Double Balloon Enteroscopy

Patient Information

For general information on the North West London Hospital Trust:

switchboard: 020 8864 3232
website: www.NWLH.nhs.uk
email: trust@NWLH.nhs.uk
What happens after the procedure?

Although patients worry about discomfort in the examination, most people tolerate it very well and feel fine afterwards. Some fatigue after the examination is common. You should plan to take it easy and relax the rest of the day.

You should contact your doctor about the results of your test if you have any questions and especially if biopsies were taken.

The endoscopy team can give you some guidelines as to when your doctor should have all the results and whether further treatment will be necessary.

Any further questions?

We will do our best to make your visit as comfortable and stress free as possible. If you need any further information or have any suggestions about the care you have received, please let us know.

Please phone us and we will be happy to help:

Endoscopy nurses:

Tel: 020 8235 4141 or 020 8235 4142 (Mon-Fri 9am to 5pm)

Or visit our website: www.stmarksendoscopy.org.uk

An information video is also available on DVD and VHS cassette which outlines all the various endoscopic tests currently available within the endoscopy unit. To receive a copy please contact one of the office staff on:

Tel: 020 8235 4130 (Mon-Fri 9am to 5pm)

If you would prefer information and advice in your own language, please ring the number above. State clearly in English your preferred language.
What happens immediately after the procedure?

After the procedure, you will be kept for a time for observation while some of the medicine wears off. The most common discomfort after the examination is a feeling of bloating and gas cramps. You may also be very groggy from the sedation medications. It is usually advised that you do not return to work that day. Unless you are given other instructions, you should be able to eat a regular diet after the examination.

Are there any complications?

DBE is a safe procedure and complications are rare, but can occur:

- Bleeding can occur from biopsies or the removal of polyps, but it is usually minimal and stops quickly or can be controlled.
- The endoscope can cause a tear or hole in the tissue being examined, which is a serious problem, but extremely uncommon.
- Adverse reactions to the medications used to sedate you are possible, but extremely rare. You will be carefully monitored throughout the examination by trained nursing staff.
- Severe abdominal pain (not just gas cramps).
- A firm, distended abdomen
- Vomiting.
- Fever.
- Bleeding greater than a few tablespoons.

The following symptoms should be reported immediately:

- Severe abdominal pain (not just gas cramps).
- A firm, distended abdomen
- Vomiting.
- Fever.
- Bleeding greater than a few tablespoons.

This information tells you about Double Balloon Enteroscopy (DBE), a test to examine the inside of the small bowel. It explains how the test is done, the risks involved and what to expect afterwards.

What is double balloon enteroscopy?

Until recently, it was difficult for doctors to examine very far into the small intestine. A new type of endoscope called a double balloon enteroscope now means it's possible to examine much further into the small bowel and in some cases offer treatment this way.

The double balloon enteroscope enables the endoscopist to:

- visualise the entire small intestine.
- remove tissue for biopsy.
- remove small tumours and abnormal growths e.g. polyps.
- treat bleeding problems.
- dilate strictures.

Prior to the development of DBE, surgery was often the only alternative method to treat these conditions of the small intestine.

How do I prepare for the procedure?

The endoscopy department will provide you with specific instructions on how to prepare for the examination. The instructions are designed to maximise your safety during and after the examination, minimise possible complications, and provide the endoscopist with the best look at your intestine.

What about my current medications?

Some medications, such as aspirin and iron preparations, should be discontinued for one week before the examination. Aspirin and painkillers such as ibuprofen slightly increase the risk of bleeding. If you take a blood thinning medication, such as warfarin, consult with your doctors (GP and specialist) as to when you should stop taking it.
Ask the endoscopy staff about medications for diabetes, heart or lung disease, high blood pressure, or seizure disorders.

Your doctor may not want you to stop some of your medicines, and many of them can be taken even on the day of the examination.

If you take antibiotics before dental procedures, ask the endoscopy staff if you will need them before DBE.

Will I need someone to take me home?

You will be instructed to arrange for a responsible person to escort you safely home after the examination.

Even though you will be awake by the time you are discharged, the medications used to sedate you will cause changes in your reflexes and judgment that will leave you feeling well but will interfere with your ability to make decisions coherently, similar to the effect of alcohol.

What can I expect once I arrive in the endoscopy unit?

Prior to the procedure, a nurse will prepare you for the examination. The nurse will take a history to determine what you already know about the procedure and whether you understand why the examination is being done.

Other questions that you should be prepared to answer include:

- Have you managed to follow all the preparation instructions?
- Do you have an escort home?
- What medications do you take?
- Do you have any medical problems, such as heart disease or lung disease?
- Do you have allergies to any medications or latex allergies?
- Have you had any previous adverse reactions to sedative or painkilling medications?

The endoscopist or nurse will then insert a cannula (put a needle in a vein in your arm) to administer medications to help you relax and keep you comfortable during the examination.

This is just a pin prick, no worse than having a simple blood test. Your observations (blood pressure, pulse and oxygen levels) will be monitored during the examination and for a time after the procedure is over. You may also be given supplemental oxygen during the examination.

What does the procedure involve?

An endoscopist will review the examination with you, including possible complications, and will ask you to sign a consent form. He will also answer any questions you may have about the examination.

The procedure will be performed with you lying on your left side. Medications will be administered through the intravenous line.

The endoscopist will usually administer a combination of a sedative (to help you relax) and a painkiller (to diminish any unpleasant sensations).

The DBE endoscope is a small flexible tube, with the same diameter as a pencil. It has a lens and a light source that allows the endoscopist to get high quality video images of the lining of the intestine. The image on the TV monitor is magnified many times so the endoscopist can see minute changes in the tissue.

During the procedure the endoscopist will advance the scope along the length of the small bowel, whilst looking carefully for any abnormalities.

The endoscope contains channels that allow the endoscopist to obtain biopsies (small pieces of tissue), remove polyps, treat any bleeding and introduce or withdraw fluid or air. Neither of these hurt since the lining of the intestine does not have that type of pain sensation.