

Double balloon enteroscopy

Information for patients

This information leaflet answers some of the questions you may have about having a double balloon enteroscopy (DBE). It explains the risks and the benefits of the test and what you can expect when you come to hospital. If you have any more questions, please do not hesitate to contact a member of staff.

Endoscopy Unit

Denmark Hill Nurses' Station	020 3299 4079
Denmark Hill Reception	020 3299 3075
PRUH Nurses' Station	01689 864028
PRUH Reception	01689 864120 (male)
PRUH Reception	01689 864723 (female)

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

What is a DBE?

It is a test we use to examine the lining of your small bowel. We put a long, thin, flexible tube called an enteroscope into your mouth and down into your intestine. It is just thinner than your little finger and has a camera in the tip which sends video images to a screen.

Because your small bowel is floppy, it is difficult to pass the enteroscope all the way along it. So we inflate and deflate two balloons on the outside of the enteroscope in sequence, to keep it steady and allow us to fully examine this part of your body. This is why it is called a double balloon enteroscopy.

Why do I need this test?

You usually have a DBE because we have found an abnormality on another test such as a capsule enteroscopy, or a CT or MRI scan.

Sometimes we take biopsies at the same time to help with diagnosis. These are tiny pieces (samples) of tissue from the lining of your small bowel that we can look at in a laboratory. During the test we can also treat conditions such as polyps (growths on the lining of your small bowel) or bleeding areas.

It is important to understand why you are having a DBE. If you are not clear about the reasons, please check with the endoscopist who sees you on the day of your test.

What are the benefits?

We can get good images of parts of your small bowel that are very difficult to access and which we cannot get from other tests. This helps us to reach a diagnosis and so make sure you are on the best treatment. We can also treat you without you needing to have open surgery, which can take a long time to recover from.

What are the risks?

DBE is an extremely safe procedure and most complications are very rare. But they can include:

- **Bleeding** – it is common to have bleeding after a biopsy or cauterisation (often used to treat small blood vessels which are prone to bleeding). It usually lasts no more than a few seconds. We will let you know what to expect after your test.
- **Perforation** – making a hole in your bowel wall – perforation – is a very rare but serious complication. The risk of this is greater if we find a narrowing or a growth, or we remove small polyps. We take every care to prevent perforation, but if it happens you will need to stay in hospital. You may need surgery to repair the hole.
- **Pancreatitis** – swelling of your pancreas – pancreatitis – is extremely rare. If you have severe pain in your upper abdomen (tummy) after the test, please contact a doctor urgently using one of the numbers given under 'Who can I contact with queries and concerns?'. It is always best to contact the Endoscopy Unit first, if possible. If not, your local Emergency Department (ED/A&E) will be best
- **Reactions to the sedative or GA** – we give you the smallest dose of sedative possible to prevent you from having any side effects. If you have a reaction, we can give you medication to reverse the effects of the sedative.

If you have any of the following symptoms after the enteroscopy, please report them straight away using one of the numbers given under 'Who can I contact with queries and concerns?'

- severe (very bad) abdominal (tummy) pain
- distended (swollen) abdomen
- vomiting
- fever (high temperature)
- bleeding (more than a few teaspoonsful) or black motions when you open your bowels (go to toilet).

Are there any alternatives?

We can take a closer look at your small bowel using a capsule enteroscopy and MRI or CT scans. But we usually ask you to have a DBE because you have already had one of these tests and it has shown that you have an abnormality that needs treating, or there is an area from which we want to take samples (biopsies). A DBE is not usually the first test you have.

If you have not had a capsule enteroscopy or an MRI or CT scan and would like to know more, please discuss with the endoscopist why you are having a DBE first.

Consent

We must by law obtain your written consent to any procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.

Do I need to prepare for a DBE?

We need to get a clear view of the inside of your bowel so it must be as clean as possible. Do not eat or drink anything for **six** hours before your appointment. Depending on the type of procedure, you may also need to prepare your bowel by taking a laxative. This procedure is the same as for a colonoscopy, so please read our advice sheet, *Preparing for your colonoscopy*, which explains how and when to use the laxative. If you have not received this, follow the instructions which come with the laxative or ring Endoscopy Unit Reception for a leaflet.

