

Patient information and instructions for Double Balloon Enteroscopy
Via colon with Preparation B

THE PROCEDURE

A Double Balloon Enteroscopy (DBE) is a procedure to inspect the inside of the lower part of the small intestine. The small intestine is the section of the bowel between the stomach and the large bowel (colon). The small intestine is 6 metres in length and therefore it is very difficult to reach with any type of endoscopy. Generally it is not possible to examine the whole of the small intestine. Only the very upper and lower parts of the small intestine can be reached with gastroscopy and colonoscopy. DBE is a procedure that allows examination of a much larger area of the small intestine. DBE can be performed via the mouth or via the colon. When performed via the colon, usually up to 1 metre of the lower end of the small intestine can be examined, but sometimes up to 2 metres can be examined. Sometimes the procedure is technically difficult and only a small amount can be examined. DBE via the mouth allows examination of up to 3 metres of the upper small intestine. Therefore, when DBE is performed via the mouth and via the colon in one person, more than half of the small intestine can usually be examined and in rare cases it is possible to examine the whole small intestine. The two procedures are generally performed on different days in this case.

DBE is a similar type of procedure to gastroscopy and colonoscopy. A thin, flexible tube is passed via the mouth or the anus allowing direct examination of the intestine via a camera. The DBE instrument is 2 metres in length, which is longer than gastroscopes or colonoscopes. The DBE scope is passed through a stiffer hollow tube (overtube), which prevents the scope from forming loops inside the body and helps the instrument to pass deeper into the intestine. There are small balloons attached the end of the scope and the overtube. These can be inflated to help the endoscopist to keep the camera fixed in position while pulling the instrument back to fold the intestine back on itself. The camera can then be advanced further into the intestine. This process can be repeated many times, allowing the camera to reach much further into the intestine than with standard gastroscopy or colonoscopy procedures.

The small balloons used for the procedure contain latex. If you have a latex allergy, you should discuss this with Dr Taylor / Dr Kalade / Dr Cameron prior to arranging your hospital admission.

Biopsies may be taken or polyps (small lumps) removed during the DBE procedure. Bleeding ulcers or blood vessels may be treated by probes passed through the scope.

An intravenous sedative is given by a specialist anaesthetist prior to the procedure, so you will be sleepy and comfortable during the examination. Sometimes the anaesthetist will choose to perform a general anaesthetic, which means you will be completely unconscious during the procedure and a plastic tube would be placed through the mouth and into the airway to assist your breathing during the procedure.

The DBE procedure usually takes between 45 and 90 minutes. You will be observed for approximately 2 hours after the procedure before being discharged home.

SAFETY AND RISKS

DBE via the mouth or the colon is generally a safe procedure. Complications are rare. These include an intolerance to the bowel preparation or reaction to the sedatives. Abdominal discomfort due to trapped gas occurs in approximately 1 in 10 patients but generally passes within 1 hour. Serious complications occur in approximately 1 in 1000 examinations. Perforation (making a hole in the bowel) is extremely rare, but if it occurs surgery may be required. Rarely, major bleeding may require a blood transfusion. Rarely (<1/100 patients), the pancreas can be irritated by the procedure, leading to acute pancreatitis, which causes abdominal pain and requires hospitalisation. If you wish to have full details of rare complications, you should indicate this to your doctor before the procedure.

If you are aged 60 or over and having a DBE via the mouth, you will be required to have an ECG (Electrocardiograph) prior to the procedure. If Dr Taylor / Dr Kalade / Dr Cameron has not given you a request slip for this, please ring your doctor (on the number shown at the top of the page) to arrange for one to be posted out to you. (This does not apply to DBE via colon).

PREPARATION FOR DOUBLE BALLOON ENTEROSCOPY

This includes:

1. Medication changes up to 1 week before the procedure. **If you are taking any medications, please read the details on the Patient Instruction Sheet (page 2) at least one (1) week prior to your procedure.**
2. Dietary changes 48 hours before the procedure.
3. Changes in diabetes treatment 24 hours before the procedure.
4. Bowel preparation the day before the procedure.
5. **The small balloons used for the procedure contain latex. If you have a latex allergy, you should discuss this with Dr Taylor / Dr Kalade / Dr Cameron prior to arranging your hospital admission.**

AFTER THE PROCEDURE

There may be mild, temporary discomfort in the abdomen after the test. If you have a biopsy or polyp removed, you may notice a small amount of blood passed in the toilet. If the discomfort or bleeding is persistent, you should contact Dr Taylor / Dr Kalade / Dr Cameron, or in an emergency attend the nearest hospital.

