



Double balloon enteroscopy (DBE)

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

King's College Hospital Nurses' Station	020 3299 4079
King's College Hospital Pre-assessment clinic	020 3299 2775
King's College Hospital Reception	020 3299 3599
Princess Royal University Hospital (PRUH) Nurses' Station	01689 864028
PRUH Reception (male)	01689 864120
PRUH Reception (female)	01689 864723

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.

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Important information

Please make sure you read and follow the instructions in the following sections on pages 5 to 6:

- Do I need to prepare for the test?
- Do I need to stop taking my medication?
- What will I need on the day of the test?
- Things to remember?

Failure to follow this advice will result in your appointment being cancelled.

What is a double balloon enteroscopy (DBE)?



A double balloon enteroscopy (DBE) is a test we use to examine the lining of your small bowel. We put a long, thin, flexible tube called an enteroscope either into your mouth and down into your intestine (called an antegrade DBE) or into your bottom (a retrograde DBE). This will depend on which area of your small bowel we need to see. The tube is just thinner than your little finger and has a camera in the tip which sends video images to a monitor 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 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 something unusual 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 areas that may be bleeding and causing anaemia.

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?

A DBE can get good images of parts of your small bowel that are difficult to access, which we cannot get from other tests. This helps us to reach a diagnosis and make sure you are on the best treatment.

What are the risks?

DBE is an extremely safe procedure. Most complications are very rare, but they can include:

- **Bleeding.** It is common to bleed after you have a biopsy or treatment for blood vessels that are prone to bleeding. It usually lasts no more than a few seconds. The need for a blood transfusion is rare.
- **Dislodged teeth, crowns or bridgework.** There is a small chance that loose teeth, crowns or bridgework can be dislodged during the procedure. If you have any of these, please inform the anaesthetist beforehand.
- **Missed lesions.** If the stomach is not clear of food or if the bowel is not clear of faeces (poo) there is a small risk of abnormalities not being seen. Your endoscopist will explain the reason why and how this will be managed.
- **Failure to complete examination.** If we can't pass the endoscope as far as we want to, you may need to have additional tests.
- **Perforation** (a hole in the gut wall) which may require admission to hospital and possible surgery is rare. It occurs in less than 1 case in 3,000.
- **Discomfort.** A sore throat is common after the procedure. You can take throat lozenges to ease the discomfort.
- **Drug reactions** are rare. The anaesthetist who gives you the general anaesthetic will discuss this with you before the procedure (see 'Do I need to have a general anaesthetic?' on p 5).

Additionally, for antegrade procedures:

- **Pancreatitis** (inflammation of the pancreas) is extremely rare (1 case in 100). This is usually very mild, and you can ease it with over the counter painkillers.

As a result of any of the above risks, there is the possibility that you may be admitted to the hospital for observation or further treatment.

Are there any alternatives?

You can have a special x-ray test or capsule endoscopy to get images of the same area inside your body. But we get better pictures from an endoscopy (gastroscopy or colonoscopy) and can also take biopsies at the same time, both of which help with your

diagnosis. If we find an abnormality during any other tests, you will need to have a gastroscopy to examine or treat it.

The other alternative is not to have the procedure at all. This would result in no diagnosis being made or treatment performed. If you have concerns, speak with your endoscopist before signing the consent form.

Do I need to have a general anaesthetic?

All DBEs are performed under general anaesthetic (GA). You will be unconscious during the test and you will have a thin tube inserted into your lungs to help you breathe.

Someone must come to collect you and take you home afterwards. You must not travel home in a taxi alone. We cannot give you a GA unless you arrange someone to collect you. The effects of the GA can last longer than you think. Please see 'Advice after having a general anaesthetic' on page 8.

Some patients may need to be admitted overnight for observation. This should be discussed with you during your pre-assessment.

Will it hurt?

This procedure will be performed under general anaesthetic (GA) so you will not experience pain or discomfort.

After the procedure, you may experience some pain (see 'What are the risks?' on page 4).

Do I need to prepare for the test?

- If you are expecting to go home after the procedure you must arrange for someone to collect you from the department and stay with you for at least the first 24 hours. We cannot give you a general anaesthetic unless you arrange this.
 - See 'Do I need to have a general anaesthetic?' on page 5.
 - See 'Advice after having a general anaesthetic' on page 8 for advice about things you should not do during the first 24 hours after having general anaesthetic.
- Some patients may need to be admitted overnight for observation. This will be discussed with you during your pre-assessment.
- You should have a nursing pre-assessment before the date of your procedure. If we are unable to contact you for your pre-assessment, we will not be able to advise you how to prepare for your procedure. Therefore, the procedure may be cancelled on the day.
- We need to get a clear view of your oesophagus (food pipe), so your stomach must be empty, therefore:
 - you must not have anything to eat for 6 hours before your procedure time you may continue to drink clear fluids up to two hours before your procedure time

- If we need to insert the DBE into your bottom, you may need to prepare your bowel by taking a laxative. We will give you information explaining how and when to use the laxative during your pre-assessment appointment.

