

Common Events	What might happen	Management measures
Abdominal discomfort and bloating	Due to the presence of air in the large intestine following the procedure.	Symptoms usually settle within 30-40 mins. Antispasmodics such as Buscopan or Peppermint tea is often helpful.
Nausea and vomiting	Common side effects of colonoscopy preparation due to the high volume and taste of the laxative solution	Usually improves once bowel movements begin. Try sipping the solution through a straw, chilling it, or using an antiemetic.
Reaction to bowel preparation	In general, bowel preparation is very safe, however dehydration can occur leading to headaches. Absorption of oral tablets can be variable particularly anti epileptic medications and the oral contraceptive pill. Electrolyte levels can also vary in the blood.	Adminstrating your tablets 2 hours before the beginning of the bowel preparation is advisable. Once in hospital, intravenous fluids could also help alleviate the symptoms like nausea, vomiting, headache.
Less Common Events	What might happen	Management measures
Abdominal pain	If polyps are removed, the use of cautery can occasionally cause a burn to the wall of the bowel causing pain.	Most patients with these symptoms settle within 1-2 days. Please contact us if you experience this – it's important to exclude bowel perforation. Often it settles with time, intravenous antibiotics and intravenous fluids must be required as well.
Rare Events	What might happen	Management measures
Anaesthetic risks	Lung problems as a result of the anaesthetic drugs administered are very uncommon and the quoted risk is 1 in 15,000, persons with multiple medical problems are at increased risk.	Medications could be administered to correct most problems - which will be handled by the anaesthetist. Please feel free to consult and discuss with your anaesthetist prior to the procedure if there are any concerns.
Perforation (making a hole in the oesophagus, stomach or large intestine)	Perforation at gastroscopy is very rare (<1 in 10,000, unless an oesophageal dilatation is performed). Perforation of the large intestine is 1 in 3,000 cases, the risk being higher if polyps need to be removed (1 in 500).	Administration of fluids, antibiotics are often required. Surgical treatment might be necessary.
Aspiration	Aspiration of fluid into the chest (vomiting) can occur during sedation/procedure.	If pneumonia complicates this aspiration - antibiotics and intravenous fluids might be required and a period in hospital for observation.
Drug reaction	Patients can experience an allergic phenomenon with administration of the sedative drugs.	This might require immediate cessation of the procedure, and assessment by the anaesthetist as to whether anti-dote
Splenic injury	Colonoscopy can be associated with splenic bruising injury/rupture.	Hospital admission for observation and surgical assessment will be required; surgical intervention might also be necessary.
Damage to teeth	Care is taken by your anaesthetist and nursing staff not to damage teeth. It is important however to understand with any anaesthetic there is a small risk that there could be damage.	
Missed cancers	Small cancers within the digestive tract could be missed particularly if they are small and occur in 1 in 2,000 procedures.	
Death	Is extremely rare although it is a possible complication of any medical procedure.	

Colonoscopy Information

The colonoscopy is a flexible telescope, about the thickness of a finger that is inserted through the anus for examination of the large bowel. Certain procedures can be carried out through the colonoscopy including taking small tissue samples (biopsy) and removal of polyps. An alternate method of examining the large bowel is barium enema but this is generally considered to be less accurate and does not allow taking of biopsy samples or removal of polyps.

A formal prostate examination is not undertaken at colonoscopy and will have to be followed by your general practitioner if there is any concern.

Before the procedure, the bowel will need to be cleaned to allow proper examination. If the bowel is not adequately cleaned the procedure may have to be abandoned and repeated at a later stage, once the bowel has been cleaned.

Please inform either the medical or nursing staff if you are sensitive/allergic to any other drugs or substances. You would also notify the doctor if you have been taking blood thinning tablets. If you have any doubt about the medication that you are taking, please discuss this with the doctor before the procedure. In addition, if you have heart valve disease or a pacemaker, this must be brought to the attention of the doctor.

You will be sedated for the examination and will remain sedated for some time following. Therefore, you are advised not to drive or carry out any other demanding task for the remainder of the day.

The removal of polyps are often done by placing a wire snare around the base and applying an electrical current. At the time of examination you will be sedated and it is therefore not possible to discuss the removal of a polyp with you.

Following the procedure, further instruction will be given to you regarding what you should do in the following 24 hours after colonoscopy. The sedatives given at the time may impair your memory and therefore it is important that you are driven home by a relative or friend.

If you have any severe abdominal pain, bleeding, fever or any other symptoms that cause you concern following the procedure, you should contact our rooms immediately.

Gastroscopy Information

Gastroscopy is a simple and safe investigation that examines the inside of your oesophagus, stomach and duodenum. It involves the passage of a thin flexible tube via the mouth.

A biopsy (small tissue sample) may be taken for the specialist pathology examination. You will be given an injection into a vein, to make you relaxed and drowsy and you may remember little of the test.