The sedative you are given for the procedure may affect your memory of the procedure and the events of the next hour or so. A relative or friend, with your permission, may be given information. Because the sedative may interfere with your judgement or ability to concentrate, **you should not drive a motor car, ride a bicycle or travel unaccompanied, use dangerous machinery or sign important documents for the remainder of the day. It is necessary to arrange for a friend or relative to take you home from the hospital. You must have an adult staying with you in the home overnight following your procedure.**

Day:	Date:
Nothing by mouth after: However, you should take your normal medications with a sip of water – except for those medications you have been specifically advised not to take.	Admission time: Estimated Procedure Time:

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Continued...../page 2

Patient Instruction Sheet

FOR BOWEL PREPARATION PRIOR TO DOUBLE BALLOON ENTEROSCOPY VIA THE COLON

You need to obtain 4 sachets of lemon flavoured Glycoprep-C (70g) and 3 Dulcolax (previously known as Durofax) tablets (5mg each) from your pharmacy. (You do not need a prescription for this).

The success of your examination depends on the bowel being as clear as possible, otherwise the examination may need to be postponed and the preparation repeated.

Please notify Dr Taylor / Dr Kalade / Dr Cameron if you are: pregnant (or suspect you may be pregnant), diabetic, using blood thinning agents such as warfarin, Plavix, or Iscover, or suffering from a disease affecting the heart valves. If you are diabetic, you will need to discuss your medication with your doctor or Dr Taylor / Dr Kalade / Dr Cameron.

If you are on blood-thinning medication such as warfarin, Plavix or Iscover you should discuss this with your doctor or Dr Taylor / Dr Kalade / Dr Cameron to decide whether to continue or cease. If considered safe, then these medications should be ceased **7 days before the procedure**. If you are on aspirin, (which may be known as Astrix, Cartia or Cardiprin), you should continue with this medication.

Please cease the following drugs 5 days prior to the Double Balloon Enteroscopy if you are using them: **iron (eg. Ferro-Gradumet, Ferrograd C, Fefol, FGF, Fergon)**, drugs to stop diarrhoea, anti-inflammatory drugs (for arthritis) BUT continue with your regular medication.

PREPARATION FOR DOUBLE BALLOON ENTEROSCOPY

Two days before the test:

- Do not have anything with seeds or nuts in it eg. wholegrain bread, poppy seeds or sesame seeds etc.

On the day before the test:

- You may have a normal breakfast. Thereafter, you may have only clear fluids (ie. no solids at all). You may have any of the fluids listed in the "Approved Clear Liquids" at the bottom of the page. Do not have any milk products (including Soy milk) and do not have red or purple colourings.
1. At 1.00pm on the day before the test, take 3 tablets of Durofax. Add the Glycoprep powder to 4 litres of water. Cool in the refrigerator if preferred.
 2. At 4.00pm, start drinking the Glycoprep mixture at a rate of approximately one (1) litre per hour (ie. one 250ml. glass every 15 minutes). This will induce diarrhoea after a short time.
 3. Drink plenty of clear fluid (see the list below) as this preparation will draw fluid out of your body. You may take Panadol if you develop a headache while taking the preparation.

On the day of the test:

1. You should have clear fluids up to 4 hours before the scheduled time of your test but **nothing** by mouth after this time.
2. **Take your usual medications with a sip of water at the usual time, except any which have been withheld for the procedure.**

Individual responses to this regime do vary. It usually induces frequent, loose bowel movements within one to three hours of taking the first dose. Please remain within easy reach of toilet facilities. If you are having difficulties consuming the bowel preparation as per the instructions above, please contact Dr Taylor / Dr Kalade / Dr Cameron.

APPROVED CLEAR LIQUIDS: water, clear fruit juices (apple), black tea or coffee (no milk/soy milk), Lucozade, Bonox, clear broth or clear bouillon, plain jelly (lemon/lime/orange), clear fruit cordials (No red or purple colourings). Drink liberal amounts of clear liquid before, during and after taking the preparation. You may also have Barley Sugar.

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