Things to remember

- Please bring your reading glasses as you will need to read and sign your consent form. You may also want to bring something to read while you wait.
- You will need to change into a hospital gown for your test so you may want to bring a dressing gown and slippers to wear for walking to the toilet.
- Please do not bring children with you unless there is someone to look after them. We do not have any childcare facilities in the unit.
- **We cannot take responsibility for any valuables, but your things will be kept with you (on a shelf on the examination trolley) at all times.**

Do I need to stop taking my medication?

If you take warfarin, aspirin or clopidogrel, please ring the Endoscopy Unit Nurses' Station using the relevant number on the front of this leaflet at least one week before your test. You must stop taking these medications before your test but we need to make sure you do so safely.

If you take iron tablets, stop taking them at least seven days before your test.

If you are diabetic, please read our advice sheet, *Preparing for your colonoscopy – information for patients with diabetes*, which also covers what you should do about your medication if you are having a DBE. If you have not received it, please ring the Endoscopy Unit Reception using the relevant number on the front of this leaflet and we will send you a copy.

If you are taking any other medications, you can continue taking most of these as usual, unless your doctor has advised you otherwise.

What happens when I arrive for my test?

Your appointment time is approximate. You should also plan to be in the Endoscopy Unit for the whole morning or afternoon. When you arrive, a nurse will fill out an assessment form with you if you have not already done so. The endoscopist who is going to do your test will come and explain the procedure to you.

Do I need to have a sedative or general anaesthetic?

You will usually have a DBE under a general anaesthetic (GA). For this reason, someone must come to collect you and take you home – not a taxi. We cannot give a general anaesthetic or a sedative unless you have arranged this. You will feel drowsy for a while, so you should not drink alcohol, drive or operate machinery for 24 hours after the test.

What happens before the test?

We will ask you to change into a hospital gown in a changing cubicle. We will then make you comfortable on an examination trolley.

A nurse or doctor will put a cannula into your arm or hand. This is a very thin plastic tube through which they can give you an injection. You will then be taken into the endoscopy room lying on the trolley.

A nurse will attach monitoring leads to your body and you will then be given the GA or sedative.

What happens during the test?

The endoscopist will put the enteroscope into your mouth and pass it down into your intestine. To pass the enteroscope all the way along your small bowel, they blow up and then let down two balloons on the outside of the enteroscope in sequence, to steady it and allow them to get a good look at this part of your body. They will be able view the images on a screen.

During the test they can also take biopsies of the lining of your small bowel and cauterise (burn) any small lesions they find.

If you are having a sedative, you may be able to feel the telescope being pushed past your throat and along your stomach. This sensation last only a few seconds and once past this point, you should not feel any discomfort. Even with just a sedative, you will not be able to feel biopsies being taken or cauterisation, if it is needed.

How long does the test take?

Most take about an hour but it can take up to two hours. It can take less or more time depending on what needs to be done.

What happens after the test?

It will take you at least an hour to recover after your test but it can take longer. You should plan to take the rest of the day – and perhaps the day after – off work. You may have some tummy cramps after the test. These should not be severe or last long.

Who can I contact with queries and concerns?

If you have any questions, such as what to do about medication, before or after your procedure, contact the relevant Endoscopy Unit Nurses' Station, 9am – 5pm, Monday to Friday.

- Denmark Hill Nurses' Station, tel: **020 3299 4079**
- PRUH Nurses' Station, tel: **01689 864028**

If you want to change your appointment or need another information leaflet, contact the relevant Endoscopy Unit Reception, 9am – 5pm, Monday to Friday.

- Denmark Hill Reception, tel: **020 3299 3075**
- PRUH Reception, tel: **01689 864120** (male)
- PRUH Reception, tel: **01689 864723** (female)

At all other times, if you have concerns after your procedure, please call your GP (home doctor) or local Emergency Department (ED/A&E).

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: kch-tr.palsdh@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: kch-tr.palspruh@nhs.net

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.