

Patient information and instructions for Double Balloon Enteroscopy via the mouth

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).

Instructions for Double Balloon Enteroscopy via the mouth

Upper gastrointestinal double balloon enteroscopy is an examination of the upper gastrointestinal tract using a thin, flexible instrument. The gastroscope is passed through the mouth into the upper gastrointestinal tract and allows direct visual inspection of the oesophagus, stomach and duodenum. Biopsies (tissue samples) may be taken during the procedure. Double balloon enteroscopy is not painful and you will be able to breathe throughout the whole procedure.

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.

PREPARATION FOR DOUBLE BALLOON ENTEROSCOPY

On the day of the test you may not eat anything for 6 hours prior to the double balloon enteroscopy. You may drink clear fluids (without solid material or milk) up until 4 hours before the double balloon enteroscopy.

If you are diabetic, you will need to discuss your medication with your doctor or Dr Taylor / Dr Kalade / Dr Cameron. Take other medications as usual with a sip of water. Please take nothing by mouth after this time.

THE PROCEDURE

A local anaesthetic throat spray may be given to numb the throat. An intravenous needle is inserted in the arm or hand, through which a sedative drug is given. This will make you sleepy for a short time, but is not a general anaesthetic. You will remember little or nothing about the procedure.

COMPLICATIONS

Complications are very rare in upper gastrointestinal double balloon enteroscopy. Serious problems such as damage to the gut or anaesthetic complications occur in approximately 1 in 10,000 cases. If you wish for a more detailed discussion of the risks involved, please ask Dr Taylor / Dr Kalade / Dr Cameron prior to the procedure. You may have a sore throat following the procedure, but this will resolve in a few days.

AFTER THE PROCEDURE

It is normal to feel a little bloated and to belch immediately following the procedure. You may have a mild sore throat. Please contact Dr Taylor / Dr Kalade / Dr Cameron or present to your nearest hospital if you experience severe pain, vomit blood, pass black bowel motions or have a high fever within 24 hours following your endoscopy.

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 take you home from the hospital. You must have an adult staying with you in the home overnight following your procedure.

Day:	Date:
No food after:	Admission time:
You may have water until:	
then nothing by mouth	
However, you should take your normal medications with a sip of water – except for those medications you have been specifically advised not to take.	Estimated Procedure Time: