



**Tallaght
University
Hospital**

An Academic Partner of Trinity College Dublin

Ospidéal
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**PATIENT
INFORMATION
BOOKLET**

Understanding Retrograde Double Balloon Enteroscopy (RDBE)

Please read this carefully

Fill in the section on medicines and
medical history

Pay special attention to the section on
'consent'

You must bring this document with you on
the day of your procedure

More questions about the procedure or medicines?
Call the Nurse (Tel. no. see Medications section)

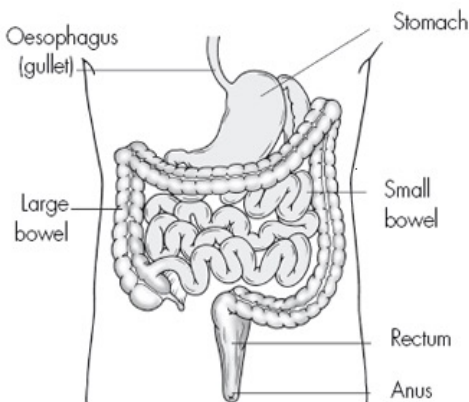
What is retrograde double balloon enteroscopy? (R.D.B.E.)

An R.D.B.E. allows the doctor to view the small bowel directly via the large bowel (colon).

A slim, flexible lighted tube (enteroscope) is inserted through the back passage (anus) The doctor guides the enteroscope all the way along the large bowel and into the small bowel.

A tiny camera at the tip of the enteroscope relays pictures back onto a television screen.

R.D.B.E. takes between 1 – 2 hours (average 75mins).



Why do I need R.D.B.E.?

R.D.B.E. is a way of examining the small bowel for causes of problems and in some cases to treat these problems at the same time. R.D.B.E. can help the doctor make a diagnosis if you are having gastro-intestinal problems or have anaemia (low blood count) with no obvious cause. It might find what the problem is if other tests have failed.

Depending on the findings during the procedure, treatments may be carried out. See under 'What Happens on the day of my R.D.B.E.?'

How do I prepare for R.D.B.E.?

This is a daycase procedure. It is done under sedation (not anaesthetic). A sedative and painkiller are given into your vein which makes you drowsy and relaxed. You will not be unconscious.

All patients receiving sedation must have someone to bring them home from the hospital and it is advised that someone stays with you overnight.

Medication

If you are taking iron tablets you should stop taking them 7 days before your procedure

If you take medication to stop diarrhoea (ie Immodium/lomotil) do not take any for 3 days before the procedure

If you are diabetic or take any of the following medication to thin your blood; pradaxa (Dabigatran), Xarelto (Rivaroxaban), Apixaban (Eliquis) Warfarin, Plavix (Clopidogrel), Aspirin at a higher dose than 75mg please contact the nurse as soon as possible for advice – (01) 414 4183 Mon-Wed 08.30am – 4.30pm only. You can leave a message if there is no answer.

All other medications should be continued as prescribed, including Aspirin 75mgs

If your appointment time is after 11am take your morning medications on the morning of the test before 7am with just a sip of water. If your appointment is before 11am bring your morning medications with you and don't take them.

Fasting and colon preparation

To ensure that your test is completed successfully it is very important that your colon is clear. To achieve this you must take a colon cleansing medication (prep). The 'prep' is a strong laxative and will cause diarrhoea.

You may have received a prescription for the 'prep' at the time of your out-patient appointment. Otherwise a prescription will be enclosed with your letter of appointment. There are a number of different 'preps' available and the instructions for taking the prep will be enclosed with your letter of appointment. Different preps are taken in different ways so please make sure that your instructions are for the 'prep' you have been prescribed. If you are unclear you can ask your chemist how the 'prep' is taken or call the nurse for advice (for tel. no. see Medication section). The 'prep' is started on the day before your colonoscopy.

Follow the instructions. They will tell you when to fast from food and from liquids, as well as listing the liquids allowed while taking the 'prep'. It is important to take all of the 'prep' if you can. The examination may not be possible if the colon is not clear. Take your regular tablets at least 1 hour before starting the 'prep' or leave them until 1 hour after finishing the 'prep'.

What to bring to hospital. What to leave at home

Bring to the hospital – This booklet with medications list filled in, the telephone number of the person who is collecting you, dressing gown, slippers.

Do not bring – valuables, jewellery (you can wear your wedding ring) or large sums of money.

