

# Having a double balloon enteroscopy

A guide to the test



**Information for patients**  
Endoscopy



**PROUD TO MAKE A DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST





## Introduction

You have been advised to have a **double balloon enteroscopy**. We have written this booklet to help answer some of the concerns you may have about the test. It may not answer all of your questions. If you have any worries please do not hesitate to ask.

Clinical Investigations Unit:

- **0114 271 2218**

The aims of this booklet are:

- To explain what happens on the day of your test
- To answer some of the questions you may have about the test

## What is a double balloon enteroscopy (DBE)?

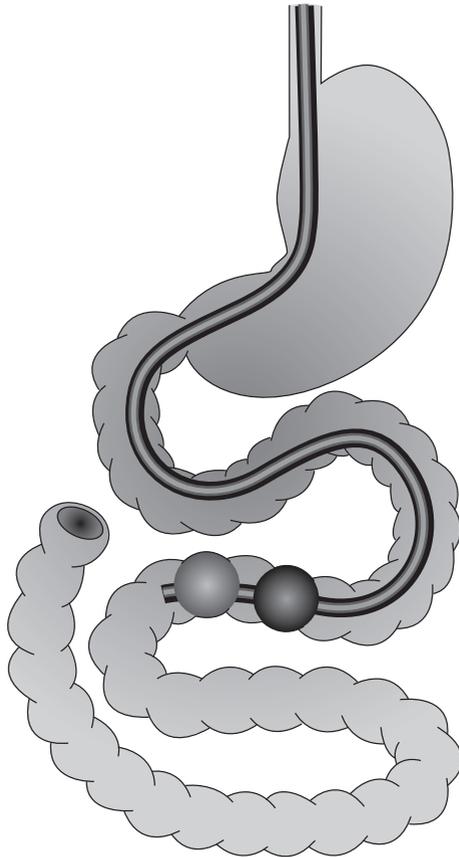
Until recently, it was difficult for doctors to examine very far into the small intestine. A new type of endoscope now means it is possible to examine much further into the small bowel and in some cases offer treatment this way.

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

During the procedure the endoscopist will advance the scope along the length of the small bowel, whilst carefully looking for abnormalities. The endoscope contains channels that allow:

- biopsies (pieces of tissue) to be taken
- removal of small polyps (this is not painful since the lining of the intestine does not have that type of pain sensation)
- treatment of any bleeding
- introduction or withdrawal of fluid and air

## The double balloon enteroscope



The double balloon enteroscope enables the endoscopist to:

- Visualise further into the small intestine
- Remove tissue for biopsy
- Remove small tumours and abnormal growths e.g. polyps
- Treat bleeding vessels
- Dilate strictures (gentle stretching of narrowed parts of the bowel)

## **Are there any possible complications?**

- Bleeding can occur from biopsies or removal of polyps, but it is usually minimal and stops quickly or can be controlled.
- The endoscope could cause a tear or a hole in the tissue being examined in 4% of cases; this can be serious, but is uncommon.
- Adverse reactions to the medications used to sedate you are possible, but extremely rare. You will be fully monitored throughout the examination by trained nursing staff.
- Pancreatitis (inflammation of the pancreatic gland) has been known to occur in less than 1% of cases.

## **Preparation for the test**

The Clinical Investigations Unit (CIU) will provide you with specific instructions on how to prepare for your examination. The instructions are designed to maximise your safety during and after the examination, minimise possible complications, and provide the endoscopist with the best possible views of your small intestine.

Bowel preparation is an essential part of the examination and involves dietary advice and use of purgatives (laxatives). We advise a low residue diet for 5 days prior to the procedure.

## Low residue diet day 1-5

	<b>Foods to include</b>	<b>Foods to avoid</b>
<b>Meat / Fish</b>	Minced or well cooked lean beef, lamb, ham, veal, pork, poultry, fish, shellfish.	
<b>Fruit / Vegetables</b>	Potatoes - boiled, creamed, mashed or baked (no skins).	All fruit and vegetables.
<b>Pasta / Rice</b>	Plain macaroni, spaghetti, noodles. Plain boiled white rice.	Wholemeal pasta or spaghetti. Brown rice or vegetable rice.
<b>Cereals / Bread</b>	Cornflakes, crisped rice, white bread, teacakes/ plain bread rolls.	Weetabix, bran cereals, muesli, wholemeal granary bread. Bread with oats and seeds.
<b>Biscuits / Pastries / Puddings</b>	Plain biscuits/crackers. Plain scones, muffins. Yorkshire pudding. Plain yogurt, jelly not red coloured.	Wholemeal biscuits/cakes. Seeded jams, fruit or nut yogurts. Bread or cakes with fruit.
<b>Other</b>	Eggs, cheese, sauce clear soup, treacle, margarine.	Pickles, chutney. Vegetable soups. Jams with rind/pips.

## Medication

You may continue to take your usual medication up to the day of the test but you must stop certain tablets at least 7 days before the test. These are:

- All tablets that contain iron
- Medicines used for the treatment of diarrhoea
- Aspirin and painkillers such as Ibuprofen, as they slightly increase the risk of bleeding

If you are taking blood thinning medications (i.e. Warfarin, Apixaban, Rivaroxaban, Dabigatran) or antiplatelet medications (i.e. Clopidogrel, Prasugrel, Ticagrelor) please contact the Clinical Investigations Unit as soon as possible.

If you are diabetic, please refer to the 'Managing your diabetes' booklet which you received with your appointment letter. If you have any queries regarding your diabetes please get in touch.

If you take antibiotics before dental procedures, please ask the nurses on the unit if you need them before a double balloon enteroscopy.

