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### Gastroscopy and Colonoscopy

#### **Patient Information Leaflet**

Dr Corbett has decided that a Gastroscopy and Colonoscopy are needed to check your symptoms or confirm a diagnosis.

#### **General Information Regarding The Procedures**

**Please note that the appointment time is for your pre procedure check, not the time of your examination.** The length of time you will be here will vary enormously but may be anything from two to four hours or more.

You may be taking medication or have a pre-existing medical condition that requires consideration, please read the list below carefully.

- **Stop taking iron tablets seven days before the procedure.** All other medication (including aspirin) should be taken as normal but you must inform your consultant of **all** medication being taken especially any anticoagulants.
- If you take **Warfarin** please inform Dr Corbett or the hospital as you may need to have an INR test seven days before your procedure.
- If you have **diabetes** please inform Dr Corbett or the hospital.
- If you have any questions about the procedure or find that you cannot keep this appointment, please contact the hospital or Dr Corbett's PA as soon as possible.
- Taking the bowel preparation might prevent the absorption of the oral contraceptive pill. Additional contraceptive precautions should be taken until the next period begins.
- You **must** arrange for a responsible adult to come with you to the hospital and wait to take you home. You will not be able to drive yourself. **If you come without an escort, we will have to cancel the procedure.**

#### **Pre-Procedure Preparation**

Prior to the colonoscopy you will need to take bowel preparation medication. Please follow the bowel preparation instructions which are found below carefully. Your bowel must be completely empty to allow Dr Corbett to have a clear view of the bowel.

As you are having a gastroscopy as well you will need to stop drinking fluids 2 hours prior to your appointment time.

## **Gastroscopy**

A gastroscopy is a procedure where a thin, flexible tube called an endoscope is used to look inside your oesophagus (gullet), stomach and first part of the small intestine. The endoscope has a light and a camera at one end and can send images of the inside of your oesophagus, stomach and small intestine to a monitor.

The procedure will not take long – usually less than 10 minutes – it might take longer if biopsies are taken or if it is being used to treat a condition. It is usually carried out as an outpatient procedure, which means you do not have to spend the night in hospital.

Before the procedure your throat will be numbed with a local anaesthetic spray. You can also choose to have a sedative if you prefer but this will mean you will be drowsy and have reduced awareness about what is happening and will have to stay at the hospital for longer.

Dr Corbett will place the endoscope in the back of your mouth and ask you to swallow the first part of the tube. It will then be guided down your oesophagus and into your stomach. The procedure should not be painful, but it may be slightly uncomfortable or unpleasant at times.

## **Colonoscopy**

This is a test that looks at the inner lining of your large intestine (rectum and colon). A thin, flexible tube called a colonoscope is used to look at the colon. A colonoscopy helps find ulcers, colon polyps, tumours, and areas of inflammation or bleeding.

You will need to undress and put on a gown. You will then be brought to the endoscopy theatre. You will be asked to remove any glasses and you will then lie on a couch on your left side with your knees bent. For your comfort and reassurance, a trained nurse will stay with you throughout the procedure.

Dr Corbett offers colonoscopy procedures with either an injection of sedative medication or using Entonox (known as “gas and air”). The sedative medication will make you feel more relaxed during the procedure, and sometimes will allow you to sleep, however it also means you cannot drive or work for 24 hours after the injection. Entonox provides patient controlled pain relief (you breath the gas when needed) and has completely left your system 30 minutes after the last breath. It is entirely your choice which to use.

If you choose the sedative, we will give you oxygen through a facemask and put a plastic 'peg' on your finger to monitor your pulse and oxygen levels. The sedative will make you relaxed and drowsy; it will not put you to sleep.

If you choose the Entonox you will be given the Entonox mouth piece and shown how to use it when needed during the procedure.