Approximate discharge times

Morning appointment - 1pm or before

Afternoon appointment - 5pm or before

What happens on the day of my R.D.B.E.?

Check in at Dayward Reception on level 2. When a bed is available you will be directed to the Endoscopy Unit.

You will lie on your left side on a trolley bed with your knees drawn up towards your chest. A small needle is placed in a vein in your arm. A painless probe is placed on your finger to monitor your pulse and oxygen levels - you will receive oxygen through a mask or short prongs placed in your nostrils.

The sedative and painkiller are then injected into the vein in your arm and after a short time the procedure begins and the doctor will gently insert the enteroscope into your back passage. Depending on the findings during the procedure, further treatments may be carried out. Biopsies or small samples of tissue are often taken. Areas of bleeding can be sealed using a hot wire (diathermy). If there is a narrowing (stricture) in the small bowel causing an obstruction it can be dilated or stretched. Also, polyps can be removed. Polyps are growths that are fairly common in the older population. Some polyps have the potential to become cancerous in future, although the risk is small. For this reason, polyps will be removed during R.D.B.E. if possible and sent to the lab for testing.

A video recording and/or photographs may be taken for your records.



Does it hurt?

Generally no. The sedation and painkiller are very effective for most people and you may not even remember the procedure.

Some people feel 'cramps' during and after the procedure. This is caused because air is pressed through the endoscope to help the doctor see inside. This air can cause some discomfort during or after the procedure. Every effort is made to minimise this and it usually settles quickly.

The sealing of bleeding spots, the taking of biopsies and polyps, and the use of diathermy does not cause pain.

What are the risks?

All medical procedures carry a risk of complications.

Sedation can affect breathing, heart rate and blood pressure but you will be observed closely so that if problems do arise you will be treated rapidly. Drugs are available to reverse the effects of the sedative quickly.

Serious complications are:

- Severe bleeding can happen. However most bleeding is minimal and stops quickly.
- A tear or perforation in the colon or small bowel can happen. This would require a hospital admission and perhaps surgery.

Serious complications are very rare. We tell you about them so that you have all of the information you need when deciding whether to have R.D.B.E. or not.

When will I know the results?

After the procedure, when the sedation has worn off, a doctor/nurse will speak to you about the outcome of the procedure. Any biopsies or polyps removed are sent to the laboratory for analysis to assist the doctor in diagnosis. Laboratory results may not be available for some time but will be sooner if urgent. If needed a follow up appointment will be arranged for you in out-patients to get all the results, or the results will be sent to your GP

What to do now

1. List your medication and medical history on the next page
2. If you are happy that you now understand the procedure, complete and sign the consent form on the last page. Bring this leaflet with you on the day.

MEDICATION LIST: Please list your current medication below or ask your chemist for a printout of your current medication.

| Name of Medications | Dosage |
|---------------------|--------|
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MEDICAL HISTORY: Please circle if any of the following applies to you.

| | | | | |
|-----------|--------|-----------------------|----------|----------|
| C.O.P.D. | ASTHMA | SLEEP APNOEA | DIABETES | EPILEPSY |
| PACEMAKER | I.C.D. | HIP JOINT REPLACEMENT | | |

QUESTION BOX: If you have any questions that you would like answered before your procedure you can make note of them here to ask on the day, or call the nurse on (01) 414 4183 Mon – Wed 8.30am – 4.30pm. You can leave a message if the nurse doesn't answer.

[illegible]

If you feel you have all the information you require complete and sign the consent form below and bring this booklet with you to the hospital. Your signature on the consent form indicates that you understand the procedure and the risks involved.

If you have further questions you could call the nurse or speak with the nurse or doctor on the day of the procedure before signing the consent. **Also, a signed consent form does not commit you to having the procedure done. You may change your mind at any time.**

Patient Consent to Procedure

Please print your name and address below:

Name: _____

Address: _____

I hereby consent to the procedure of Retrograde Double Balloon Enteroscopy (R.D.B.E.)

I have read this information leaflet (or the procedure has been explained to me)

I understand the risks and benefits of this procedure

I have been given the opportunity to ask questions about the procedure and my questions have been satisfactorily answered

I have read the information in relation to the effects and limits of sedation

I also consent to such further or alternative operative measures or treatment as may be found necessary during the course of the procedure

No assurance has been given to me that the procedure will be performed by any particular practitioner.

Signed: _____
(Patient)

Date: _____

Signed: _____
(Doctor)

Date: _____

IMC No. _____