Do I need to stop taking my medication?

If you are taking any medication which you have been told may thin your blood, inform the nurse during your pre-assessment. You may need to stop taking this medication for a short time.

If you are taking any other medications, including for diabetes, discuss with the pre-assessment nurse if they need to be stopped before the procedure.

What will I need on the day of the test?

- Please wear comfortable, loose clothing.
- Please bring a list of any medications that you are currently taking.
- Please bring your reading glasses as you will need to read and sign your consent form.
- You may want to bring something to read while you wait or headphones to listen to music or a podcast.
- Please bring your appointment letter.
- 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 bring a reusable bag to put your belongings in while you are having your test / procedure.
- Please consider walking or using public transport on your way to the hospital, if you can, to reduce the carbon footprint of your appointment.
- If you use a NIPPY ventilator at home for sleep apnoea, please remember to bring it with you.
- There is no general public car parking at King's College Hospital, Denmark Hill site. Please see the following website for further information:
<https://www.kch.nhs.uk/patientsvisitors/getting-to-kings/parking>

Things to remember

- **If you are scheduled for a morning appointment, please arrive at the department by 8am. For afternoon appointments, please arrive by 12 noon.**
- If you are not staying in hospital overnight, then you should plan to be in the Endoscopy Unit for the whole day. The department has multiple rooms running at the same time and accommodates emergencies. Someone with a later appointment than you may be seen before you. If you have any concerns, please ask a member of staff.
- 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 always be kept with you (on a shelf on the examination trolley).

- The waiting room has limited seating. Only one person can remain in the waiting room throughout your stay. They will not be allowed into clinical areas.

What happens when I arrive for my test?

When you arrive, a nurse will complete the health 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. An anaesthetist will also see you.

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.

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 while you wait for your procedure. If you are having a retrograde DBE we will also ask you to remove your underwear and, if available, put on modesty shorts.

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 any medication required. You will then be taken into the procedure room.

A nurse will attach you to a monitor so your vital signs can be measured during the procedure. Once the anaesthetic is working, the anaesthetist will gently push a breathing tube into your throat. The procedure will start once the anaesthetist is satisfied the general anaesthetic has taken full effect.

What happens during the test?

During the test the endoscopist can take biopsies of the lining of your small bowel and treat conditions such as polyps (growths on the lining of your small bowel) or areas that may be bleeding and causing anaemia.

Photographs and video images will be taken during the procedure for the purpose of adding clinical information to your medical notes. Additional consent is needed for these images to be used for any other purpose.

Trainees often attend the department to gain skilled supervised training. You have the right to refuse being treated by a trainee. Your treatment will not be affected by your decision.

How long does the test take?

The test usually takes about an hour but it can take up to two hours. The time will depend on what needs to be done during the test.

What happens after the test?

You should plan to be in the Endoscopy Unit for the whole day. This is to give you time to recover and allow for any unexpected delays. You will need to stay until the effects of the general anaesthetic have reduced.

If you are staying overnight, a nurse will take you to your allocated ward once you have recovered from the anaesthetic.

Advice after having a general anaesthetic

After a general anesthetic, you may feel tired, dizzy or weak. If you are going home after the procedure, you must have someone to collect you from the Endoscopy Unit and stay with you for at least the first 24 hours.

During the first 24 hours you should not:

- drive a car
- operate machinery (including kitchen appliances)
- drink alcohol
- take sleeping tablets
- sign legal documents
- look after young children and/or dependents alone.

What happens when I go home?

- You may feel bloated and have some mild cramps due to the air or gas that was put into your bowel during the procedure. This usually settles within 24 hours. We encourage you to fart to ease these symptoms. If you keep getting wind pain, we advise you to lay on your right side or walk around if you are stable on your feet.
- You may notice a little blood with your next poo, on your underwear or toilet tissue.
- If you had bowel prep, it may take up to three days before your colon fills up and you have a poo.
- You can eat and drink as normal and continue to take your regular medication unless advised otherwise.
- We recommend you drink plenty of fluids to keep hydrated.

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 teaspoonful) or black poos when you go to the toilet.

When will I get my results?

Before you leave, we will give you a copy of your test report and any instructions you need. We will also send a copy of the test report to your GP (home doctor).

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 to 5pm, Monday to Sunday.

- King's College Hospital 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 to 5pm, Monday to Sunday.

- King's College Hospital Reception, tel: 020 3299 3075
- PRUH Reception, tel: 01689 864120 (male)
- PRUH Reception, tel: 01689 864723 (female)

Out of the hours above, for urgent worries or queries, you may contact NHS Direct on telephone number 111 or go to nearest Accident and Emergency Department and take a copy of your report with you.

The Endoscopy Department is working hard to reduce the impact of its service on the environment, to find out more please see www.kch.nhs.uk/services/services-a-to-z/endoscopy/

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the 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' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

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. They can also pass on praise or thanks to our teams.

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

Tel: 020 3299 3601

Email: kch-tr.palsdh@nhs.net

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 our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net