procedures?

The child will return to the ward feeling a little sleepy. Once awake they will be encouraged to have a drink followed by something to eat.

The Doctor will explain what they were able to see before the child goes home, however it will take a week or so before the biopsies results are known.

A member of the Children's Gastroenterology Team will be in contact with the results and discuss the diagnosis and treatment plan, if one has not already been decided prior to discharge from hospital.

What complications might happen following the procedures?

For the first 24 hours following the colonoscopy the child may feel bloated and have some cramp, wind like pains.

For the first couple of days after a gastroscopy the child may experience a sore throat when swallowing, drink plenty of fluids and try sucking on ice-cubes and ice lollies to help reduce the soreness.

It is advisable to take regular pain relief for the first 24 hours; usually paracetamol is all that is required.

The child may feel tired, a little clumsy and unsteady for 24 hours; this is a side effect of the anaesthetic and will not last long. See the leaflet "*Your Child's General Anaesthetic Leaflet*" for further information on the side-effects following a general anaesthetic which will be available from the nurse. The day after an anaesthetic it is advisable to rest.

The potential risk of having significant complications from the procedures is small; however taking the biopsies carries a small risk of haemorrhage (bleeding) or perforation (a hole in the bowel wall). This occurs less than one for every 1,000 procedures and can usually be sorted out quickly.

If any symptoms carry on for any longer than 48 hours, or if there are any worries or concerns following the procedures please contact a member of the Children's Gastroenterology Team or if a member of the team is not available contact the Children's Assessment Unit (CAU). Contact details below.

After the gastroscopy procedure the child may vomit small spots of blood from the stomach for up 72 hours after the procedure. If the child starts to vomit large amounts of bright blood or clots please contact a member of the Children's Gastroenterology Team or CAU.

This information is also available on the Jenny Lind Website. To access this, go to www.nnuh.nhs.uk/jenny lind.

If you have any queries or concerns contact a member of the Children's Gastroenterology Team

Members of the Children's Gastroenterology Team are normally available Monday – Friday between 09.00 – 17.00 hours on the following numbers:

Children's Gastroenterology Specialist Nurses **01603 286320**

Paediatric Gastroenterology Consultants – (via secretaries) **01603 287174**

01603 289936

Paediatric Surgical Consultants – (via secretary) **01603 286356**

If you are unable to contact a member of the children's gastroenterology team, contact CAU on 01603 289774. CAU are open 24 hours a day to give advice over the telephone or they are able to arrange for the child to be seen by a doctor.

This information is also available on the Jenny Lind Website. To access this, go to www.nnuh.nhs/jennyind.