Please remember that if you are taking the oral contraceptive pill, you will need to take extra precautions until your next period. This is because the laxative used to prepare your bowel for the procedure will affect the absorption and effectiveness of the pill.

## Before your appointment

- If you are suffering from a chest infection you should contact the Clinical Investigations Unit as it may be necessary to postpone your test because of the risks from sedation.
- If you have had previous complications related to sedation please inform the staff.
- Bring with you any letters or cards you have received from the hospital.
- Bring any tablets you are currently taking. It is especially important to remember any asthma inhalers, angina sprays or diabetic medication.
- Follow all instructions included with this booklet.
- You should not bring valuables or large amounts of money into hospital, as we cannot accept responsibility for them.
- **Do not drive** yourself to or from hospital. Make sure someone is able to bring and collect you as you must have a responsible adult to accompany you home.

## The consent form

Before a doctor or healthcare professional examines or treats you, they will need to gain your consent. This will be required in writing. If you later change your mind, you are entitled to withdraw consent even after signing.

A copy of the consent form will be offered to you.

## **What should I know before deciding?**

The endoscopist or health professional will ensure you know enough information about the procedure to enable you to decide about your treatment. They will write this information on the consent form as well as discussing choices of treatment with you. We encourage you to ask questions and inform us of any concerns that you may have. It may be helpful for you to write these down as a reminder.

## **What are the key things to remember?**

It's your decision whether to go ahead. It's up to you to choose whether or not to consent to what is being proposed. Ask as many questions as you like and please express any concerns about medication, allergies or past medical history.

## **Can I find out more about giving consent?**

There is more information about the process for giving consent on the NHS Choices website:

- [www.nhs.uk/conditions/consent-to-treatment](http://www.nhs.uk/conditions/consent-to-treatment)

## **Training of students**

Sheffield Teaching Hospitals Foundation Trust is a teaching organisation and has a responsibility to ensure that students (both medical and nursing) receive a high standard of training. Occasionally there may be students observing procedures in the department or the doctor may be a trainee under the supervision of an experienced endoscopist. In either case you will be told of any student involvement beforehand.

Please remember you do not have to let students be part of your care so please tell us if you do not want them involved.

## What should I expect on arrival?

On arrival please go into the main Royal Hallamshire Hospital building on B Road and take the lift to P floor. Ward P1 is clearly signed as you exit the lift. Make your way to the ward reception where you will be checked in and asked to sit in the waiting area or be shown immediately to your bed.

Prior to the procedure, a nurse will prepare you for the examination. The nurse will talk to you about your medical history to determine what you already know about the procedure and whether you understand why the procedure 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 someone to escort you home?
- What medications do you take?
- Do you have any medical problems, such as heart disease or lung disease? You may be required to have a recording of your heart rhythm (ECG) before the procedure.
- Do you have any allergies to any medications or latex allergies?
- Have you had any previous reactions to sedative or painkilling medications?

You may be required to give blood samples prior to your procedure.

The endoscopist will explain the procedure to you, including possible complications. There will also be an opportunity to ask questions about the test. If you wish to go ahead with the examination you will be asked to sign a consent form.

## **What does the procedure involve?**

The endoscopist or nurse will insert a cannula (put a needle in a vein in your arm) which will be used to administer medications. You will have the procedure performed with the anaesthetic team under heavy sedation called Propofol or a combination of a sedative and painkiller. This will be discussed with you.

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

Your observations (blood pressure, pulse, oxygen levels) will be monitored during the examination and for a time after the procedure is over. You also may be given supplemental oxygen during the examination.

## **What happens after the procedure?**

After the procedure, you will be kept in for observation while some of the medicine wears off. The most common discomfort after the examination is bloating and gas cramps.

You may also feel groggy from the sedation medications. It is usually advised that you do not return to work that day.

Although patients worry about discomfort during the examination, most people tolerate the test very well and feel fine afterwards.

Some fatigue after the examination is common. You should plan to take it easy and relax for the rest of the day.

Unless you are given other instructions, you should be able to eat a regular diet after the examination. You should ask your doctor when it is safe to start blood thinning medications.

## **Is there anything I should look out for?**

If you experience the following symptoms after your examination please contact the Clinical Investigation Unit immediately:

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

## **How do I get my results?**

You should contact your doctor about the results of your test if you have any and especially if biopsies were taken. The nursing staff on the unit can give you some guidelines as to when your doctor should have all the results and whether further treatment will be necessary.

## **Who should I contact if I have any concerns or questions?**

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

Clinical Investigations Unit:

- **0114 271 2218**  
(Monday to Friday)

# Frequently asked questions and answers

## 1. Can I park at the hospital?

Yes. We have a car park; this is indicated on the enclosed map. The rates are as follows:

### **Royal Hallamshire Hospital**

0 - 2 hours = £2.50

2 - 4 hours = £3.70

4 hours = £8.40

Disabled car parking spaces are available on the ground floor of the multi-storey car park. There are also disabled car parking spaces available near the main entrance to all major buildings.

**Car parking charges are correct at the time of printing. Please ensure you check the rates before parking.**

## 2. Can I get public transport to the hospital?

Yes. You may use public transport. See below for details of how to find out which bus routes serve the hospital you are visiting. Please remember if you have sedation you will not be able to travel home using public transport.

Traveline **01709 51 51 51**

**[www.travelsouthyorkshire.com/](http://www.travelsouthyorkshire.com/)**

## 3. Are there facilities to obtain refreshments?

Yes. Tea and coffee is available on the ward and you will be offered refreshments by the ward staff. Refreshments can also be purchased from the AMT café which is situated in the main entrance on B floor.

**Please use this space to make a note of any questions you may have about your test**

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