The colonoscope will then be guided through your anus into your colon. During the procedure, air is passed into your colon to give a clear view of its lining. You may experience some wind-like pains, but they should not last long. At this time, you might feel as if you need to go to the toilet. This is a perfectly natural reaction but as the bowel will be empty, there is no need to worry. There may be periods of discomfort as the tube goes around bends in the bowel. If you find the procedure more uncomfortable than you would like, please let the nurse know and we will give you some more sedative or pain relief. In order to make the procedure easier you may be asked to change position (for example roll onto your back). However if you make it clear that you are too uncomfortable we will stop the procedure.

**Potential Risks**

Colonoscopy procedures carry a small risk (one in 1000 cases) of bleeding or perforation (tear) to the bowel. These are more likely to occur after the removal of a polyp. On very rare occasions, this may require an operation which may involve making a temporary opening (called a stoma) in the abdomen to allow the passage of waste (faeces).

Removing a polyp can sometimes cause bleeding although this is usually stopped during the procedure. Occasionally bleeding may occur when a patient has gone home and, even more rarely, some of these people may need a blood transfusion. Another rare complication is an adverse reaction to the intravenous sedative and pain relief medication.

Like all tests, this procedure will not always show up all abnormalities and, on very rare occasions, a significant abnormality may not be identified. If you have any questions about this please ask either at the time of the procedure or at your next appointment with Dr Corbett.

**After the procedure**

Following the colonoscopy, we will take you to a recovery area while the sedation wears off. When you are sufficiently awake, we will give you a drink before you get dressed. You can then go home; this may be up to an hour following the procedure.

If you have had a sedative injection you should not drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for a 24 hour period after the procedure. You should also have a responsible adult stay with you for the next 12 hours. You can eat and drink as normal. You may feel bloated and have some wind-like pains if some of the air remains in your bowel; these usually settle down quickly.

Dr Corbett would then like you to make a follow up appointment with the hospital to see him to discuss the results. If there is anything that needs immediate attention, you will be contacted.

## **Bowel Preparation Patient Instructions – Morning Appointment**

Dr Corbett would like you to have a colonoscopy and for this you need a clear bowel. Please follow the advice on this leaflet carefully to ensure the best results.

When taking these preparations some intestinal cramping is normal. If you feel clammy and faint or if you vomit please take no more preparation and ring the contact details above or your own GP or nearest health provider for advice.

Dr Corbett has specifically prescribed this bowel preparation for you – follow the instructions carefully to ensure a good result. Legally we must enclose the pharmaceutical leaflets; we are aware that the above instructions may seem to be in conflict with these, but the Dr Corbett considers this the best bowel preparation for you at this time.

### **7 days before taking the preparation**

If you take iron tablets or medication to control diarrhoea please stop taking them until after your examination. You should continue to take any other medication including medication for high blood pressure / cardiac conditions.

### **3 days before taking the preparation**

You may eat your normal meals for the whole 3 days, but avoid high- fibre foods such as fruit, vegetables, wholemeal bread and all bran (see list below)

<b>You May Eat</b>	<b>You Should Avoid</b>
Cereals: Cornflakes, Rice, Rice Krispies, Ricicles, Sugar Puffs and Coco Pops	Wheat bran, All Bran, Weetabix, Shredded Wheat, oat bran, bran flakes, wheat flakes, muesli, Ready-Brek, porridge.
White bread (you may use butter / margarine)	Wholemeal, high-fibre white, soft grain or granary bread, oatbread
White pasta, white rice	Wholemeal pasta, brown rice
White flour	Wholemeal or granary flour, wheatgerm
Potatoes ( no skin )	Fruit and vegetables
Savouries: Chicken, turkey, fish, cheese & eggs	All red meat
Puddings, pastries, cakes. Milk puddings, mousse, jelly ( not red ) sponge cakes, Madeira cakes rich tea, wafer biscuits	Those containing wholemeal flour, oatmeal, nuts, dried fruit, fruit cake, Ryvita, digestives or hobnob biscuits
Preserve and sweets: Sugar, jelly jam, jelly marmalade, honey, syrup, lemon curd	Jam or marmalade with pips, skins and seeds, sweets and chocolate containing nuts / fruit, muesli bars
Soup: Clear or sieved soups	Chunky vegetable, lentil or bean soups
Miscellaneous: salt, pepper, vinegar, mustard, salad cream, mayonnaise	Nuts, Quorn, fresh ground peppercorns, hummus, <b>anything containing seeds</b>

**The day before the colonoscopy:**

**07:00 am** Eat light breakfast avoiding food containing nuts, seeds or fruit

**11:00am** Start your bowel preparation by taking the 5 SENNA tablets.

**DO NOT EAT ANY MORE SOLID FOOD UNTIL AFTER YOUR PROCEDURE**

**2:00 pm** Pour 200ml / 8 Fl Oz of hot water into a large jug and add 1 sachet of CITRAMAG, the solution will fizz up. Stir thoroughly and allow to cool for about 30 min before drinking ALL the solution. Continue to drink as much clear fluid as possible.

**You will begin to pass frequent loose motions, please stay near a toilet at this time.**

**7:00 pm** Take the second sachet of CITRAMAG following the same instructions

**You should continue to drink fluids up until your appointment.**

**Acceptable fluids include:**

1. Water / flavoured water
2. Clear soup, for example Consommé that contains no solids.
3. Fruit juice without pulp, for example orange or lemon squash that is diluted ( not red or purple in colour )
4. Clear fizzy drinks, for example lemonade, Lucozade, tonic water, cream soda, soda water
5. Bovril / Oxo
6. Lime cordial
7. Herbal teas ( no milk )
8. Clear apple juice or white grape juice
9. Jelly (without fruit pieces)

You may find that a small amount of Vaseline / Sudocrem to your back passage (anus) prevents discomfort during the bowel preparation.

## Important Information About Fees – Gastroscopy and Colonoscopy

Thank you for coming to see me at NUFFIELD CAMBRIDGE for an outpatient consultation. This letter sets out some important information that I am required by law, as set out by the Competition Markets Authority (CMA) to provide to you if you are to have any further tests or treatment. Please note that even if someone else is paying your bill or you have private medical insurance, you are responsible for paying any charges which they do not pay. This letter is for your information only and is not a bill.

During our consultation, I recommended you have a gastroscopy and colonoscopy to further investigate your symptoms.

### **Insured Patients**

If you have health insurance you will have to notify your insurance company that I have recommended this procedure and they will be required to provide a code for this.

The code for gastroscopy and colonoscopy is G8082.

**Please contact your provider to confirm they will cover you for this procedure, if they do not you will be liable for any costs.**

### **Self-Funding Patients**

If you are self-funding the consultant fee is £600 for the procedure. The Nuffield Hospital Cambridge also requires me to include a follow up consultation fee in the total fee. The fee for a follow up consultation is £150.

The Nuffield Hospital Cambridge will also charge a hospital fee for the colonoscopy and you will receive a quotation from them for this. For information on the hospital fees relating to the tests undertaken by them please contact the hospital administration team using the details below:

Nuffield Business Office Cambridge 01223 370972 or email  
Cambridge.businessoffice@nuffieldhealth.com

### **Additional Information About Fees**

Please note the fees that have been described above are my consultant fee and does not include:

**Hospital fee** – for information on the Nuffield fee relating to your treatment, please contact the hospital administration team details above.

**Anaesthetist fee** – will be involved in your care. For information on their fees, please contact their secretary for self-funding and your provider if you are insured.

Please be aware that all treatment carries risks and unforeseen complications are possible which may, for example, require further treatment or a longer than anticipated stay in hospital. I have not included the costs associated with such additional care in the estimate provided above.

### **Quality Information**

You can compare independent information about the quality of private treatment offered at the hospital and other private healthcare providers from the Private Healthcare Information Network (PHIN) website: [www.phin.org.uk](http://www.phin.org.uk).